

BOOK REVIEW

Chimeras and Other Writings: Selected Papers of Sheldon Bach,
by Sheldon Bach, New York: IPBooks, 2016, 318 pp., \$35.00

Reviewed by NEAL VORUS, PhD, Institute for Psychoanalytic
Training and Research, New York, New York, and New York
University

DOI: <http://dx.doi.org/10.1037/pap0000218>

Chimeras and Other Writings offers a timely selection of the writings of Sheldon Bach, an eminent psychoanalyst whose work spans and reflects the history of contemporary Freudian theory. There is perhaps no other figure whose views are more central to the evolution of what has become the dominant Freudian alternative to classical psychoanalysis in North America. Bach's impact is perhaps less obvious than that of others (e.g., Mahler, Kohut), in that it took place not through the introduction of a new conceptual framework, but rather by elevating the importance of paying close attention to *subjectivity*, to states of consciousness. Since his early writings in the 1970s, Bach has invited the reader to consider aspects of experience that might at first seem banal, like whether a patient feels centered in his own subjective experience or is overly conscious of how he is experienced by others. Rather than looking beyond the merely subjective toward implications in terms of abstract psychic structures, Bach's writings instruct us to consider our patients' subjectivity on its *own terms*.

One of the most distinctive hallmarks of Bach's perspective, so readily apparent throughout his oeuvre, is that we understand best, and are most effective clinically, when we begin by entering a person's experiential world. It is only through immersion in a patient's subjectivity that we come to appreciate what has gone amiss, which so often involves painful, disturbing discontinuities of experience. Some patients are unable to integrate subjective and objective perspectives, others have experiences that never seem to accrue over time or suffer from a basic disconnect between mind and body. Moreover, it is precisely through an immersion in the other's experience that therapeutic change takes place. To state it from the patient's standpoint, it is only by continually finding oneself at the center of the analyst's mind, over a long period of time, that painful discontinuities in experience become integrated, and something of the experience of wholeness and continuity becomes possible.

Chimeras spans the length of Bach's career as a psychoanalyst, from his very first paper on the Marquis de Sade (cowritten with

Lester Schwartz), to his most recent writings on the Sense of Aliveness and the Disembodied Self. Throughout each of the chapters one repeatedly finds the overarching themes of Bach's career—close observation to states of consciousness, pathological discontinuity and its origins in early parental misattunement, and clinical management of these disturbances. The chapters are divided into three sections, corresponding to the major foci of his papers: Narcissism and Altered States of Consciousness, On Sado-masochism, and Holistic Clinical Management. Leading off the book is a sensitively written forward by Steven Ellman that effectively captures the essence of Bach's clinical approach, preparing the reader for all that follows.

Each of the chapters that make up the first section of the book addresses different facets of narcissistic discontinuity, and one gets a taste of Bach's various approaches to understanding radically alternating states of consciousness. The earliest written paper in this section, "On the Narcissistic State of Consciousness (1977)", reflects Bach's initial approach to this subject. Over the course of the chapter he takes up various aspects of what he terms "narcissistic thought disorder," anchoring his views in Rappaport's writings on states of consciousness and Piaget's views on language and thought organization. This chapter is nearly encyclopedic in cataloguing the many ways narcissistic discontinuity of self distorts cognition, mood, language, logic, and agency. Although to the contemporary reader these theoretical frameworks may at times feel antiquated, Bach's many references to the writings of Freud, Lacan, Laplanche, Bion, Mahler, Winnicott, and Kohut, as well as to scholarship about ancient Greek history and culture, reflect an intellectual palette that extends well beyond classical ego psychology. And although this chapter is far and above the most theoretically dense of the volume, Bach fills the pages with vivid clinical examples, thoroughly grounding his ideas about narcissistic pathology in the subjective experience of his patients.

Among the many forms of discontinuity introduced in Bach's earliest chapter, the pathological disjunction between *subjective* and *objective self-awareness* has become his most well-known clinical distinction, revisited numerous times in subsequent books and journal articles. In this volume the reader find one of the clearest adumbrations of this disjunction in the chapter entitled "Two Ways of Being (1998)." Here, Bach draws extensively on literary references (e.g., Milosz, Nietzsche, Coleridge, Einstein, Foucault, and Baudelaire) to demonstrate both the ubiquity and the multiple forms taken by this most essential experiential distinction. He cites consistency versus complementarity in physics, correspondence versus coherence theories of truth in science, sacred versus profane in poetry, doing and being in the writings of Winnicott, and Foucault's distinction between cognition and experience. "I could lengthen this list indefinitely, because a similar dichotomy can be found in almost every field of human endeavor . . . all these contrasting points of view are complex transformations of our two primary states of consciousness, subjectivity and objectivity" (p. 56). Much of the latter part of this chapter is filled

Neal Vorus, PhD, is a Fellow and Faculty Member at the Institute for Psychoanalytic Training and Research, New York, New York, and an Adjunct Clinical Assistant Professor in the New York University Postdoctoral Program in Psychotherapy and Psychoanalysis.

Correspondence concerning this article should be addressed to Neal Vorus, PhD, 575 West End Avenue #GR-A, New York, NY 10024. E-mail: nvorus@aol.com

with the voices of Bach's patients as they struggle painfully with their difficulty integrating or transitioning between incompatible states of consciousness.

Toward the end of the chapter Bach offers a distillation of his many years pondering this fundamental experiential difficulty. From his perspective, the dichotomized states of subjective and objective self-awareness, in extremis, correspond exactly to the two primary forms of narcissistic personality, the inflated and the deflated narcissist. Narcissistic pathology always involves a disturbance in "the regulation and homeostasis of these two states of consciousness and of the dialectic between them" (p. 59). To understand this disturbance from a developmental standpoint Bach draws on ideas of Winnicott and Mahler, with echoes of an intersubjective framework of more recent vintage:

Normally it is the caretaker who helps the child regulate between the extremes of elation and despair, between self and other, and between the subjective and objective states of consciousness. But, what occurs as the child matures is not just better regulated and more appropriate oscillations between subjectivity and objectivity or between self and other but rather a more complex synthesis, a blending and interpenetration of the two in the transitional area so that they are no longer simply dichotomous. Thus, the infant experiences the mother's thinking and feeling about himself, and then the mother experiences the infant's experiencing her, which the infant in turn re-experiences . . . opposing qualities become reconciled into a higher unity, and relatively simple states of consciousness are continually reorganized into increasingly more complex networks of interactive states that feed back into each other. (p. 66)

This is perhaps Bach's clearest statement of how dichotomous self-states become integrated in normal development. It also points toward what, for Bach, is the most fundamental ingredient in the generation of narcissistic pathology: the caretaker's inability (or unwillingness) to hold in mind the mind of the child.

This most fundamental of pathogenic factors is most clearly illustrated in the second chapter of the book, entitled "On Being Forgotten and Forgetting Oneself" (2011). This is a chapter that "deals with those who cannot feel continually alive in the present because, as children, they did not feel continually remembered and alive in the minds of their primary caretakers" (p. 23). The chapter is organized around a discussion of perhaps Bach's most memorable patient, Jeffrey, a young man who brought to his analysis a fundamental disbelief in the possibility that he would be remembered or thought about in an enduring, ongoing way. This disbelief pervaded the transference, leading him to repeatedly inquire of his analyst whether some person or event had been mentioned before (even when these subjects had been discussed in great depth). The patient suffered from multiple anxieties and phobias related to a fear of drifting without direction or falling endlessly into empty space, which Bach eventually comes to understand as derived from Jeffrey's lacking a sense of continuity in the mind of his mother throughout his development. As a result, "he could never count on feeling that the past was connected to the present and would flow into the future, or that each fragment of daily experience fit into an overall pattern that gave a meaning to life" (p. 29). Instead, Jeffrey lived a life of fragmented, unconnected moments, leaving him with a pervasive sense of himself as a stupid and unmemorable person.

Here Bach offers a description of therapeutic action that places primary emphasis on the internal workings of the analyst's mind,

rather than the specifics of what the analyst interprets. In Jeffrey's case, his pervasive sense of fragmentation begins to heal through experiencing himself as a continuous being in the mind of his analyst. Bach then offers a more general statement about therapeutic action with patients like Jeffrey:

I have . . . come to believe with such patients, it is primarily the analyst's faith, trust, hope, and expectations—that is, his or her emotionally charged remembering of the patient—that keeps the patient connected to the analyst. By this I mean that in order for a dismembered life to come together, the analyst must keep the patient alive in his or her own mind in a continuous way, and the patient must believe that the analyst holds the patient and keeps him or her alive in memory. (p. 33)

In the titular chapter of the book, "Chimeras: Immunity, Interpenetration, and the True Self" (2011), Bach takes up the intractable resistances one so often finds in narcissistically damaged patients. While these patients are very often in need of the kind of therapeutic help from an *other* that Bach so eloquently describes, they very frequently seem to have an allergic response to *otherness*. They tend to reject interventions that offer a perspective different from their own, and at times reject anything at all about their therapist that suggests *difference*. There is, of course, already a vast literature on this problem, but Bach offers a new perspective, one that frames his distinctive way of working with such patients.

As the title of the chapter suggests, Bach analogizes analytic treatment of narcissistic patients to "blood chimeras," those individuals whose blood contains two different types of cells following successful organ transplant. From Bach's point of view, the narcissistic patient's intolerance of interpretation is not simply a resistance, it is an instantiation of their core difficulty, an "immune response" to anything experienced as different from the self. Like unsuccessful transplant recipients, these patients automatically reject anything that might be good or useful if it is experienced as coming from someone else. Or, in the case of the deflated narcissist, they slavishly take in the analyst's words but fail to internalize them, instead relating to the new perspective as an internal foreign body to which they must masochistically submit. In either case the patient fights off what he or she most desperately needs, internalization of the analyst's holding, containing, and accurately thinking about the patient's experience.

Bach's perspective on the treatment of this most intractable of difficulties is resonant with approaches that have emerged from Kohutian, Winnicottian, and some contemporary Kleinian approaches (especially Britton, 1989). In his view, this obstacle, really the essential difficulty of the narcissistic patient, can only be successfully addressed by first allowing a self-object transference to emerge by "employing empathy and identification to minimize the differentiation between the patient and ourselves, and also by avoiding any interventions that the patient might experience as objectifying" (p. 5). More than a strategy for sidestepping the patient's violent reactions to the analyst's comments, Bach sees this stance as itself an active ingredient of treatment, a way of restarting a developmental process originally derailed by severe early parental misattunement. Returning to the central analogy of this chapter, Bach states that the analyst allowing the self-object transference to unfold "strengthens the patient's immune system and identity formation" by offering only as much otherness as the

patient can tolerate, and gradually increasing the dose (like an attenuated vaccine). It is only in this way that the narcissistic patient becomes able to make use of the analyst's perspective as an internal otherness relating accurately to oneself, opening up usable psychic space and facilitating the unfolding of the true self.

Chapters in the second section of the book relate primarily to sadomasochism. The first paper, entitled "A Dream of the Marquis de Sade (1972)", was cowritten with Lester Schwartz very early in Bach's writing career—in fact it is the oldest in this collection. Nevertheless, one finds his distinctive point-of-view in the very first pages. Rather than beginning with a discussion of Sade's sadistic exploits, Bach and Schwartz open with a dream that occurred in the second year of his long imprisonment (during which time he wrote his *120 days*). Notably, the dream is not sadistic or perverse; rather, it is an evocation of a mother figure who Sade tenderly and longingly clings to in the dream, and who, in the end, disappeared, and "all that remained was my grief." The key point of this chapter can be found in the tension between this moving, loving dream and Sade's literary output depicting the most barbaric and monstrous sexual acts. Drawing on the contemporaneous work of Heinz Kohut, Bach and Schwartz explain Sade's sadomasochism as, in large measure, an attempt to restore the grandiose self-representation that had been disrupted in childhood, as well as attempts to restore the idealized self-object that had also been lost. Sade's infamy was due primarily to his writings while imprisoned—a condition of extreme isolation and emotional deprivation. Although Bach and Schwartz attend to the psychosexual dimensions of the case, they do so in a thoroughly object-relational context, particularly in relation to Sade's anality as the seed bed of grandiosity, itself a response to earlier losses that could not be mourned or otherwise encompassed. Intensely destructive sadistic and masochistic fantasies represent attempts at restitution of the lost parts of the self or idealized objects, as well as attempts to control them, to deny their otherness, and to destroy the frustrating object and the self.

Bach's other papers in this section offers a further distillation and clinical elaboration of the basic dynamics of sadomasochism. In his chapter "On Sadomasochistic Object Relations (1991)", Bach distinguishes between the classical depiction of sadomasochism rooted in early instinct prohibition versus cases of parental nonrecognition and/or emotional absence, wherein the child "flees to the sadomasochistic drives in an effort to deny the loss and to buttress a failing sense of self" (p. 167). It is the latter form of sadomasochism that is the focus of this extensive chapter, which, like many others in this book, is replete with clinical vignettes in which we come to understand the dynamics of sadomasochism by listening to his patient's own words (rather than more experience-distant formulations). As with the papers on narcissism, a hallmark of Bach's writing is a demonstration of a way of grounding our understanding of our patient's pathology in a deep immersion in their subjective experience.

One gets a sense of the way Bach works with these patients as he puts the reader in his shoes, listening and getting the drift, arriving at formulations that link together a number of the common features of his patients' experiences, as when he writes, "It is precisely these painful detachments that the sadomasochist is unable to tolerate because his anger is experienced as an unbearably destructive separation from the object. Thus the masochist says, 'Do anything you want to me but don't leave me,' and the

'anything you want' feels pleasurable because it means that his partner is still with him. The pain of suffering defends against the greater pain of loss" (p. 177). There are many similar formulations about sadomasochism in this chapter that serve to orient the clinician toward an empathic stance with these patients, many of whom inevitably play out aspects of their sadomasochism in the transference, at times eliciting sadomasochistic enactments that threaten to substitute control or submission for understanding.

The chapter entitled "Sadomasochism in Clinical Practice and Everyday Life (2006)" was written a number of years later than the first two in this section and offers a more distilled formulation of Bach's approach to treating such patients. He begins by describing sadomasochism in terms of a difficulty in resolving "object choice," a Freudian term referring to the anal-sadistic stage resolution of the conflict between satisfaction of bodily needs v. retaining the love of the object. In successful resolution of this stage, one accepts limits around pleasurable aims in the interest of retaining the tie to the object. In unsuccessful resolution, either the limits are too great (leading to the classical explanation of perversion), or the loving connection with the object is inadequate in some way. It is this latter difficulty that is Bach's focus, and in this chapter he offers a catalogue of the different forms of such inadequacy that sow the seeds of sadomasochistic object relations. He writes about a narcissistic style of parenting involving "intermittent decathexis," or sporadic, intermittent emotional engagement. Such parents are often inconsistently available to the child, leaving the latter confused and disoriented. The parent may find little joy in parenting, resulting in interactions lacking in mutual pleasure and loaded down with parental pain. From another angle, these parents may themselves lack adequate self-regulatory skills, resulting in an inability to cultivate self-regulatory capacities in the child. All of these factors lead a child to feel unknown, unloved, and disorganized in various ways and suffering from significant emotional pain. Secondly, the child feels enraged and terrified of his or her own anger, which threatens to further disrupt the already fragile emotional bond to the object. It is this constellation of factors that later eventuates in a person gravitating to poorly differentiated relationships, organized in terms of power relations (domination and submission), and lacking in recognition and respect for the subjectivity of the other. These relationships are frequently characterized by pain; to paraphrase Fairbairn (1941), in sadomasochism pain becomes the "signpost to the object."

Papers in the final section of the book were chosen because of their especially clear articulation of Bach's approach to treatment, or, as he puts it in the section heading, to holistic clinical management. Because these papers were written over the span of several decades, the reader is able to appreciate the emergence and refinement of Bach's distinctive therapeutic approach in successive chapters. In the earliest-written contribution to this section, "Problems of Narcissistic Love (1990)," Bach writes in the language of Mahler and her contemporaries as he describes patients lacking in "self and object constancy" and suffering from representational deficits and disturbances of reality testing. One theme that remains constant throughout all of Bach's oeuvre is the importance of establishing mutual trust as a prerequisite to any interpretive work. The patient develops trust by experiencing the analyst as an adequate holding environment that provides a "constant yet separate object" who understands, clarifies, and provides "appropriate therapeutic responses." As a result, evocative object

constancy develops, self and object representations differentiate, and the patient comes to feel more whole and trusting. Only then does interpretation of unconscious content become therapeutically useful.

In the remaining chapters Bach provides a number of important points of technique that emerge from his general approach to treatment. You could read these as elaborations of central ideas stated throughout this book—that patients suffer from poorly integrated states of consciousness, they are dysregulated due to poorly regulated early relationships, and clinicians need to focus on establishing an experience of fundamental trust by entering the patient's subjective world before interpretive work is attempted. In his chapter, "On Treating the Difficult Patient (1998)," Bach puts forth the general idea that patients suffer from a loss of faith in the capacity of the environment to be reliable and adequately regulating, and that psychoanalytic treatment involves, most fundamentally, a process of restoring this faith throughout the vicissitudes of the transference. How do we accomplish this? Bach offers three basic points. First, we must "defer to the patient's vision of reality until he becomes able to tolerate our presence and psychic reality in the room with him" (p. 218). Because many patients tend to repeatedly lose and reestablish a fundamental trust, we may need to prioritize accurate perception of the patient's experiential world (while bracketing our own) as we pass through repeated transference cycles. Bach sees this process as crucial to establishing the capacity for mutual regulation.

Second, in sharp contrast to modern Kleinian approaches, Bach advocates early reconstruction of failures in environmental regulation in order to prepare the patient for the often intense transference reliving of these failures. In effect, it is helpful for the patient to understand, early in treatment, that reactions to the analyst are understandable as belonging to the past. Perhaps a basic theoretical point should be emphasized here: unlike some therapeutic approaches that see interpreting the transference as the primary agent of change, Bach instead sees this interpretive work as one aspect of clearing away resistance to change, which is itself a function of establishing new integrations and regulatory capacities within the more benign aspects of the transference ("new object" transference, as Loewald, 1960 put it).

Third, Bach advocates a basic listening stance, one in which the analyst puts faith in the patient's capacity to "prescribe what is necessary for healing to begin" (p. 224). This is clearly different from the "hermeneutics of suspicion" (Ricoeur, 1970), that is, a listening approach wherein the analyst distrusts the manifest content, always listening to what is hidden and evaded. Instead, Bach emphasizes, again and again, the importance of listening carefully and affirmatively to the patient's subjective experience as a prerequisite for the establishment of trust, a primary ingredient of analytic change.

This last point on therapeutic listening is illustrated evocatively in the chapter, "The Sense of Aliveness and the Feeling of Being Real (2016)," which is framed around the case of Susan, a young woman afflicted with a pervasive sense of unreality and insubstantiality. In the course of her treatment, Bach realizes she suffers from visual-spatial difficulties and intervenes by recommending neuropsychological testing, and further by assisting with some of her remedial exercises. Although acknowledging the unusual nature of this aspect of the treatment, he comes to appreciate the central importance for this patient of having her inner reality

recognized and responded to by an idealized other, and toward the end of the chapter he extrapolates from her case to a general view of the two ingredients necessary to attain a normal sense of feeling real and alive: (a) an idealized Other and (b) "the need to be accurately viewed by this idealized Other who recognizes and signals just how real and alive you feel to them" (p. 243). He further describes this as a "psychobiological process" that determines both emotional and psychosomatic development. Again, it is Bach's careful attention to his patient's unstated and unrecognized subjective experience, her unspoken states of consciousness, that have such determinative impact on this patient.

One hallmark of Bach's more recently penned chapters is his increasing use of the concepts of self and mutual-regulation, and his repeated references to psychobiological systems when describing both the early parent-child relationship and the treatment situation. Although evident throughout his work, Bach's recent writings have placed greater emphasis on these ideas, with comparatively less space given to the traditional language of his psychoanalytic progenitors. "The Disembodied Self (2016)" focuses on two types of self-regulatory disturbance, the understimulated and the overstimulated self, both of which result from traumatically imbalanced, misattuned caretaking environments. Bach writes that "one of our first tasks with such patients is to help them restore their homeostasis," and he refers in this connection to the research of van der Kolk (2014) and others on the damage done to the "nonverbal bodily substrate," the physiological basis of self-regulation. It is to this substrate that we orient our work with patients, particularly those who have suffered the forms of trauma described in this chapter. We focus ourselves and our patients, not on ideas about possible unconscious fantasies, but instead on consciously available forms of experience, which for many patients are far from ordinary: "how to know when they're hot or cold, hungry or thirsty, dreaming or awake, where it hurts, that pain is temporary and will heal or get better over time, how to make the body comfortable, how to feel good about it and, generally, how to regulate their homeostasis" (pp. 259–260).

Here Bach makes explicit that, although an entire history of psychoanalytic theorizing remains in the background of his understanding, the clinical foreground is occupied by issues of basic physiological self-regulation. From his perspective, bypassing this most basic of experiential dimensions would lead to something potentially false, dealing only with the head and not the body, the physical undercarriage of the psyche. Bach claims that this perspective does not lead to some radical new technique; he states that he prefers to "remain within classical parameters when doing treatment . . . [but at the same time] . . . psychoanalytic treatment must be flexible and creative, that is to say, the analyst must be responsive and alive" (p. 260).

On matters of technique Bach offers a general perspective and an emotional stance, but not a road map, and certainly not a manual. Bach's final chapter of the book, "Analytic Technique and Analytic Love (2006)," clearly illustrates his approach to understanding and explaining psychoanalytic practice. In the first several pages Bach makes the following, somewhat provocative statement: "Perhaps we should be placing the emphasis, not on the doctor and his technique, but on the patient and the patient's sense of agency and empowerment. There may be a vital difference in whether we relate to our patients primarily through psychoanalytic technique or primarily through love" (p. 264). Bach's attitude

toward dense, overly technical psychoanalytic writing is evident in his statement that “many of the technical terms and concepts of psychoanalysis can be seen as part of a programmatic effort to specify the parameters of love in an experience-distant language . . . [which] . . . tends to deprive our words of life and leaves us with a hollow discourse about the technicalities of loving without the essence of the thing itself.” (p. 264).

Bach offers a few guideposts for identifying what he means by psychoanalytic love as a foundation for optimal practice. First, the patient needs to become a “living presence,” available to the analyst in an ongoing way as a consequence of devoted, focused analytic attention, both during and after sessions. Second, the analyst develops “basic trust” toward the patient, which reflects a belief in the fundamental decency and goodness of the latter. Third (and perhaps most importantly), the analyst achieves “sympathetic resonance” with the patient, wherein no matter the problems or emotions of the moment, the analyst feels, underneath it all, a basic sympathy, an empathic connection. According to Bach, the achievement of these three attributes signals a very special kind of connection, and a necessary one for the kind of work we aim for with our patients. In Bach’s words:

In my experience, the effects of this kind of attention and connection maintained over a long period of time can be very profound indeed, for the person with whom you are connected . . . begins to feel held together by your attention and to feel that more and more parts of himself are becoming meaningfully connected. (p. 272)

It is with this last passage, from this final chapter of Bach’s book, that we arrive at a statement that might serve as a unifying thread for all of the various iterations of psychoanalysis. Above all, analysts of all stripes aim to foster meaningful connections between fragmented aspects of our patients, in whatever theoretical terms this fragmentation may be understood. Although Bach came of age within the Freudian tradition, his early writings in this volume show that he was never simply an acolyte for the specifics of that view; he was always writing toward a more experiential viewpoint, theoretically and clinically. Even when writing from the “one-person” language of Hartmann and Rappaport, Bach repeatedly found those aspects of Freudian theory that pointed toward early mother-infant dyadic regulatory processes as the

basis of the emergence of a cohesive, integrated self. And from the beginning, Bach continued to find new ways of demonstrating that the analytic process, at its best, involves a reactivation of these early developmental processes. Along with several of his contemporaries (e.g., Ellman, 2007; Loewald, 1960; Modell, 1988). Bach showed generations of Freudians a way to think and work that took us beyond the binaries of insight versus relationship, one-person versus two-person. He taught us to keep theory in the background, to listen to the poetry of the session and immerse ourselves in the experiential world of our patients, rather than maintaining the kind of disengaged space required for generating clever interpretations.

This invaluable volume charts the development of Bach’s distinctive perspective, from the theoretically intricate early papers to more recent contributions that offer a refined distillation of what, in retrospect, always occupied the core of Bach’s sensibility: the crucial importance of the analyst’s willingness to enter into and to tolerate the experiential world of the patient, over a sustained period of time, in order to achieve lasting change. More than anything else, it is this capacity, what Bach calls “analytic love,” that is enriched in the reader through a sustained encounter with the writings in this book.

References

- Britton, R. (1989). The missing link: Parental sexuality in the Oedipus complex. In J. Steiner (Ed.), *The Oedipus complex today* (pp. 83–101). London, UK: Karnac.
- Ellman, S. J. (2007). Analytic trust and transference: Love, healing ruptures, and facilitating repairs. *Psychoanalytic Inquiry*, 27, 246–263. <http://dx.doi.org/10.1080/07351690701389445>
- Fairbairn, W. R. (1941). A revised psychopathology of the psychoses and psychoneuroses. *The International Journal of Psychoanalysis*, 22, 250–279.
- Loewald, H. W. (1960). On the therapeutic action of psycho-analysis. *The International Journal of Psychoanalysis*, 41, 16–33.
- Modell, A. H. (1988). The centrality of the psychoanalytic setting and the changing aims of treatment. *The Psychoanalytic Quarterly*, 57, 577–596. <http://dx.doi.org/10.1080/21674086.1988.11927222>
- Ricoeur, P. (1970). *Freud and philosophy: An essay on interpretation* (D. Savage, Trans.). New Haven, CT: Yale University Press.
- van der Kolk, B. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York, NY: Viking Press.