

Not Knowing is the Royal Road to Feeling Both a Shameful Fool and Creative Healer

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ABSTRACT

Rather than hearing about a workshop that has not yet happened, the reader will be taken on a tutorial with Professor Quicksilver. You will empathically experience both the shamed, benighted fool and his first cousin, the playful, enlightened trickster. All this will be delivered via stories from the academy, mythology, alchemy and plain old me.

I. INTRODUCTION

(In this paper I will use the masculine pronoun for purposes of stylistic simplicity.) My assignment, in contributing to the conference proceedings, as Ann Ladd summarized it for me, is to leave the reader with a sense of what they might have experienced had they been present at the workshop. On the one hand, I find this to be perfectly reasonable. On the other, however, although the workshop is to be primarily experiential, I suspect that I will not capture much essence by describing techniques and exercises. My workshop, you see, attempts to capture and illuminate something ineffable: how does one both be the responsible healer who maintains the frame and the wounded healer inside the frame with the wounded patient? In some ways, one hopes to embody a presence, not unlike that of the parent who both takes responsibility for his child and yet remembers that the child (patient) knows at least as much about where your journey together must go. Paradox and shame are central to me as I try to embody this material. The participants and I will be creating live dyadic stories about A) how the therapist in us listens to and intervenes with the “patient”, and B) what this has to do with the wounded (patient) part of us (the “therapist”) from part A.

So in this paper, I hope to bring you close, as I have said, to the indescribable, by telling you stories that shed implicit, metaphoric light on our theme. The stories are a mix of self-disclosure, references to mythology and to the more traditionally defined literature of our field. I apologize in advance if the stories at first seem a bit diffusely related, but I hope that each of them will shed a bit of refracted light on the mysterious matter of how a fool can be a healer.

Isaac Bashevis Singer (1975) tells us of a chimney sweep named Yash who was a half-wit until a blow on the head turned him into a mind reader. I will tell you a somewhat similar tale regarding the blows on the head that I used to give myself. Over twenty-five years starting in 1976, I developed a clinical construct called cephalic shock (Lewis, 1976, 1984, 1986, 1996, 1998, 2007). It described a trauma based dissociation or state of shock in which one ‘lived in one’s head’. Winnicott (1960) had earlier described it as “the mind to become the location of the False Self” (p. 144). But even before I began to write articles on this condition, I slowly learned over years of Bioenergetic practice to listen to the slap on the forehead that I would spontaneously give myself. Typically, I did this moments after my patient had left the office and something in me lit up with an awareness of what had been going on between me and the patient—something which had been right in front of my nose, but which had eluded me because my straining to understand, to know, had blinded me. I had been taken out of the moment, out of the rich, split-second mutual non-verbal dialogue going on just in front of me, because I was trying to overcome my own traumatic shock and figure things out by myself in my head. It is not an accident that my hands, which I increasingly learned were smarter than my conscious mind, brought me back by hitting me just over the frontal lobes.

Over the years, as I became better able to tolerate the shame and brokenness from which I had dissociated, I no longer needed a physical jolt to my head to become present to myself and my patients. Not knowing, staying in a transitional space, was still scary, as it ran counter both to my characterological defense and my training. But somehow, I was increasingly drawn to it. When I could risk the shame of looking like a fool who didn't know, instead of a doctor who, of course knew, something alive and interesting would often happen. Sometimes I would just be aware that the patient and I were with each other, breathing together, more often than not, my look conveying that I was interested in what was going on in him.

At other times, something would suddenly move in me, come to me... a thought, a smell, an awareness, an impulse to move a certain way. One usually calls this intuition. Current neuroscience tells us about the split-second procedural level implicit knowing from which our relatively ponderous conscious verbal communications emerge. On another level mythology suggests that at such moments I have been visited by my inner Hermes/Mercury. I find that the flavor of some of the personal and clinical vignettes and moments that will follow are captured well by a threshold god whose realm is alchemy and paradox. Indeed, my work, when it goes well, has moments that are akin to the metal/substance mercury. While it is somewhat prideful to suggest that one's work is informed by a god, remember that I am always coming from a base of shame, and my chosen co-therapist/god is the embracer and transformer of opposites. Getting back to mercury, Robert Bly (1990) tells us:

“We know from hundreds of texts that it is Mercury or Hermes who watches over the processes of alchemy... like a ball of mercury that one tries in vain to grasp, is truly mercurial in its invention: witty, astonishing, playful, serious, delighting in leaps (p. 127).”

Hermes is the god of the interior nervous system. His presence amounts to heavenly wit. When we are in Hermes' field, messages pass with fantastic speed between the brain and the fingertips, between the heart and the tear ducts, between the genitals and the eyes, between the part of us that suffers and the part of us that laughs. Hermes is Mercury, and we know that mercury cannot be held in the hand – it rolls everywhere, separates into tiny drops, joins again, falls on the floor, rolls under the table, moves with amazing quickness. It is correctly called quicksilver (pp. 143-145)

My intuition then, perhaps better known as my inner Hermes, has many faces and many shapes. At one moment a fool, at another a sage. At times an attuned healer, at others a crazy-making madman. He has been sighted as a clown, a trickster, and devil. Sometimes he suffers fools gladly, other times he fools sufferers madly. He works or should I say plays with my grief and shame- and that of my patients- such that we are not always certain whether we are taking ourselves more or less seriously.

In closing this section, let me note that I am identifying three qualities or attitudes as supporting spontaneity/creativity in the clinical encounter. These elements, among others, are 1. Tolerance of not knowing 2. A love of mystery 3. The denial of ordinary reality, as, for instance, an investment in one and one NOT adding up to two. Further, I am stressing that when their use is driven by specific wounding/pathology in the therapist, that use will tend to be in the service of the healer escaping from an intolerable personal reality. To the extent, however, that the therapist, or wounded healer, is able to tolerate his wounds, the use of the three attributes will more likely be in the best interests of the patient: specifically to foster therapeutic instability and turbulence in his accustomed ways of experiencing the world.

II. VIGNETTES

AN EARLY LESSON

Many years ago I had just begun to lead a well-attended workshop at an International Bioenergetic Conference. Suddenly a psychiatrist participant launched into an almost furious verbal attack on both me and the workshop subject, a clinical construct which I called “cephalic shock”. He had read about it in one of my papers, and I probably began to dissociate at the same time that I could hear his ridiculing voice listing the many weaknesses of my clinical construct: it was, he declared, tautological, lacked empiricism, was not supported by sufficient references to the literature. This was just a sampling of his points. After all these years, I have no idea how many seconds or minutes his diatribe lasted, but it was long enough for my entire life, as they say, to flash before me. This scene, I realized, was the horror come true that I had somehow always been trying to avoid. I also realized that there was validity to a number of the good doctor’s criticisms of my work. But the relevant point is that I felt trapped in this large room as 50 or 100 people heard me being described as an idiot. My shame was immense. I tried a few semi-stammered words in my defense, and also noticed the faces of the participants close to me. They seemed fascinated by what was taking place, and I believe I was able to sense that they, after all folks who had signed up for a body-oriented experience, were much less interested in the somewhat academic questions about the right and wrong of my clinical construct. They were really looking intently at me, perhaps more interested in the truth of what they saw, than in my words. I think this had something to do with a quiet inspiration that came over me. I stopped trying to twist out of the moment, accepted that I had lost, and quietly suggested to the angry doctor, that since my words had not helped him to “get” what cephalic shock was about, perhaps he would let me demonstrate it to him by working with him in a hands on manner. Not particularly brilliant, you say, but just what the doctor ordered. People started breathing again, and things began to flow again.

As I write this paper for the Conference Proceedings, in advance of the workshop, I am not expecting, certainly not hoping to have a similar encounter. But, as Jeremy Holmes (2001) tells us, “...all good therapists know in their bones; you cannot prescribe what is going to happen in a session any more than

you can prescribe happiness... exploration will always be dependent on chance and spontaneity” (p. 50). This being the case, I am somewhat paradoxically, and foolishly suggesting that our workshop will be about the kind of vulnerability and shame that one cannot anticipate until one is in the middle of it.

I believe that the workshop participants in the above vignette, were staring so intently at me, barely breathing themselves, as they empathically felt my shame. Even thirty-five years ago, when bioenergetics was younger and Dr. Lowen was firmly at its helm, the participants sensed that what was happening in the room was at least as important as any Reichian/Bioenergetic wisdom. Then, as today, we were all wounded healers, hoping that our core wounds of shame and inadequacy would somehow be healed by our assuming the mantle of healer. I suspect that the workshop participants would have paid several times what they had been charged, if they had known the treat that was in store for them: a public humiliation of Dr. Lewis' professional persona. I am not sure, but I think that from beneath the loud din of shame pounding in my ears I heard Hermes' quiet voice telling me to stop trying to fence verbally with this doctor's raging talking head, but rather to pay attention to his own pain and shame and meet him on a bodily level. One moment the psychiatrist had me on the ropes, the next Hermes had me cross the boundary between psyche and soma, and I was on solid ground as I took my attacker in the opposite direction from the one he knew best.

So what did I learn from this early lesson? How might it inform us in our dyads and demonstrations today, as we examine closely how the wounded person and the healer he has become, listen to and intervene with his patient? What I learned slowly over the first ten or fifteen years of practice was that I was practicing a craft. I did my homework, learned what science there was to be learned, listened to and read what the experts had to say, and slowly accepted that in the clinical encounter there were two of us in the room and the foreground had to be about what was happening in us and our interaction in the moment. Sounds fairly simple: two people in a room, one of them perhaps setting the example, but each of them learning to trust his own intuitive self. But, if you remember, just a little way back, I mentioned my Trickster as one part of me. So this has to be a bit tricky don't you think? What I actually may have been learning was to be comfortable with more of my **selves** and those of my patients. As a therapist it, helps to be a man or woman of many parts or, if you will, selves. A reliable, predictable, empathic presence tends to make the patient feel safe enough so that your playful, challenging sides can create enough therapeutic turmoil to uncover and encounter the traumatic material. Bromberg (2006) focusing on the inevitability of a transference/countertransference enactment involving traumatic shame, prescribes a frame that is “safe but not too safe” (p. 189)

This is too big a topic to cover in one paper, especially when one considers the multiplicity of guises of a Hermes who changes shape and crosses boundaries with Mercurial speed. Consider, for instance, just one of those guises, that of the clown/fool/jokester. This fellow has been a special friend to me for a long time, a bridge over troubled waters, you might say. Sometime in grade school I discovered that I could make my classmates laugh, and this must have helped me to cope with my emptiness and shame.

Years later in my late teens I came across what I remember (and have never since been able to locate) as an explanation by Freud that sarcasm (it may have been irony) was a way of defending oneself from what otherwise would be an unbearable pain. When I read these words I felt a pain in my heart and I believe the thought came to me that I would become a therapist, like the man whose understanding had just touched my core. In his dual aspects, Hermes is both a destroyer and a healer. As a young man, my sarcasm had its hands full - containing a rage that could injure and mock. It kept me, so to speak, out of jail. Over the years, as there has been more love in my life, and I have been able to both release and bear more of my heartache, I have been told, and I believe, that my humor has become less sarcastic and more loving, or at least kinder.

Even if I wanted to, I doubt that my trickster would allow me to contemplate him in full daylight. As I write this, I catch glimpses of my Hermes, as Bly (1990) described him in his earlier quote, sending messages at lightning speed between my heart and my brain. He has been doing some kind of alchemy for years now that allows my laughter to come from closer to my heart while still protecting my dignity.

But I- and all of us - have to be careful when we allow this kind of quicksilver energy to move in us. How much control do we have of our residual broken pride, and our desire to further heal our wounded humanity as we invite our patients to let us foster their own healing via this very personal alchemy? I wonder, for instance, how close I can come on behalf of my patients to matching the paradox, nuance and subtlety that my own inner alchemist has brought to bear in his ongoing work on my wound? We know that humor can sometimes allow us to play **with** and laugh **with** a patient in an 'as if', transitional space (Winnicott- 1971) that is closer to their shamed and broken self than they would normally ever permit. But can we ever be sure that we haven't gone a few millimeters the wrong way and left our patient feeling laughed **at** and played **with - in the worst sense of the word**. Be prepared to say "I'm sorry" and mean it.

As healers, we each have our own mix of capacities for autonomy and intimacy, also known as our preferred attachment style. Holmes (2001) tells us, as do most seasoned clinicians, that we must "challenge" (our patients)... if we wish to "foster emergent meaning", and further, that our "task is to challenge habitual assumptions and relationship patterns and create sufficient turbulence for new structures to emerge." (p. 17) I do this, for instance when I permit my trickster to have a go at disorienting or otherwise shaking up a patient's rigid or cerebral false self. The challenge for me and all healers with relational wounds, is to know when we are pulling for the patient's vulnerability and authenticity mainly for his sake, and when our own unresolved need to be deeply valued has gotten out of hand, such that we are trying too hard.

As already said, I am borrowing from mythology to support our clinical work when it involves processes of paradox, synthesis, destruction, integration and dissociation. I have been specifically using the multiform threshold deity Hermes/Mercury to personify these inner processes that often operate largely out of our awareness. For example, Donald Kalshed (1996) tells us something interesting about gods, wizards and witches which strikes me as strangely relevant to the guild of healers to which I belong. First, he concludes

a story about Eros and Psyche, stating that “All the healing gods are wounded gods.” (p. 178). Kalshed then continues:

The wizard is not, therefore, totally evil, but seems to want someone to survive his own destructiveness... One could say that his “test” conceals a secret hope that someday he will find someone strong enough to liberate him from his ghastly power and turn him into a human being! This reminds us that wizards and witches in mythology live a disembodied “daimonic” existence, always isolated from the community, always out of time and space in a magical world, stuck in “enchantment.” Consequently, they are always trying, so to speak, to capture real-life-humans-usually children or beautiful (vulnerable) maidens because it is their very invulnerability that keeps them perpetually disembodied (p.188).

Granted that most of us would not be recognized beyond a reasonable doubt as a wizard or witch. Some of you, however, may sense in the above description, your own attempt, via your work, to vicariously heal isolated shards of your own broken humanity.

In rounding out this brief visit to the vast wasteland of the shamed (shamefully broken) and the shameful, I will mention Harold Searles (1968) essay on “the Effort to Drive the Other Person Crazy... (1959). I understand Searles to be telling us that a major dynamic that causes family members (and also therapists with their patients) to try to drive each other mad, is, paradoxically, a miscarriage of the parent’s or sibling’s or therapist’s wish to help the other to a healthier, more mature state of integration. Searles describes quite beautifully the primary impulse to heal:

...the essence of loving relatedness entails a responding to the wholeness of the other person- including often... a responding in such a way to the other person when he himself is not aware of his own wholeness, finding and responding to a larger person in him than he himself is aware of being.(p. 270).

Now when Searles uses the word “crazy”, he means frankly psychotic, which is not surprising, considering that he worked so intensively with severely ill patients. But, as always, his insights have relevance for individuals at all points along the spectrum from high functioning to severely disabled. I, for instance, may tell my self that I am challenging and, in effect, trying to un - or- dis – integrate what I perceive as a patient’s false self adaptation. I may even acknowledge that I am motivated to do this in part so that my patient can then become the more authentic, healthier person for whom I hungered in my own early development. But, as Searles warns us, how sure can I be that this un – and – reorganizing project will have the desired outcome. Beyond my professional ability to shepherd this process, there is the troubling concern, highlighted by Searles, that I may unconsciously pull for my patient remaining in a regressive, symbiotically gratifying relatedness to me. Put simply by Searles, we need to remain vigilant that the therapy is not in the service of our “desire to find a soul-mate to assuage unbearable loneliness” (p. 267).

As you will see from the final clinical story (vignette), none of this tells me what to do before I get there. Hermes refuses to have conferences with me in advance of sessions, so I pretty much have to go in and do

the best I can. I know that for me, it would be a disaster if I tried to control or plan how my intuitive friend gets used in my work as a therapist. After the fact, in an essay such as this, for instance, I can talk about my intuitions and see similarities to descriptions of Hermes/Mercury in mythology. But in an actual clinical situation, my conscious, explicit mind is much too slow to run with his quicksilver energy. A fairly good analogy is how I can get in trouble, for instance, when I am skiing well down a slope and I start to think consciously about and focus on what my body and its procedural circuitry has organized out of my awareness. I lose my form, my balance and am lucky not to fall. I like to think that years of clinical experience have enabled me, at least most of the time, to apply a split-second semi-conscious filter to the emergence of an impulse/idea, inspiration from my Hermes. It is a kind of sense in all of me- body and soul- that what has occurred to me will be all-right to let go to in the clinical situation - somewhat similar to not getting in the way of how my body wants to ski down the slope.

This session and those that led up to it, occurred during one of my “intensives” (residential workshops). I believe that it illustrates many of the issues that I have raised so far. I will include some verbatim descriptions of my interaction with the participant, whom I shall call Michael- descriptions by Keven Bridge, herself a therapist and a writer, who was also a workshop participant. My subjective report of the interaction as the “therapist”/workshop leader is enriched by what Ms. Bridge captures with her empathic observations and astute analysis.

From the beginning, it was not clear if Michael would have attended the workshop, were it not for his partner, also a participant, who had come to work on a specific problem. The general format was that in the course of each day I did an individual session with each of the six participants, in the midst of the other five group members. Keven tells us that:

Michael was clearly the least accessible of all of us. Cultured, (from an upper class, non-US background), a reconstructive plastic surgeon by profession, he was mildly interested in Bioenergetics, but admittedly skeptical. From the first evening, he was courtly, charming but standoffish, wittily challenging you and seemingly “vetting” you with questions and displaying his own knowledge about psychiatry, psychodynamics and psychoanalysis. It was a pattern repeated over and over during the workshop in a whole spectrum of subjects and tones, but always the same challenging “face-off”.

As you might guess from Keven’s description, I did indeed find Michael somewhat intimidating. While I should have known better, my unresolved shame issues were not fussy about what they attached themselves to. In the earlier vignette it was a professor of psychiatry versus Bob Lewis, with no mainstream academic rank. Now it was, as we psychiatrists say among ourselves, a “real” doctor, a plastic surgeon versus a psychiatrist i.e., a Jewish boy who was afraid of blood. You note the competitive, even combative language I use here to describe my ongoing attempt not to be superciliously dismissed and left with the sinking feeling that I was worthless.

Meanwhile, back at ringside, Keven reports:

In the group setting, he alternately stood back in silence or dominated in a self-encapsulating way...other than occasionally asking a very clinical question about the dynamics of a piece of work, he sat quietly, often interestedly, but remote, jotting or apparently sketching us in a small bound journal. And-each day of the workshop, as I remember it- he had to be challenged to work on a piece of his own process, as if his default setting kept reverting, even in the face of your increasingly explicit instructions, to the notion that surely he wasn't expected to participate, to reveal, to risk on that level...You, on the other hand, gamely kept trying to engage him: you talked to him, opened conversation about his various interests, challenged him, tracked his responses, his passions, his emotions, which returned to hiding under the scrutiny, so that whenever you recognized or named them or their pre-quelae in his body, he resisted, disappeared into formality, intellectualization, cultural disdain, irony, or, simply, silence...

You ask, and of course your question makes perfect sense, what all my intuitive personae were up to; where was the quiet inner voice telling me to stop trying so hard and perhaps sit with Michael in silence? I tried so many things, that I may indeed have tried sitting with him, but I think he had made it clear that he would not have allowed me to do anything **with** him, sitting silently included.

And back to Keven for the final round:

Only in the last session... the last moments, the last chance to engage, to capture him... you circled him, dodging, feinting, advancing on the mat, backing up and calling to him, inviting him to play, demurring, calling forth, calling out, keeping up a line of patter I can't now remember. And...it was as if you were determined not to give up on him, to offer one last chance for some tiny breakthrough ... you suddenly turned, ran down the mat, and somehow launched yourself headlong into the air in some kind of running (somersault) that miraculously returned you to your feet.

Silence

"Geez. I don't know why I did **that...**" you said , eventually. "it's just something I used to know how to do... I haven't done it in a really long time... You don't have to do it... I mean, it's just something **I** did... I mean, you **could** do it if you really wanted to, but I'm not asking **you** to..."

Michael stood at the side of the mat dumbfounded as the rest of us (who were alternately biting our lips, laughing, holding our breath). He, too, was rapidly cycling through astonishment, fear, relief, annoyance, back to locked-down reserve, then uncontrollable laughter, to upper class contempt, giggles, back to semi-offended pride, and then the macho, zoey, irreverent, challenge took him over and - while I was almost certain he would never risk his surgeon's hands on such a dopy move - he, too, launched himself into the air and, he, too, rolled with it, and ended up back on his feet - at least momentarily, until you and he embraced and slapped each other on the back and collapsed on the mat as the rest of us all around the room had already collapsed into gales of uncontrollable laughter and celebration and triumph.

Back to Dr. Bob: Keven's notes may actually be better than what actually happened. But I am very grateful to her for so beautifully capturing a mercurial event. My own notes were curiously terse, almost as silent as Michael had been prior to our "now moment" (Stern et al., 1998)

After the fact, there are a number of ways to analyze and find meanings in what happened. In sync with the theme of this paper, none of them should be taken to imply that I consciously thought through and planned my interventions in advance of the moment. If I had, for instance, one could argue logically that the somersault could have occurred just as productively on the third or fourth day, as on the fifth. Rather, my interventions arose from a weave of awareness on implicit and explicit levels. Seen from a more classical mainstream view such as that of Racker (1968), one could say that my intervention moved from one based primarily on a projectively received, complementary identification, to a more empathic concordant identification. Described along more current relational lines, Michael and I were engaged in a mutual enactment, a living out of affective experience. As you can imagine, I would like to give credit to my inner Hermes for helping me through the stalemate that had developed. But I may have had another co-therapist in the person of Balint (1968), who you may remember, published a report of a "breakthrough" (p. 129) incident in which he supported a patient doing a somersault in the session. To report this at the time, in the psychoanalytic environment in which Balint worked, was quite courageous.

So, for the first four sessions, one could describe the enactment of split transference/counter- transference as follows: Michael was his own aloof, judgmental, disdainful father (parent) to my dual roles both as his rejecting father and the son he had been-ever hopeful, longing to be the playful child, resourcefully pulling for the love he never got. What I inevitably brought from my own story was an emotionally impoverished relationship with my own father. I believe that in the final session I was faced with the immanent failure both of my efforts as a wounded healer and as the shamed boy who never made it with my own father.

I would contend that we never quite know what ignites our "inviolable spirit" (Kalsched -1996) to find a healing way to be with our patients. What we do know is that if we have grieved enough to have some acceptance of our failure- and resultant shame- to get what we needed in the beginning, there is a better chance that we can celebrate life in the moment.

My somersault turned things on their heads. As captured in Keven's earlier description, Michael's split warring selves could be seen and felt. Rather than defeat me with his mix of withholding and competing, he joined me in a moment of freedom, and, as I have said, celebration. In our profession, one often never knows what use a person makes of the therapy, especially in a workshop setting. Micheal gave me a book about his work in which he inscribed a few words that both meant a great deal to me and suggested that he took something away that was more enduring than the moment. The inscription read: " Dear Robert... a shrink that uses the hands like a surgeon" he signed it, and added "P.S. from a wounded healer to another wounded healer"

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