

**THE SUBJECTIVITY OF TIME: TIME AS PERSECUTORY, FROZEN, OR HOLDING:
HOW TIME IS TRANSFORMED WITHIN CLINICAL TREATMENT**

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The Three Forms of the Subjective Experience of Time

It may be helpful to conceptualize that there are three forms of the subjective experience of time that are highly relevant for clinical work. They are the experience of time as persecutory, the experience of time as holding, and the experience of time as frozen. How we experience time interacts with our internal world and its internal objects. In another paper (Kavalier-Adler, 2013b/ 2016), *Dialectics of Mortality and Immortality*, I wrote: "I wake with time as persecutory, and by evening I experience time as holding: Time changes as my state of mind changes. I have wondered how this is for others..." (p. 38). For me, this is based on two different internal objects, and the persecutory impact of time in the morning is also related to the pressure of the burdens of responsibility that I integrate within the day. Transforming time from persecutory to holding involves surrendering to the moment of feeling experience. I need to allow myself to go inward, where I can face whatever I feel from within.

The degree to which one is willing to face the pain of mourning the losses of one's life also affects the degree to which time can be experienced as holding as opposed to persecutory. The loss that is not mourned haunts the psyche until the pain of grief is felt. Also, the aggression that one might ward off from within the internal world affects the degree to which one experiences time as persecutory as opposed to holding. The aggression within loss and separation is part of the aggression that needs to be contained in order to be felt and symbolized. As one settles into one's being, time becomes increasingly holding. For the full experience of time as holding, however, one must have an internal holding object, one that would have been internalized during infancy, and during the separation-individuation era of pre-Oedipal primal development, when the experience of the *self* is first forming. If the initial maternal object was persecutory rather than holding, this will be reflected in the person's subjective experience of time.

When I speak of time as frozen, I am relating primarily to the absence of an object that comes from primal level abandonment trauma, and from the numbing of one's psyche to ward off the intolerable pain of annihilation terror. The absence of a primal level object is intolerable. Even a persecutory object is preferred to the absence of an object, when the internalization of a holding object has not been accomplished, or has not been sustained. Additionally, it is important to note that the persecutory attachment can become eroticized. Many people cling to their persecutory objects, and in doing so, they are then doomed to experience time as a persecutor.

The Eternal Now Moment and Time as Holding

The persecutory tread of linear time (left brain) can be interrupted by "eternal now" moments that relieve the haunting threat of one's mortality, which can be conscious or unconscious. In the "eternal now" moment, one is in a right brain experience of being, as opposed to being in the left brain experience of anticipating the future within linear time. Even the anticipation of the next moment is suspended.

One example of how this experience can come about is within the very organic dance of Argentine tango. In Argentine tango, the follower needs to continually be in a state of "non-anticipation" so as to instantly connect with the moves of the leader. Also critical is that the leader and follower connect with the music. To be fully in the moment, one needs to be connected with oneself, one's partner, and the music (Kavaler-Adler, 2016). The follower (usually the woman, but now often not) is able to close her/his eyes, and go into the "zone" of deep feeling connection, without thought. The follower receives the direction from the leader, or the "invitation" from the leader, through the upper body embrace, and through feeling the weight of the leader on the floor, as the leader moves to each new step, or as the leader pauses in one place. Studies in the brain activity of Argentine tango dancers, when in this embrace, have shown that each of the two partners' brains are merged with each other, as they engage in a dance of coordinated "intersubjectivity" (Berrol, 2016; Burzynska, Finc, Taylor, Knecht, 2017; Poikonen, 2017). In this state, time is experienced as holding as opposed to persecutory or frozen.

If the follower anticipates the next steps rather than remaining open and receptive to the leader's lead, the organic body flow, and the psychological intersubjective flow, will be disrupted. If the leader does not mutually surrender to receiving the full cue of the follower's responsive movement "in the moment," the intersubjective psychological flow and the organic body flow will be disrupted. However, when the intersubjective flow is fully allowed, there is the opportunity for both tango partners to

experience the “eternal now” sensation of being fully in the moment, with a temporary suspension of awareness of the continual tread of linear time.

The tango follower can surrender to an open receptivity towards the leader, which is enhanced by being in the flow of the music, which appeals to the soul, and the embrace engages the heart to heart (*corazon-a-corazon*) connection of both partners. Similarly, in the clinical dyad, the psychoanalyst remains fallow, ready, in a state of receptivity in relation to each patient who is in the psychic atmosphere with her/him in the moment. Freud (1912) spoke about the art of “free floating attention,” where the analyst turns her mind, like a receptive mental organ, toward the unconscious mind of the patient that is in the room with her. Wilfred Bion (1967) went further, and spoke of the analyst suspending memory and desire, in any one clinical session, or clinical moment, to take her lead from the unconscious. Like the follower in Argentine tango, the psychoanalyst waits until the patient engages with their internal world affect and object related state. Then the analyst can tune into the authentic area of “being” in the patient, which may have been perpetually repressed, or dissociated from. D. W. Winnicott (1960a) speaks about a similar authentic engagement with the “true self” of the patient, when he speaks of the capacity for play, or for the creativity of everyday life. Sometimes this true self engagement involves suffering the most intense moments of hostile aggression in the patient, while the analyst tries to contain her own internal experience enough to “survive” – in the Winnicottian (1969) sense of staying present rather than retaliating or abandoning the patient.

My theory of developmental mourning incorporates such object survival, as well as readiness for feeling with the patient, and sometimes suffering with the patient through the most intense transformation of rage to existential grief (as opposed to neurotic guilt that is a mental construction, and thus defensive). This theory of developmental mourning is built upon Melanie Klein’s (1935; 1940) theory of depressive position. Klein was the first psychoanalytic theorist to speak of mourning as a critical developmental and clinical process. It is relevant here to note that when linear time is suspended, so is our conscious awareness of our mortality. This happens in “eternal now” moments, when one’s full affective sensation and being can be felt, and sometimes suffered (Joseph, 1989). Then, the usually persecutory aspect of time can relent and time can become holding. Also, in these moments, internalized aspects of the primal “holding” mother can be built upon, so that the capacity for surrender to true self “being” is enhanced (Winnicott, 1960a, 1963). When time is frozen, the capacity for psychological transformation is arrested. However, in the clinical setting, when the analyst engages with a clinical process in the moment, frozen time can also transform into “holding” (Winnicott, 1960b) time, as primal

trauma, and later loss and trauma, are felt and actively processed within critical clinical moments. Interpretation facilitates this process so that moments are conceptually connected over time for the patient, and the many levels of self-integration within development are felt as affectively alive through a developmental mourning process (Kavaler-Adler, 1992; 1993/2013; 1995; 1996/2014; 2003a; 2003b; 2006; 2013b; & 2014b).

The following are some clinical examples of how the persecutory aspect of time can be transformed within a clinical moment to one of holding. There will be also the example of how the dissociation from the area of the psyche where a holding object once resided can create the experience of endless frozen time, a phenomenon that can occur when there has been primal pre-Oedipal trauma. I will speak about the clinical transformation from this frozen time to time as holding. In both forms of transformation, the mourning process and to which I refer as a developmental mourning process will be seen. The transformative moment becomes the moment in which the repressed or dissociated experience of loss of the object is for the first time experienced in the clinical context. This also involves the transformation of the experience of the analyst from that of a persecutor, or an absent object, to that of a holding object.

Clinical Transformation from Persecutory Time to Holding Time

It was after my pre-Oedipally arrested patient expressed her most direct and intense primal rage to me, and I survived in Winnicott's (1969) terms of not retaliating or abandoning, that my patient moved to a symbolic level in which she could free associate and accept my interpretations of her experiences, including dreams. In other words, this patient became an "interpreting subject," in Thomas Ogden's (1986) terms. She could make interpretations of her own experience then, as she could understand that she and others were interpreting their experience.

I will call my patient Rochelle. She had lost her mother to cancer at age 8. A former symbiosis with the mother was not disillusioned, and a mourning process for the grief of losing the mother was required. Yet, in the immediate clinical moment, as I made a spontaneous interpretation of which I had never thought before, the patient erupted into the authenticity of her repressed grief expression. She opened, as her dissociated rage and the defenses against it opened up. Rochelle became free to feel and free to think through an "in the moment" association for the first time. A portion of one of her dreams then allowed me to have an improvisational moment of spontaneous interpretation (see Winnicott, 1999, on "spontaneous gesture"). The scene in the dream was that I was seen by her to be Ronald Reagan, and in her dream Rochelle was a young black boy delivering a pizza. I then paid her much too much for the

pizza, and Rochelle wondered why. I interpreted as follows, not thinking until I felt the words rise up in me that I was saying:

“Consciously, you think you are giving and giving and giving to me (money), and think I am taking and taking and taking from you. However, unconsciously it is just the opposite. You believe that you are taking and taking and taking from me, and using me up, just like you felt you used up your mother and killed her!” As my words evolved in the organic dream interpretation, Rochelle erupted. She began to cry out: “I did it! I did it! I did it!” The formerly sealed off grief exploded from inside the core of her being. She started to sob, and sob, and sob. She was feeling the longing and loss of her mother who died from cancer when Rochelle was eight, and feeling the existential guilt behind her grief. She was unusually calm after her grief poured out, and I stayed with her in the clinical moment of intense feeling and being.

The next session was to prove most interesting. Rochelle lay down on the couch. She promptly fell into an extremely peaceful state of sleep. While she slept, I had an unusual state of access to her internal world experience, being able to directly tune into her unconscious. In fact, I experienced my lips and fingers transforming into the sensation of being baby lips and fingers. Meanwhile, I also experienced the sound of a lullaby within my mind. I felt like I was both the baby part of my patient’s psyche, and was also the primal mother that had once held her, before the time of loss that might have come with a gradual psychic separation during the separation-individuation period, but which came instead with a harsh traumatic edge. Psychologically, Rochelle’s mother died gradually over time, but then – extremely abruptly from the decay of cancer. The night her mother died, Rochelle’s father threw her into the shower to wash her own hair, which she had never done before. She came out of the shower crying, with soap still invading her hair. From then on, Rochelle lived in a perpetual state of helplessness. Meanwhile, the father, who had been emotionally distant from her, became both emotionally and physically abusive. He became a persecutor and was internalized as such. Consequently, the analyst became a persecutory father in the transference (symbolized in the dream as Ronald Reagan), alternating with being the mother with whom she was still engaged in a regressive symbiosis. How could time then be anything but persecutory for Rochelle? She was constantly burdened by her own patients in her work as an occupational therapist, and there was never enough time for her to breathe.

However, time began to transform for Rochelle in the moment of my key interpretation, as she opened her heart and soul to the primal level of sadness that she had been avoiding her whole life. She

had avoided this deep grief sadness through a combination of repression and dissociation, of raw instinctual affect. In that moment of core self-surrender, Rochelle transformed her internal persecutor into a holding mother, and thus time itself became holding. She was able to let go of time in the next session. She allowed herself to sleep peacefully in my presence, and I could feel like a mother holding her like a baby in my arms as she lay on the couch. She slept peacefully in my presence, trusting me as she had never done before, trusting me as if her lost primal mother had returned to her, after she had released her mother through grieving her loss.

Along with Rochelle, I felt myself being held as she slept, and as her unconscious delivered to me the baby and holding mother parts of her. Time transformed from persecutory to holding for both of us. Linear time seemed suspended as I could be in the pure sensation of my lips and fingers feeling like a vulnerable soft baby, and as I heard the tranquil and soothing lullaby inside of my mind. Yet, all this was dependent at that critical time on Rochelle's surrender to an unconscious state of trust and relaxation in her sleep.

Interestingly, when Rochelle awoke, linear time took its revenge. I had to enforce linear time by ending the session at a certain time. In doing so, I woke Rochelle from her deep state of surrender to her unconscious, and to the holding mother within her internal world. When Rochelle woke, she brought her internal persecutory object – in the visage of time – sharply and abruptly back into the room. I experienced this message from her unconscious as if I was suddenly being thrown into a shower, and told to wash my hair, when my mother had always done it. So in the abrupt moment of consciousness of time intruding, Rochelle screamed out, sharply, “Oh damn! I slept through the whole session! What a waste of time!” I didn't say anything at that moment, as it was “time to go!” However, when, in a later session I shared my experience with her, Rochelle got angry! Rochelle said that I was just imagining all that. She said that I shouldn't “waste her time” with all that. Her defenses were back full force, and she belittled the nature of the holding mother's sense of time that I had shared with her. Nevertheless, even if she did not express awareness of the connection that occurred in that “holding time” session, after that session, Rochelle did feel safer than ever before to yield consciously to her softer side when with others. She told me that she was continuing to allow herself to cry and mourn with a girlfriend. And she let me in on her experience by saying: “Now when I think of my mother, I don't feel such pain anymore.” Rochelle was implying that now that she was able to cry and feel and to sob out the crying of grief. Her mourning process was allowing her freedom and healing. As Rochelle mourned and healed, she also allowed her arrested developmental process to renew its organic course. Time, as an internal persona,

could now become increasingly holding and less persecutory for her. The initial moment of transformation continued as her defenses could be dealt with over time in clinical treatment.

Ultimately, the organic flow of time could be felt as in that which I have called the *love-creativity dialectic* (Kavaler-Adler, 1996/2014). In the love-creativity dialectic, one connects freely with one's internal self and internal creative resources in a natural flow of alternating connection between the outside world/outside other and connection with the internal self and creative resources. Connection outside brings intimacy and love within the external interpersonal context. Time is experienced as holding when this organic flow of internal and then external connection – back and forth – is felt. When arrested with a perseveration of external connection, you get the love addict, who is unable to connect with the internal world and with internal resources for creativity. When arrested in a perseveration of internal connection, you get the “compulsion to create” addict, who can't let go of the internal world, and who fails to connect fully with another outside, sacrificing love and intimacy. This “compulsion to create” phenomenon in an artist would exploit the internal world for creativity until the resources of the internal world begin to dry up. For a full case study example, see my study of Emily Dickinson (Kavaler-Adler 1993/2013).

Transformation from Time as Frozen to Time as Holding

When time becomes frozen, there is often a primal trauma behind the subjective experience of time stopping. The trauma involves an intolerable experience in relation to a primal mothering other. This intolerable experience, which is dissociated, as in the “unthought known” of Bollas (1987), is always threatening to happen, and as seen in Winnicott's (1974) *Fear of Breakdown*. So past time becomes the object of future fear. But the subjective sensation of time being frozen foments a trenchant terror of annihilation. The world becomes empty of an object, or one lives in a world where the object to which one attaches is an absent object, or a “no thing” (Bion, 1965; 1970). In the case of a trauma due to persecution, time would, of course, subjectively be experienced as persecutory. However, when the object is absent rather than persecutory, time subjectively is experienced as frozen. Also, dissociation from the early part of the self that experienced the trauma makes one to cling to a “no thing” (Bion, 1965; 1970). However, the numbness and paralysis of time being frozen must be felt consciously before the active clinging to the “no thing” object can be experienced. When time is frozen, there is just numbness and paralysis.

In the case of a woman who I will call Cynthia, the patient was haunted by a dissociated experience from the linear time location harkening back to her age of 21 months old. In a four times per

week psychoanalysis, she began to tolerate the trauma that first emerged through a psychic fantasy of being all alone in the world after a Holocaust. Before she felt rage, loss, longing, and grief, she just felt numb, as if there was no connection to another. Time was frozen in that part of her psyche because without a sustained internalized object connection, there was no moving forward, and no sense of a continuous flow of time. What happened to her at 21 months old? At that time that Cynthia's mother went into a hospital for a week to give birth to Cynthia's younger brother. One's age of 21 months is the time for "rapprochement phase" (Mahler, 1971; Mahler, Pine, Bergmann, 1975) within separation-individuation stage of development; it is a time of critical need for sustained maternal contact to promote the development towards an individual self that can feel and define its own subjectivity. If during this critical stage, the mother is absent for a period of time longer than it is needed for the child to retain an image of the mother in her mind – the terror of being in a void, without an object, or of being attached to a "no thing" (absent presence) becomes a state of traumatic dissociation. During this rapprochement phase of separation-individuation," the child will try to keep the physically absent mother alive by imagining the mother. However, if the mother is away for too long, the child will no longer be able to "image" the mother (see Mahler, 1971; Mahler, Pine, Bergmann, 1975). Then the mother no longer exists within the child's internal world as the containing and holding mother of primal pre-Oedipal childhood.

This is what happened to Cynthia. Her primal level of trauma occurred within this critical linear developmental time of "rapprochement," and rapprochement failed. By the time the mother returned, Cynthia had lost her internal experience of having an object inside, and of being connected in a sustained way to an object. She also lost her ability to image or visualize. She had imagination, but it could not emerge as visual imagining of herself, or of the other (Mahler, 1971). The later mother was internalized, often as persecutory, and during a critical time at 7 years old – as rejecting. The primal area of the psyche that had suffered but had not yet felt the earlier absence of the mother, stayed frozen in time. When Cynthia regressed to this stage in the therapeutic object relationship, she had the subjective feeling of being "all alone in the world after a Holocaust." As she felt this, and put it into words within the transitional space that connected her to me, her female analyst, she began to re-own the dissociated part of her self and psyche. When she was helped to put this experience into words, Cynthia was actually excited by the term "no thing." She felt that this phrase seemed to relate to her "all alone" experience of craving an absent object as a "no thing." "No thing" explained her absent sense of *self* without an early object of some kind.

When one is all alone, and there is no transitional space joining one with another, time does not exist. Time is frozen. Linear time is frozen, and holding time is absent. The only way forward is to consciously assimilate – bit by bit and along with the company of the analyst as a “subjective object” and “transitional object”– the intolerable affect states from the primal loss era of object loss, which could never have been felt at the time without a mothering presence (Winnicott, 1958). One can only develop a capacity to be alone by having first experienced being alone with an *affectively alive* other. When the mother was absent at the critical time for this state of being to occur, the therapist becomes the alive other that can, for the first time in the present, allow the patient to tolerate the experience of being alone.

This is what happened with Cynthia. She gradually could feel her *self* by feeling herself in relation to me, as I felt and witnessed her primal trauma. Then, her experience gradually transformed, and frozen time transformed, becoming increasingly holding in its nature. This allowed her to do the creative writing of which she only dreamed. Before this, she had blocked such writing by building a wall against her internal experience. In this way, she had protected herself against the intolerable experience of being all alone in the world without an object, which involved the experience of time being frozen.

As Cynthia came alive, her transference towards the analyst changed. When time was frozen, I had been experienced as an affectively “ice cold” “absent breast” mother. As she came alive through tolerating the trauma in the transitional space with me as an affectively alive analyst, her experience of herself, the analyst and time all changed. Cynthia could begin to have memories of a differentiated mother, as well as of differentiated experience with the mother. Her lost cognition from the period of 21 months old was gradually regained. She could have these differentiated memories, and a differentiated sense of clinging to a “no thing” object,” rather than feeling like she was all alone in the world after a Holocaust. The fantasy of a Holocaust disappeared. She became a child reacting to separations, reprimands and the exhaustion of a seriously ill mother. Time took on a reality as a linear phenomenon (left brain experience) and as a holding experiential phenomenon (right brain experience). So too, I became alive and responsive to Cynthia’s subjective experience. She spoke of me as warming up, and she could gradually surrender on the couch. The tension and rigidity in her body gradually relaxed, as the connection between the absent object of 21 months, and the experience of time as frozen, began to make sense to Cynthia. She gradually lessened her expectation that time would always be frozen, and that she would never be able to write. She spoke earlier of her anticipation of terror: “I am terrified I will die without ever being able to write. That thought makes me feel like dying.”

Cynthia also would speak of the formerly dissociated experience of paralysis lifting and dissipating – as she became conscious of the annihilation terror, and aware of what triggered it in any one moment or session. Sometimes Cynthia would walk out of the session feeling blocked and paralyzed, as if time was returning to being frozen. However, the next day she felt that whole sensation of being paralyzed lift, after we realized what had triggered it in the session the day before. Soon after a session she would feel the dissociated state “lift,” and simultaneously the sense of time being frozen also lifted.

Cynthia mourned many levels of loss in relation to the mother, and that increasingly allowed her primal dissociated trauma to become more tolerable in consciousness. Thus time could begin to flow again, as Cynthia felt held by the primal object, represented in the internal world as a symbiotic object, apropos to prior to the time of the trauma within the time of separation. Then Cynthia could consciously process the trauma with the analyst as subjective object, transitional object, and witness.

Conclusion

To be within the flow of time, one must convert time as persecutory and time as frozen into time experienced as having a holding object within one’s internal world or psyche. This involves facing the rage and grief of primal object loss. Consequently, a progressive developmental mourning process within clinical treatment is required. My clinical examples show how time is converted from the unconscious experience of time as persecutory and/or frozen into time as holding, which implies an organic flow of time resuming. In “eternal now” moments, the flow of time is felt. The persecutory aspects of linear time, and of one’s mortality, are suspended. One lives fully within the affective experience of the moment, rather than being trapped in the frozen paralysis of trauma, or in the repetition compulsion of attachment to a persecutory object in a state of attack. Re-integration of dissociated areas of the psyche, and of the internal world in which time is experienced as an internal object, can occur in clinical object relations treatment. This is all part of the progressive levels of developmental mourning.

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