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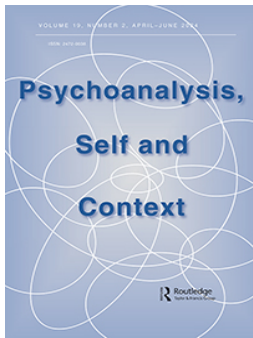
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For Whom the Bell Tolls: Misophonia as a complex experience of hope and dread in self-with-other regulation

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ABSTRACT

Misophonia is a condition in which everyday sounds evoke pain and reactive aversion. The etiology of misophonia is largely unknown, with discordant conceptualizations of its roots, ranging from psychiatric, to neurological, to a combination of auditory processing and neurobiological dysfunction. Common protocols are focused on symptom reduction and management, though have not been proven to be clinically effective. For these reasons, it is generally considered to be difficult to treat. In this paper, I re-consider misophonia as a complex interweaving of auditory, neurobiological and relational experience. Reflecting upon a clinical case, I present misophonia in the context of self-with-other regulation from a developmental lens, traverse the landscape of misophonic self states, explore the complex toll of dissociation and intergenerational trauma in relational space, and consider ways in which the painful somatic-auditory bell of misophonia concretizes self and relational “hope” and “dread”. Finally, I will offer some thoughts on how psychoanalytic psychotherapy can create new relational-neurobiological pathways out of the misophonic experience.

KEYWORDS

Affect regulation;
dissociative identification;
intersubjectivity;
misophonia;
sodomasochistic systems;
surrender; trauma

Now this bell tolling softly for another, says to me, Thou must die.

-John Donne, 1623

“For Whom the Bell Tolls” is the powerful opening to John Donne’s “17th Meditation”, invoking in the reader a sense of foreboding, if not looming, death (1923, p. 1). Donne, a poet and cleric, penned his meditations during a severe, painful and progressive illness of unknown origin—his own death in the foreground of his experience and mind. Not uncommon for the era, Donne made sense of his illness as “internal”, caused by “sin that infects his soul” (Belling, Mar 13, Belling, 2002, para. 3). Donne’s religiosity organized his understanding of that which felt so wrong inside of him. His relationship with religion also propelled his belief that “all mankind is of one author, and is one volume . . .” (para. 1), a connectedness he saw as the vital pathway to something “more”. In the phrase, “For Whom the Bell Tolls”, Donne vivifies the funeral bells of the church, and in doing so, elicits an awareness of both the limits and edges of human life, as well as a felt reverberation and connectedness between individuals—a web of relationality and interpersonal impact. As Donne proclaims, “Now this bell tolling softly for another, says to me, Thou must die”, he suggests that everything human—love, connectedness, sin and especially death belongs to us all.

In 1940, Ernest Hemingway borrowed Donne's landscape of life, death, morality and connectedness in his novel "For Whom the Bell Tolls", bringing these themes closer to his own socio-political context, the Spanish Civil War. Finally, Donna Orange (2006) brings us a psychoanalytic use of the phrase in her paper "For Whom the Bell Tolls: Context, Complexity, and Compassion in Psychoanalysis", in which she expands themes of love with compassion, death with suffering and morality with ethics in the realm of psychoanalytic theory and practice. From this expansive historical-cultural web, the poetics of the line, "For Whom the Bell Tolls" and the literary themes embedded within, can contribute important subsymbolic imagery and texture in order to think and feel into misophonia—the foreboding and overpowering experience of sound that elicits a kind of felt psycho-somatic death, along with relational reverberations feverishly pulling between love, loss and morality.

Misophonia in its literal sense refers to the hatred of sounds. In neuro-psychological language, it is described as an intense, negative emotional reaction often associated with bodily sounds like chewing, breathing, and foot tapping (Edelstein et al., 2013, p. 1). Its etiology is yet unknown (Dozier, 2017, p. 431). Some have conceptualized misophonia as psychiatric in nature (Schröder et al., 2013), while others dismiss any such correlation (Palumbo et al., 2018, p. 2). More contemporary researchers view misophonia as a condition with multidimensional roots—a combination of organic neurobiological differences linked with auditory processing impairment, tied with enhanced limbic and autonomic reactivity, sometimes co-mingled with psychiatric dis-order and/or neurodivergence (Norris et al., 2022).

In experience-near language, sufferers describe sensations of unbearable physical and emotional pain, almost a kind of felt death, if not murder. Sounds that others hear softly and with a sense of "going-on-being" (Winnicott, 1960, p. 586), seem to evoke a kind of "primitive agony" (Winnicott, 1974, p. 104), along with an intense "rupture" (Tronick, 1989) or even full break in any kind of holding container.

Misophonia is thought to be a "recently recognized" condition (Dozier, 2017, p. 431). Perhaps an outcome of its newness, or because of its association to the neurobiological, or maybe as part of an unconscious enactment of extreme aversion, my search for "misophonia" in the database of psychoanalytic literature, "Pepweb", confronted me with a remarkable "no results found". There seems to be a complete absence of psychoanalytic recognition, theory, or clinical case examples of this human experience. From this place, I write this paper with a consideration that absence is both "an emptiness from which one can begin" (Winnicott, 1974, p. 106) and importantly, as an empathic bridge (Ornstein, 2020, Ch. 9)—perhaps a first sense into a sufferer's experience of absence and non-responsiveness in the face of something that feels so wrong, along with an expectation that no hope for understanding or compassion exists. This is the relational background of misophonia, and this paper is a start towards something new.

Turning away from the "isolated mind" (Stolorow & Atwood, 1994, Ch. 17), I present misophonia in the context of "self-with-other" regulation from a developmental lens (Stern, 1984, pp. 74, 181–182), traverse the landscape of misophonic self states, explore the complex toll of dissociation and intergenerational trauma in relational space, and consider ways in which the painful somatic-auditory bell of misophonia concretizes self and relational "hope" and "dread" (Mitchell, 1993). Finally, I will offer some thoughts on how

psychoanalytic psychotherapy can create new relational-neurobiological pathways out of the misophonic experience.

A clinical case: Misophonia in the developmental context of self-with-other-regulation

Steve was 40 years old, in his second marriage and recently had a newborn baby. In our first phone call, he asked me if I could help him with “anger” and especially, “misophonia”. He emphasized, “It’s the only thing in my life I don’t have control of”, citing a variety of treatments and interventions he had attempted, all with little relief. His misophonia was in the forefront of his experience and he began our work together by sharing the details of his sensations, feelings and thoughts during these painful times.

Steve described a range of physical sensations: “it’s like someone’s putting a pin through my eardrum”, “my middle ear is full of water”, “my nose or the corner of my eye begins to ache”; then, “my ear, jaw, eye and nose all start to throb”, “I feel an icy dread in my chest”; finally, “it feels like my eardrum is about to burst!” and “there’s an ice pick stabbing me between my eyes!”.

Steve’s pain becomes visible by way of his facial expressions and body language, and I am aware of my own body tensing. I notice my somatic resonance, as well as Steve’s choice to begin with his felt sensory-somatic experience, marking the potential significance that the somatic dimension (Bucci, 2007, p. 244) will have in our work. I also notice in his description an escalation of affective intensity. When I ask him more about it, he tells me:

“It starts with agitation”, “anticipatory anxiety” and “anger—my heart beats quickly, and my breath shallows”. This leads to a “search” or hyperfocus for the “source” and an attempt to determine whether “the source should be able to control the sound” - that is—“if they are at fault for making the terrible sound”. This evokes “more agitation” and “angry and even violent thoughts”. “Now I’m nearing panic and rage”, which looks like “trying not to mimic the sound”, a “desperate attempt to make the sound less alien and horrifying”, as well as “trying not to punch myself”, “flee the vicinity” or “shout” at the source.

Inquiry into the intensity of his sensory-somatic experience opens up Steve’s affective world, and illuminates a sense of progression and sequence. From the very beginning of our work, through the relational context of empathic immersion, Steve and I organically began linking connections between multiple dimensions of his self experience (Bion, 1967; McDougall, 1980, p. 342).

This process of linking naturally led to an unfolding and meaning-making process, in which Steve explored his cognitive world. He described his escalating thoughts, leading up to and through the misophonia.

Initially, Steve recognizes his physiological-affective-somatic sensations, senses that the misophonia is near and fears that he “won’t have control” over the sound, the pain and/or his reactions, that he won’t “know how to get out of the situation”, and that “everything” and in particular, his “relationship will be ruined forever”.

As we began to more fully understand Steve’s felt experience, I became more tuned into a deep sense of how fraught with violence, fragility, pain and fear his relationship with himself and others could be. As we tried to make sense of when the misophonia was present—or not—he began to tell me more about the sounds that activated the misophonia. This ranged from people “eating and chewing”, which he evaluated as low on his reactivity scale,

to his wife singing “out of tune” to their baby, which he described as “painfully high”. Steve believed that his wife’s “voice changed” after having their baby, which set off his misophonia with “extreme intensity and pain”. I silently noted the association between the emergence of misophonia in the context of his wife’s evolving identity as a mother, and invited him to explore early memories of misophonia. He immediately associated to his mother’s smoker’s cough, and also recalled experiencing misophonia in reaction to his father “groaning” in pain. Steve described a sense of “revulsion” he experienced as he shared these early moments with me. I considered Mary Douglas’ (1966) anthropological work on revulsion as a need to purify oneself, to evacuate something impure, and wondered if and how this might open later. But at this time, I focused on a potential connection between the misophonia and the context of parenting, mothering, nurturing and/or early childhood, but this did not resonate:

“No—I didn’t have misophonia with my first wife, and we had kids”, matter of factly adding, “she wasn’t a threat”. Although I’d tuned into the relational surround in which the most painful misophonia inhabited, I’d missed what felt most experience-near to Steve—the perception of threat. I wondered then about this important difference—what was it that made someone a threat? What was it about Steve’s new wife that felt threatening that he hadn’t experienced with his ex? “It’s just her voice, nothing else. Since she became a mother, she has more phlegm in her throat”. “Her vocal chords have changed”, and “now the tone of her voice is deeply fucking unpleasant”. “That’s it”. Any contextual link between Steve’s revulsive memory of his own mother’s phlegm, and his current sense that his wife’s voice was distorted by “phlegm” since becoming a mother, or even that each sound/reception of the sound activated Steve’s misophonia along with its sensory-somatic-affective-cognitive configurations that he’d already described, was refused. Steve was adamant with an air of anger in these moments, dismissing my attempts at exploration, and recounted what felt like an “absolutism” – “a radical decontextualization serving vital restorative and defensive functions”, that was “not open for discussion” (Atwood, quoted in Stolorow, 1999, pp. 466–467). He simply reiterated his sense of “revulsion” for his wife’s “out of tune”-ness while “singing to the baby”, seemingly desperate for me to understand. He felt “infuriated by her voice”, and chronically “enraged” that she “would not stop humming or singing” to their newborn. In the air of contemptuous and rageful affect, I found it hard to breathe, much less think. I felt a chasm between our subjectivities, all while attempting to maintain a stance of humility and a “hermeneutic of trust” (Orange, 2006, p. 31). Yet, the contempt, rage and revulsion for his wife—his baby’s mother—along with his extreme ideas on parenting and mothering specifically, were nearly impossible for me to digest. In these moments, I experienced Steve as icy cold and even annihilating. I felt blown away, outraged, angry, profoundly averse and sometimes frozen in his presence. In the most intense moments, I struggled with a fantasy and powerful bodily urge to either “shout” at him or to “flee the vicinity” - in the same way that Steve described reacting to his most intense experiences of misophonia. As I recognized these feelings as empathic to his own self and relational experience, I became more able to contain and digest these disorganizing affects, enabling me to hold onto Orange’s stance of “trust” and the sense of Steve as a whole person. I hoped that through a focus on his self-development and growth, he could become more able to hold, contain and digest these painful affects himself (Grossmark, 2012, pp. 643–4). I also imagined that as Steve felt more understood through our empathic connection, he would no longer need to “clench” away from an “endangered psychic reality”, thereby becoming more

able to flexibly open up these absolutisms into dialogue between us (Atwood, quoted in Stolorow, 1999, pp. 466–467).

Held by my psychoanalytic ancestors, I was able to freely wonder about Steve's experience and to muse about the connections between misophonia and threat, pain and revulsion, as well as affect and attachment—with both parents, and most specifically with a maternal figure. Had his wife's transition into motherhood re-activated early relational experiences with that of his own mother? Was there a sense of envy underlying Steve's wish/demand for his wife to stop singing to their baby? Did Steve fear losing her to the baby? Did Steve long for her love and care, imagining that there wasn't enough for both of them? Was his affective flooding a response to an early childhood experience of a wished-for and needed love and attachment in the face of a felt rejection—a sense of having been “dropped”? (Green, 1986, p.149). Was the misophonia and this particular sound cue—Linda's singing “out of tune” - a concretization of an early surround of maternal “out of tune-ness”, or misattunement? These were questions that couldn't be asked explicitly, but were held in my mind as we moved forward together.

Relational configurations, procedural memory and self-with-other organization

As I learned more about Steve's relational history and the here and now dynamics between the two of us, the air of the intersubjective field began to take on a recognizable texture and more visible form. Steve's most intense and overwhelming experiences of misophonia seemed to be tied with relational configurations consisting of an intrusive and abandoning other, linked to a correlated self experience encoded with affective-somatic pain, aversiveness, powerlessness and narcissistic rage. Steve felt his mom's cough and his father's groaning as an intrusive “thing” he desperately needed to—but could not—get out. His automatic, self-preservative revulsion and aversiveness was met with withdrawal and anger, rather than protection and comfort. This, in turn, invoked a rage—both a desperate call for help, as well as a self-protective shield. Over time, this repetitive sequence culminated in deep wounds in Steve's sense of self and in his expectations with others. Stolorow, Orange and Atwood note, “Experiences of self and world are inextricably bound up with one another, in that any dramatic change in the one necessarily entails corresponding changes in the other” (Atwood et al., 2002, p. 285). For Steve, this bi-directionality is charged with progressive relational misunderstanding and pain, leading to a repeated sense of unformulate-able and unregulatable affect (Beebe, Cohen and Lachmann, 2016, pp. 12, 168). In such a relational surround, each participant impacts the other, escalating the other affectively and behaviorally, until the point of disruption without repair (Tronick, 1989). In childhood, this is a picture of disorganized attachment (Beebe, Cohen and Lachmann, 2016, pp. 195–230). Steve came to learn that important others would either overpower his subjectivity, or withdraw completely, and this expectation was repeatedly re-experienced and re-confirmed in his interactions with his wife. This disorganizing relational context echoes Beebe, Cohen and Lachmann's “Illustrations of Expectancies”:

I know that when I feel upset, you won't be helping me . . . Sometimes you smile at me when I am distressed. I don't want to look at you when you do that . . . I feel alone . . . Where are you? I feel helpless to influence you. I feel frantic". (p. 212)

And:

When I get upset, you get upset. You might get angry at me. You might threaten me with terrible, scary faces. And you won't even recognize that I'm upset . . . What can I do? I still need you. I still want you to love me. (p. 228)

From a self psychological, intersubjective and attachment-based lens, this is the sound of the relational expectancies in which misophonia thrives.

Further, Steve reminds me that his misophonia and pain are most intense when he perceives the out-of-tune-other as *intentionally* choosing to cause him harm. From a developmental perspective, I consider the potential collision between a child's temperamental somatic-sensory-motor-affective-cognitive capacities and the normative omnipotence children imagine both in themselves and their needed others (Ornstein, 1984, p. 360). Just as a child believes that the magic of a mother's kiss on a booboo takes away the pain, the child who experiences auditory or sensory processing difficulties may similarly believe that mother is magically and intentionally causing the pain. In other words, as the body discomfort, misattunement, dysregulation and mind-body pain repeat, an all-powerful "bad mother" is born—psychically and relationally represented. She is the mother for whom the child must always search, both from a need for self-protection from her and because she feels like home.

I could more clearly hear how his wife's maternal "out of tune" voice, mirroring an imprinted experience and expectation of something wrong, impure and painful, reverberating in Steve's ears, body, self and relational air, evokes further dysregulation, flooding and pain, ultimately unfolding to anger, aggression, rage and/or (hostile) aversion. This sequence re-enacts Steve's early, repetitive pain of finding his desperately needed other, only to discover her intrusiveness, absence, incongruence, anger, withdrawal, rejection and general "bad mother-ness", as well as echoes of Beebee, Cohen and Lachmann's "*I still want you to love me!*".

Steve describes this sequence as "annihilating". We sit, with shared tears, and from a this place of profound pain, I experienced a moving sense of the "intersubjective catastrophe in which psychologically sustaining relations to others have broken down at their most fundamental level" (Atwood, Orange and Stolorow, 2002, p. 288). I could more fully understand that for Steve, this "breaking" was "the loss of affirming, validating connections to others and the shattering of the subjective world by impingement and usurpation" (p. 288).

I reflected on the ways in which this catastrophic breaking lived in the relationship between Steve and I, recalling my attempts to link experience and his protective, absolute negations. I—we—came so close to fully re-enacting a core part of Steve's misophonia and its relational context: the abandonment and felt loss of the other, as I fantasized of fleeing ("*Where are you?*"), the sense of having been overpowered, overtaken, annihilated—as I became fixed in my own subjectivity, effectively overpowering his own ("*I'm frantic!*"), the sense that something bad inside that needs to get out—the revulsion and fury we both felt, culminating with aggressive thoughts and actions ("*Stop singing to the baby!*" and for me, shouting at him or reactively referring him out). This trailing edge, bidirectional cycle is

repetitive and rigid; for Steve, the pain, self-wounds and sense of powerlessness are so great that he can not bear to reflect, understand, or imagine any other way of being with himself or in relationships. We lived together in a world of unmovable absolutisms, foreclosing the possibility for mentalization or dialogue. Hence, this frozen self-with-other experience continued to live as a powerful and enduring procedural memory, encoded into the mind and body of the child, imprinted into the adult self (Stern, 1984, pp. 181–2). His self harm behaviors like hitting or punching himself are part of this “theater” (McDougall, 1980, p. 420). He turns his aggression upon himself, a desperate attempt for regulation—a replacing of cognitive-affective pain with temporary somatic pain, and/or searching for the bounds and limits of his body in effort to feel some kind of containment and cohesiveness (Ferguson, personal communication, March 21, 2023). Of course, these attempts aren’t fully effective, ultimately re-affirming Steve’s deep sense of shame about his ability to “be reasonable” and, derailing any sense of agency or mastery within his own sense of self.

Potential for “something more”: Relational safety and psychotherapeutic change

As we have been able to survive these disorganizing self-with-other relational configurations in the here and now of our work, our relationship has become a kind of “secure base” (Ainsworth, 1963, p. 932). This sense of self-with-other safety has been relationally transformative for Steve, opening his capacity to relate to me in increasingly vulnerable and authentic ways that were previously inaccessible. He frequently sobs through sessions, telling me how “alone” and “panicked” he feels, his sense of himself as “lost, without a map”. I invite him into a “therapeutic dissociation” (Davies, 1996, p. 567), through which he tells me how much he cares for me, wishing I could “wrap him in a blanket”. I have become a good mother—an important other who receives him with care and tenderness, someone with whom he experiences a needed sense of security. He is moved to tears as he sings to me, sharing his baby’s favorite lullaby. In these moments, I’m struck with his expanding capacity to feel empathic and deeply connected with his self-needs and with those of his own children. I pick up these openings—Steve’s healthy developmental strivings—and hold them, nurture them, and in my imagination, wrap them up in a baby blanket.

As we relate in this way, I feel a sense of “something more” to our symbolized communication and an emergence of something new. I consider Beebe, Cohen and Lachmann’s conception of nonverbal, cross-modal correspondence (2016, p. 32), sensing that through these real and imaginative “micromoments”, Steve and I had been able to “feel-what-has-been-perceived-in-the-other” (Stern et al., 1985, p. 263), co-creating a relational experience in which Steve felt in-tune, understood and relationally effective. As Steve became more connected to “good” internal objects, he began to feel a more cohesive, consistent sense of self, becoming more able to share, bear and integrate “bad” objects and his repetitive, trailing edge relational experiences. In recognizing my potential participation in Steve’s dreaded self-with-other relational world, yet committing to the possibility for “something more” and something new, I was able to nurture Steve’s strivings for relational safety, playful forward development and transformative change (Boston Change Process Study Group, 2005).

Misophonia and relational warfare: The landscape of self states

As Steve and I have been more able to link dimensions of his experience, and get to know his painful self-with-other experience in the context of our good enough therapeutic relationship, we have become able to understand more of Steve's inner world. In the beginning of our work, Steve's self states alternated between lonely, powerless and fragmenting to impenetrable, icy cold and aggressive. As Steve came to feel a greater sense of cohesion, we became more able to recognize a variety of fluctuating, spontaneous—yet connected—self states (Bromberg, 1996, p. 514). I hoped that this expansion in Steve's experience of himself would open a path out of "self-invalidation" and "annihilation" into the possibility for "creativity" (Bromberg, 2000, p. 688). Perhaps another example of cross-modal correspondence, it was at this time that my own sense of creativity and openness led me to reverie about Hemingway's "For Whom the Bell Tolls" (Hemingway, 1940).

The novel offers a thematic tapestry of love and death, invincibility and vulnerability, heroism and sacrifice that lends ripe metaphor for Steve's internal world. Set in the context of the Spanish Civil War, Hemingway evokes images of violence and murderous aggression, profound internal divisions and splits, alliances and dehumanizing objectifications, as well as an overall sense of the implosion of a whole into parts. The Spanish War was supported by the German Nazi party and is thought to be a prelude to WWII; in this way, the war could be thought of as a series of violent splits that unfolded into a near full European collapse of cohesion under the rise of authoritarian, subjugating and annihilating leadership.

Its main character, Jordan was a dutiful soldier, ordered to infiltrate enemy lines and blow up a bridge—a strategic war effort. Jordan falls in love in this landscape of catastrophe, his partner a survivor of rape and parental murder. Jordan completes his errand, detonating the bomb, but is injured in a retaliatory attack. Severely wounded and facing his imminent death, he sacrifices his own life to save his love, ultimately dying in agonizing pain.

Steve grew up in a kind of war. He experienced his parents as contemptuous and hostile to one another, his mother "full of rage" and his father unavailable. He often felt rejected and unwanted, bringing to mind Ferenczi's "Unwelcome Child" (Ferenczi, 1929). Steve made the ultimate sacrifice: he accommodated, fitting into edges of the scene, fulfilling the role of his character—experiencing himself as the "bad", "difficult" kid, invoking the idea of a Fairbairnian moral dilemma (Fairbairn, 1943, p. 65).

Adding to Steve's sense of out-of-tuneness, about a year into our work, he was diagnosed on the Autism Spectrum. This reinforced his sense of himself as "a pain in the ass" and "difficult". From my perspective, his diagnosis lended further possibilities for empathic understanding. I leaned toward the "Intense World" theory of mind—illuminating a child's neurobiological wiring for "hyper-perception, hyper-attention, hyper-memory and hyper-emotionality" (Markram & Markram, 2010, p. 1). I came to understand the overwhelm to which young Steve was neurobiologically vulnerable, as well as the ways in which absence and aggression in his relational surround could tragically and powerfully collide with his constitutional vulnerability to anxiety, fear, and affective disorganization, all while leaving Steve unprotected, alone, and at times annihilated by flooding affect. I imagined Steve as a young child with little sense of differentiation, containment, or cohesiveness, akin to the Kleinian or Bionian child's experience of painful fragmented affect moving in

and out, attacking parts, back and forth. Ogden (1989) views “autistic” vulnerability as a potential for “collapse” into what seems to be a terrifying, “tyrannizing imprisonment in a closed system of bodily sensations” (p. 137). Tustin (1990) adds to the sense of terror, writing, “These perseverative . . . activities mean that they feel trapped in an isolated idiosyncratic world of bodily sensations that are not shared with other persons and from which there seems to be no escape” (p. 14). I reverie to the terror associated with the collapse of a nation, of its neighbors, of a continent—the bullets, bombs, and fragments burning down buildings, homes, skin. Olin (1975) adds, “The autistic child’s identity problem is one of feeling so small and insignificant that he hardly exists. So he defends against feelings of non-existence by using all his strength and ability to try to be a shell of indestructible power” (quoted in Tustin, 1990, p. 5).¹ Young Steve, caught in a war, lacking a protective skin (Ogden, 1989, p. 128), was left to frantically search for some kind of self-map, borders, territories, edges and extreme defense. War creates chaotic states of terror and terrorizing, murdered and murder, existence and non-existence, defeat and triumph. As Steve’s inner world molded to this landscape, disorganized states of loving, splitting, sacrifice, psycho-somatic-affective and relational death, murder and invincibility seemed to be atmospheric.

It is a similar kind of war that Steve inhabits with his wife and new baby—the terror of the bombs of his wife’s lullaby from a distance incomprehensible, yet experienced by Steve as very real and fundamentally threatening. Relational warfare seems to be a shadow, a procedural relational memory of a system that continues to haunt his sense of self and his marriage. He refers to Linda as a “Nazi”, telling me that he feels he “doesn’t matter” to her, and that his needs “can’t be met”. Steve frequently dreams of being attacked, and attacking back, repeatedly awakening to an experience of himself “punching into the air”. These attacks ring like the misophonic sounds perpetrated against his auditory, limbic and autonomic system. Steve’s early war-like experience was internalized and unformulated, inhabiting his nervous system and body, evacuated like a bomb (Grossmark, 2012, p. 641) into the air of his relationships, perpetuating and re-enacting the war. This is the “Dread to Repeat” (Ornstein, 1991).

He tells me that his wife experiences him as an “impenetrable wall”, and how good it feels to be “invincible”. But this shield isn’t fully protective against his feelings of not-mattering, not existing, so he attacks himself to harden it up, by way of attack—punching himself or depriving himself of any form of nourishment—all desperate attempts to regulate the pain.

Much like Hemingway’s main character, Steve feels deeply wounded, struggling in this internal war within his own body-mind. His wounds are psychically embodied with shame, disgust and revulsion. His injuries, the shadow of warfare and internal civil war at once set him up for a reactive aggression (Kohut, 1972, p. 380) and aversion (Lichtenberg, Lachmann and Fosshage, 2011, p. 16)—a quest for detonation and invincibility. We also came to recognize a self state of sacrifice, sometimes escalating to thoughts of suicide—a strategy to protect his family—“At least they would have the insurance money”. But we are

¹Olin’s quote offers imagistic, phenomenologically valuable insight into potential self experience of a child on the autism spectrum. At the same time, the language of the paper’s title reflects the social-cultural diagnostic framework of his time, which, from this author’s point of view, is one that privileges an authoritative, other-centered, intrapsychic model of thinking that forecloses possibility for empathy and/or meaning-making, while perpetuating the othering of vulnerable children.

also able to recognize a self state that is alive and vital, developed from enlivened strivings for tenderness with and care for others. This state allows Steve to feel more safe within his self, to feel a sense of justice for his family and the world at large, “doing what I can to make the world a better place”. Steve can “stand in the spaces” (Bromberg, 1996), moving from state to state with increased sense of flexibility and agency. These states of love, aggression and invincibility, threat of death and sacrifice, can be thought of as the landscape of out-of-tuneness that bi-directionally connects to the toll of the bell—Steve’s misophonia.

The complex toll of intergenerational trauma

No man is an island, entire of itself; every man is a piece of the continent, a part of the main . . . any man’s death diminishes me, because I am involved in mankind, and therefore never send to know for whom the bell tolls; it tolls for thee.

—Donne, Meditation 17, Devotions, p.1

Steve is not an island; he, like all of us, is deeply connected to the past, present and future. He is born of his parents, grandparents and ancestors, and has given life to children of his own. They are all intertwined. Steve intuitively understands this, telling me that he is fearful of the impact of his anger on his children, yet also feels “guilty” that he parents differently than his own mother, whom he describes as “abusive”. In these moments, we recognize together how very much Steve strives to be separate from, but also still feels very attached to and identified with, his mother. I’m reminded of Fairbairn’s contribution (Fairbairn, 1943) to an analytic understanding of the powerful attachments to “bad” abusive objects.

Importantly, Steve became aware that he experiences an overwhelming misophonic reaction when he senses the voice of his mother inside of himself. Crying, Steve shared, “I was alone in my room so much of the time, punished for weeks. She was so angry. I was so scared of her”. I’d offer, “You needed her to help contain you, to hold you together, to help you feel safe, but instead, you were left alone and terrified”. Like a snap of a finger, Steve’s body repositioned, and he responded with a sense of contempt, a sneer, a self-negation, “I was a pain in the ass. I’m glad my parents didn’t give me anything, otherwise I’d be weak”. In these moments, all the air left the room; his words and affect landed upon me in a way that made it hard to breathe. Steve’s “impenetrable wall” was up, I couldn’t access what felt like “him” or even a sense of connectedness with our “going on being” relationship for the rest of the session—or weeks of sessions. During these times, I felt powerless to reach him, learning that Steve felt equally powerless to find himself. Sands refers to this kind of experience as a “disjunctive self state”, developed from “relational trauma from the past and which has its own affective ‘truth,’ behavior, sensations, knowledge, and transference” (2009, p. 123). Steve and I began to tune in to these state shifts, and to try to better understand this now disjunctive state.

On another occasion as I held back a sneeze, Steve suddenly shifted into cold anger, accusing me of “mocking” and “belittling” him. We recognized this state shift in real time, and Steve realized that in these moments his misophonia was “painfully loud”. We came to understand that sometimes Steve’s misophonia cues the threat of his identification with and “possession” by his bad mother-object (Fairbairn, 1943, p. 67). He tells me that in these moments, “I can’t even feel myself”, “it’s like I’m watching myself from the outside”. I hear the terror of these moments as he describes this dissociative process—what could be

thought of as a protective “severing” of “connections” in a desperate attempt for safety (Davies and Frawley, 1994, p. 62). Yet at the same time, his experience also reminds me of a kind of hypnoidal, dissociative state in which he becomes one with an object of terror (Ferenczi, 1985, p. 203) that occurs through automatic mimicry (Howell, 2014, p. 49). The embodiment of this frightening, aggressive and disorganizing object re-enacts earlier relational configurations where Steve is powerlessly intruded upon, his self abandoned or rejected or disappeared, his misophonia activated and his rage and aversion unleashed upon whomever he-with-his mother is speaking. This is the texture of their tie: her falling apart, intrusive rage and psychic collapse or dissociative death confused with Steve’s subjective death or murder, his terror and sense of falling apart, and his reactive rage and intrusive, self-murdering identification with the terrorizing, terrifying and aggressive mother. The intergenerational transmission of this texture of attachment (Salberg, 2015) lives through Steve’s terrible fear of his subjective death—being overpowered and disappeared by an intrusive bad mother—and of his own felt capacity to metaphorically murder his children as his dissociated identification with his maternal object of terror is activated in relationship with his kids.

Steve’s misophonia could be likened to Apprey’s “urgent errand” (Apprey, 2014, p. 21), a desperate tie and self sacrifice designed to at once punish his mother who lives so painfully within him, yet also to protect her by becoming affectively and behaviorally just what she needed him to be—self depriving and self sacrificing—an attempt to “save” her. Steve had to meet her needs, to be almost non-human in order to do so. He told me once he often thought of himself as a “knife” - strong, invincible, needless, (as his mom needed him to be), a weapon to hurt (how he felt his mom and sometimes himself to be), a weapon to protect and rescue (a childhood wish to save mom and his self), as well as an objectified thing to be used (“She used me for her benefit”). In many ways, Steve could not be human in relation to his mother—“She always said that I had one temper tantrum as a child—just one”. Steve’s younger self had to banish all of his unwelcomed, unwanted emotion and needs into exile—some of which seemed to explode into fragments via the realm of sensory-somatic misophonia. This civil war within himself, once an adaptive attempt to protect himself and his early attachments, continues the war of his parent’s world, of his grandparents’ military days, and Steve’s fears in relation to his own children. In the face of Steve’s dissociated, unsymbolized embodiment of his bad mother, the present becomes “little more than a medium through which this unprocessed past may be known” (Bromberg, 1991, pp. - 405–406). At the same time, Steve loves his children and delights in them so much he is often moved to tears. He expresses deep responsibility to protect them and longs to “break the cycle”. These are the leading edges of Steve that create the possibility for “something more” – the interruption of the transmission of trauma and potential for meaningful intergenerational change.

Misophonia: A concretization of hope and dread

In his book “Hope and Dread in Psychoanalysis”, Stephen Mitchell (1993) speaks to an innate, human relationality mired in tensions and reconciliations around our wishes and needs (abs.). For Steve, hope in relationship evokes a dread of terrifying threat, pain, force and psycho-somatic death, from his earliest years. Steve’s innate neurological vulnerabilities created a powerful connection between his limbic system and sensory—and especially

auditory—systems, creating a foundation for the development of an affectively-reactive misophonia. In this way, Steve’s misophonia can be thought of as an automatic expression of fear and a hope that this expression can be seen and made sense of by an important other. Tragically, this had never been understood for Steve, and therefore had never been able to be regulated. Bucci notes, “A person who experiences overwhelming affect, whose source cannot be acknowledged, will try to provide some meaning for this and regulate emotion in this way” (Bucci, 2007, p. 63). This is how I have come to understand Steve’s explanations for the sources of his misophonia, wrapped up in his psychic world and self-with-other organizing principles. In these ways, I understand misophonia as a terribly painful, yet potentially self-preservative use of an organic limbic-auditory sensitivity as a kind of sub-symbolic shorthand for “something’s wrong!”. The wrong, the dreads, the threats in relationship, toll the unbearable bell. For Steve, the misophonia seems to have developed into a kind of sensory-auditory-somatic-autonomic nervous system “alarm” - here, I think of Sheldon Bach’s “narcissistic immune system” (Bach, 2011, p. 39) and Harry Stack Sullivan’s “self operating security system” (Stack Sullivan, 1953, p. 191). Such an alarm is the bell that tolls for a death of the other *and the self* in a desperately needed relational surround; it is a bell that tolls for the coughing mother, drowning in phlegm, *and also* for the psychic-somatic death of a child flooded and disorganized by unregulated, unformulated affect.

Further, I argue that misophonia can be thought of as a representation of disguised desire for surrender (Ghent, 1990). From this critical lens, misophonia is not only an alarm or a bell tolling for the death of a disorganizing other or for one’s self, but rather for the death of an out-of-tune, sadomasochistic system. Steve says the misophonia is a “Stop it!”, and more to the affective point, an “I’m dying here! Stop!”. I interpret this as a call for responsiveness, recognition, empathy and for mutual regulation. This is the hope embedded in the misophonia—the desire and need for a new texture of relational space, one in which the possibility for self liberation through the ability to express one’s needs, states and affects can exist.

Psychoanalysis as a pathway for creating (something new)

It is my orientation that the most important part of any psychoanalytically-based treatment is a stance of empathic immersion—an attempt to progressively and expansively understand one’s psychic world (Kohut, 1959). With patients who experience misophonia, this is especially important, contrasting with a learned expectation of misunderstanding and misattunement they often experience in relationship with important others. Donna Orange, influenced by Donne, invites us to work even beyond empathy into the “process and attitude” of “compassion” (Orange, 2006, p. Abstract, 7). She suggests that we “. . . make sense of the patient’s emotional predicament within the relational system that we experience together, and gradually this shared world changes by means of a personal reorganization of experience (of both participants) (Orange, 2006, p. 15). Steve invited me into his relational world of domination and subjugation by way of his icy cold identification with his terrorizing and terrifying mother, leading our way into extreme ideas about parenting and mothering. In this atmosphere, there seemed to be little capacity for empathy and a persistent and rigid sense of profound contempt, disdain and aggression. But through empathic understanding of Steve’s experience and my own commitment to understand,

digest, and even find compassion for intense, disorganizing affects and self-with-other schemas, we were able to create a new way of relating together.

The sturdiness of our expanding intersubjective connectedness offered Steve a new pathway out of old ways of relating by way of subjugation and domination and into something new. With this emerging capacity to feel a sense of freedom and choice in his most current relationships, Steve experiences his misophonia to be much less intrusive in his day to day life. He is often struck by his newfound abilities to survive and shift out both the pain of the misophonia and of his icy cold states.

Donne tells us that “we must fetch in more from the next house, in taking upon us the misery of our neighbors . . . for affliction is a treasure . . . this bell that tells me of his affliction, digs out, and applies that gold to me: if by this consideration of another’s danger, I take mine own into contemplation, and so secure myself” (1623, p. 2). Through our work together, I had to breathe in the icy cold in Steve’s relational air—along with the pain and urgency of his misophonia. I had to witness it, feel it—as Avgi Saketopoulou asserts, to “bend our will and resist the impulse to look away” (Saketopoulou, 2023, p. 16). Yet we can not simply join into sadomasochistic worlds and remain there, within the confines of love tied to aggression, invincibility, death and sacrifice. The treasure is found in surviving the challenge—holding, containing and digesting our own feelings, expanding our own borders and territories, alarms and systems, making room to hold the pain, so that we ourselves can hold in mind new possibilities and emerging ways of relating and experiencing (Winnicott, 1969).

Hecker emphasizes that “This intensive emotional work of sorting out and arranging is made possible because it is also being borne and shared . . . ” (Hecker, 1993, p. 91). Donne understands this sharing as “something more” that he imagined could exist through a bi-directional, permeable connection with God. For psychoanalysts, this sharing is the “something more” of the intersubjective field. As I gain more access to my own self-with-other relational, socio-cultural and intergenerational history—my own experience in relational systems of subjugation and domination and the terror they can evoke—the pain of misophonia and its demand for something new seems much less aggressive, terrifying, or just plain far away. Through this sense of connectedness, Steve’s experience of misophonia with all of its intensity and extremity was able to be transformed into something authentically understandable for both of us—truly as though “for whom the bell tolls” is for all of humanity—for “thee”, and for me.

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Notes on Contributor

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