

# Understanding the Other in the Psychotherapeutic Relationship

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## **Abstract**

Psychotherapy is often described as the art and science of endeavouring to understand the other. The difficulties inherent in understanding have contributed to psychotherapy being described as “the impossible profession” (Malcolm, 1980). In this article I explore the difficulties of understanding in the psychotherapy relationship, drawing on the hermeneutic phenomenological thinking of Hans-Georg Gadamer, Martin Heidegger, and Maurice Merleau-Ponty in particular, as well as the thinking of psychotherapy writers. I note the relationship between the spoken word and silence, whereby words emerge from silence and contemplation. Further, that understanding is enhanced by being willing to place oneself continually in the position of apprentice learner, by remaining open and able to tolerate uncertainty and not knowing and, to closely attend to one’s own and to the other’s emotional states as they manifest in the work. In describing a clinical case from my practice, I illustrate the complexity and difficulties of doing any or all of these.

## **Keywords**

Psychotherapy, hermeneutics, Hans-Georg Gadamer, Martin Heidegger, Merleau-Ponty, listening, silence

This paper began as a presentation to the 11<sup>th</sup> Annual Canadian Hermeneutic Institute that had as its theme “the difficulty of understanding”. This theme is pertinent to the practice of psychotherapy, which is often described as the art and science of endeavouring to understand the other. Difficulties inherent in understanding the other have contributed to psychotherapy often being referred to as the “impossible profession” (Malcolm, 1980). What does it mean in psychotherapeutic practice to attempt to understand the other? There is a large knowledge base within the discipline of psychotherapy that addresses this question. Naturally there are competing views and

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perspectives. As a psychotherapist myself, I have found that the thinking of both psychotherapist writers and phenomenological/hermeneutical philosophers such as Martin Heidegger and Hans-Georg Gadamer illuminate and complement thinking about understanding. In this paper I will explore “understanding” within the context of the psychotherapy relationship, while drawing on aspects of the thinking of Heidegger, Gadamer, and Merleau-Ponty in particular, to assist in this exploration. This will be illustrated with discussion of a clinical case.

I will begin with putting some background context around psychotherapy as a clinical treatment and, crucially, as an encounter between two people, which is its traditional and possibly still most practised form. The following is from Lewis Aron and Karen Starr, American psychoanalysts, as they described what psychotherapists<sup>1</sup> do:

That is what psychoanalysts do. We listen to people in depth, over an extended period of time, with great intensity. We listen to what they say and don't say, to what they say in words and through their bodies and enactments. We listen to them by listening to ourselves, to our minds, our reveries, and our own bodily reactions. We listen to their life stories and to the story they live with us in the room. We attend to their past, present, and future. We listen to what they already know or can see about themselves, and for what they don't yet know or can't see in themselves. Psychoanalysis is a depth psychology. Despite the claims of managed care, people still want to be listened to in depth and always will. That's why there will always be patients who want and need an analytic approach and why there will always be therapists who want to learn it. (Aron & Starr, 2013, p. 24)

In this brief but very dense explication of what psychotherapists “do,” the word “listening” occurs very many times, which we might reasonably expect. The phrase “in depth” is also used a number of times, again this is to be expected. Psychotherapy is not a form of social contact but rather the setting and frame are designed to facilitate meaningful exploration that cannot be easily experienced in other settings. Aron and Starr (2013) also make a distinction between listening to what is said and listening to what is not said. Here, they include not only the words that are spoken but also what is said with the body and what is said by the patient with their actions (or as they describe it, enactments). They also make a distinction between listening to the patient and listening to oneself (the therapist's mind, reveries, bodily reactions) and, between listening to what the patient already knows and listening for what the patient might not yet know in themselves. The timeframe stretches across the patient's past, present, and future and, listening over an extended period of time, with great intensity, is mentioned. There is the time inside the room and the time outside of the room; the confluence of these often leading to a sense of overall timelessness.

As well as listening, Aron and Starr (2013) mention “attending to.” I imagine this phrase to have been purposely chosen for its somewhat broad and undefined nature. To my mind, “attending to” means paying close and focussed attention to an other. Etymologically, “attending to” has meanings such as “to expect, wait for, pay attention” (old French) and “to stretch toward”, as in stretching one's mind toward something or someone (Latin). From the 14<sup>th</sup> century it carried the

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<sup>1</sup> For the purposes of this paper, I use the terms “psychotherapist” and “psychoanalyst” and “psychotherapy” and “psychoanalysis” interchangeably.

meaning of to “take care of, wait upon,” from the 15<sup>th</sup> century “to pay attention,” to “accompany and render service to,” “to be in attendance,” and from the 1600s, also “to accompany or follow” (Barnhart & Steinmetz, 1988; Harper, n.d.). The psychoanalyst Nina Coltart (2000) mentioned, as part of her description of, as she put it, the “moral infrastructure” (p. 122) of psychoanalysis, the necessity for a “single-minded attention to what is happening while at the same time allowing the inner flow of free-associative thoughts and images” (p. 117). It has been suggested by Sheldon Bach, another analyst, that paying very close attention to the patient is his “personal prescription for love” (2006, p. 133) and the “moral equivalent of a prayer” (p. 133), wherein the patient begins to feel held together and that more and more parts of him or her become more meaningfully connected. He goes on to say that paying this kind of attention, while maintaining one’s narcissistic balance, leads to being totally involved in the process, which then leads to a kind of “falling in love” (p. 133) with the patient, although he says it is dangerous to say so.

It is indeed dangerous to say so and psychotherapists generally shy away from any public mention of loving their patients, for fear of being seen to transgress the very necessary boundaries in the psychotherapy relationship and for fear of being perceived as having inappropriate and amorphous sentimental feelings towards one’s patient, or worse, that mention of love becomes conflated with the perception of an acting out of sexual feelings with the patient. It is difficult to accurately describe the nature of the love that can occur in the therapist toward their patient. Symington (2005) lamented the lack of words in the English language to describe love and talked about the therapist’s love as having passion, delight, regard, and contemplation. He described it further as having wonder in it, metaphysical passion, and scientific attention: “In this act the person marvels at the other. It is this act, the act of *contemplation*, there is a focused wonder at the quality of the other...” (p. 14). In any case, I would say that, given the difficulties of mentioning the word “love” in conjunction with talking about psychotherapists and their patients, in particular that this may be misconstrued, Aron and Starr’s (2013) “attending to” is a wise choice of phrase but it has to be said that behind that is a plethora of multi-faceted and often deeply moving and meaningful experiences and connections, for both therapist and patient.

I would like now to move to a brief description of, firstly, a woman I saw some years ago for long-term psychotherapy, and then secondly, a description of a short piece from a session with her, together with my reflections on it, as they pertain to the difficulties of understanding in the psychotherapy relationship. I begin with some words from Picard: “It is language and not silence that makes man truly human. The word has supremacy over silence. But language becomes emaciated if it loses its connection with silence” (1952, p. 15).

“Amelia”<sup>2</sup>, a 38-year-old woman, sits in silence for some time before beginning to tell me about something that had happened between her and a beloved teacher she had had in her late teens. At that time in her life she was very much on her own. Her father had died in a car accident two years earlier and her mother, grief-stricken, had retreated further from other family members. I say further, because her mother had suffered from long-term chronic depression throughout her (Amelia’s) childhood and Amelia had always experienced her as distant and uninterested. Another family member, with whom she was close, had died by suicide and she had also acrimoniously fallen out with a previously much-loved sister and they were now estranged. Amelia had sustained many painful losses in her life.

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<sup>2</sup> Pseudonym

“I had this teacher who was very kind and really important to me,” Amelia said, “and one day she said to me, ‘I often have the feeling that you would like me to take care of you, to bring you home and actually bring you into the family and look after you.’” Amelia looked at me carefully as she said this, looking to see, I thought, how I might be responding to what she was saying. I looked at her. It was evident from Amelia’s tone that she thought this had not been the correct thing for her teacher to say and that she had found it jarring and unhelpful. I was thinking that Amelia fairly often told me about other people’s transgressions against her and that it was more difficult for her to be aware of her own thoughts and feelings. I often felt recruited into joining Amelia in an agreement that other people were unfair and brutal, particularly towards her. And it was easy to agree with her, when her life thus far had contained many elements of the unfair and brutal. So, I found myself feeling angry in a familiar way towards this unknown teacher, who may or may not have said what Amelia was reporting. It was extremely insensitive, even sadistic, I thought, to tell a young woman who had at that time suffered so much loss, and who desperately wanted and needed to be looked after, that she induced in her a feeling that she should look after her.

We talked for some time about how this experience had been for Amelia and I gradually noticed my judgmental feelings towards the teacher were increasing. Amelia and I kept looking at each other, “I’m thinking of you at that time,” I said, “how life was so desperately difficult, and you were so alone. Of course, you would have wanted someone to look after you, and as we have discussed, your wider family let you down badly, there was no-one to care for you, you shouldn’t have been left on your own in the way that you were.”

“Yes, but what about now?,” she replied. “I still want someone to look after me now.”

I nodded, taking this in, thinking of Amelia and her life; 38 years old, with a partner and two young children, still coming to terms with the losses she had had in her life, still in many ways not very different from the young woman she had once been. But in other ways very different. She had been in therapy most of her adult life and had been able to establish herself professionally and marry a man who appeared to love and care for her. She no longer, except in her darkest moments, thought that killing herself was a reasonable option and she desired to be a good mother, while at the same time often resenting her children for having a better life than she had had, while having to help to provide it.

I am not, I thought, about to repeat the mistake that Amelia’s teacher (perhaps) made and tell her that I think she wants me to look after her and take her home with me. We both already knew that without it needing to be spoken. And she had spoken it in any case, by telling me the story of her teacher and also how this wish to be looked after was still alive in her. In this way, time had been both stretched and condensed. And the teacher could just as easily have been me. This was palpably in the room and I was under no illusion that, despite my best efforts, my own “insensitivity” could have emerged at any time and, further, that I had been given warning.

So now I was thinking about what this 38-year-old woman needed in her present life. Not what the young woman in her 20s needed (we had already spent many, many hours, not to say years, considering this and grieving her losses together) but how this ancient and once perfectly

legitimate longing continued to stymie her in her life, how it played out in her endless resentments towards her partner and children, and towards other people, who she thought should be only caring towards her, who she felt were never caring enough. Sadly, she herself had been reduced to caring very little for others, instead only able to attempt to please others for fear of their adverse responses, thus creating enormous anger in her. I wanted to ask her why she would imagine that others should endlessly care for her and get next to nothing in return. I noticed my own critical feelings of impatience and frustration towards her. I had had these feelings many times before, for example, in response to her invariably very late payments to me, wherein she let me know that I should be caring for her for free and that her giving money to me was an insult to her and just more of the bad luck that she had always had to suffer, and where she presumed that others were far more fortunate than she. And where I got to feel the sadism that she was quick to accuse others of. In her actions she communicated to me how it had been for her during her life to be neglected. My anger and irritation belonged to me in one sense; in another way they assisted me in understanding Amelia's inner states. This is what I call "empathy." Not a "feeling for," although of course this also happens, but rather, being open to experiencing the feeling state of the other, in the service of understanding. Of course, this does need to be thought about as well as felt.

To return to Amelia. I knew that giving words to my feelings of anger and annoyance would not be therapeutic for her. I wanted to think of ways to convey both my understanding for the intolerable things she had been through, as well as some sense of a challenge to the now 38 year old woman, in order to help her to free herself from her patterns of being in ways that were detrimental to her wellbeing and to that of those who were close to her. It needs to be said that she was a very difficult person to be in the presence of; the person where I most doubted my abilities to be a therapist. Coltart (2000) wrote about working with a man who evoked in her a "mass of angry, contemptuous and horrible feelings" (p. 122) and that the work was more taxing than she had ever experienced. I resonate greatly with Coltart's words and have found them helpful in understanding that this is a part of the very necessary territory of the work and in learning more about how to tolerate my own feelings and to use them to deepen my understanding of Amelia (and other patients).

It was always painful to hear Amelia talking about how she knew that other people did not like to be with her and how she so much wanted people to care, but that in her actions she made it impossible for them to do so. In one session, for example, she talked about her intense anger towards one person in particular, who had recently slighted and betrayed her. For many sessions she ranted about this person, how horrible he was, how he had intentionally hurt and tried to destroy her. The words were always the same and as the weeks went by we seemed to become more and more stuck, as I swung between feeling on the one hand outraged on her behalf and on the other more and more frustrated and irritated as she seemed unable to make use of any comments from me around understanding what was going on in her. I want to emphasise here the difficulty for me in coming to an understanding in the face of what felt like a relentless tirade of anger and bitterness. As I reflected on the feelings that had been produced in me - on my own and in my supervision - and how they related to Amelia and to our work together, a process began wherein Amelia and I were slowly able to make convincing connections to her past. This helped her to see that while this person in the present certainly had betrayed and hurt her, the force of Amelia's emotional response, and its debilitating impact on her, had roots in events that

had taken place in her own distant history, where she had experienced a number of other people as not having had her best interests at heart during a vulnerable time in her life.

Understanding in the psychotherapy relationship relies much on the therapist keeping his or her view open and hovering over long periods of time, of being able to reach back into time and ascertain events that may have impacted and shaped the person who is now living in the present, many years on, but finding it impossible to pull the threads of understanding together on their own. The therapist and the patient weave the threads together; sometimes the therapist can communicate his or her understanding for this joint endeavour, other times it is the patient, for whom something suddenly becomes clear. However, it is the two minds at work that make a difference and that create a possibility for understanding.

Heidegger (1927/2008) spoke about a “concerned Being-with-one-another” (p. 204), however his writing about care (*Sorge*) was, according to Gadamer (2003), mostly about a concernfulness about one’s *own* being rather than that of the other. I would say that care for the other is central to the psychotherapeutic endeavour (and includes care for one’s own self). There is an overlap here, I think, between care or caring and the earlier discussion about the therapist’s love. Perhaps Aron’s (2013) “attending to” (p. 24) points in this direction without using the word “love” itself. In any case, a communication between two people in a concerned and caring way, at least on the part of the therapist, is highlighted here. Much as I have mentioned in relation to how “love” is conceived of in the therapy relationship, “care” does not take a syrupy, sentimental form. Rather, it is more as Heidegger suggested, and Gadamer paraphrased, a letting “the Other come freely into one’s own being self – as opposed to taking care of (*Versorgung*) the Other, which would take away from him care for Dasein” (2000, p. 284).

Communication in the therapy setting can be hindered in many ways, depending on the two individuals. For example, with Amelia, I was constantly being placed in the position of the mother who did not find her interesting and who did not pay attention to her feelings or listen to her difficulties. This is part of how the past plays out in the present. Amelia believed, no matter how interested I was in her, how much care I took in my interactions with her, and how much time I spent with her, that I was another person who did not care and who was not interested. Naturally she would not have agreed with this on a conscious level and she often told me how helpful I was. However, her actions demonstrated that she often felt differently; this disconnect between her feelings and her conscious thoughts and actions had simply become her way of being in the world. My supervisor and I discussed Amelia being in the grip of a psychotic belief that no-one was there for her, a belief which understandably translated into her feeling chronically alone, depressed, and aggressive. This understanding did help me to be with Amelia and to carry on. It occurred within the framework of my own reflections during and after the sessions, and with my supervisor, as we pondered together what my experience with Amelia was telling us.

This relationship with my supervisor is akin, I think, to Heidegger’s description of the apprentice learning to respond and that this ability to respond depends upon the presence of a teacher. Heidegger (1954/1976) suggested that learning to respond is a lived experience of relatedness, which is transmitted by being in the presence of a more experienced other and by living in and through the particular experience. He gave the example of the apprentice cabinetmaker, who not

only makes furniture but who responds to the wood, saying that without the responsiveness there is only “empty busywork” (p. 15). The teacher is also able to point out that which is thought-provoking, “that which calls on them to think, that which has relevance for their essential being-in-the-world with others” (Kleiman, 2009, pp. 35-36).

Although I am an experienced psychotherapist, there is never an end to the learning that takes place. One is always becoming what one is and does; to take the position of apprentice is to be aware of this. And from this apprentice position, I can ask the question: “What does it mean to understand and why is it so difficult?” To return to the session with Amelia, my awareness in the room with her of the impact of both my non-verbal and my spoken responses was palpable. I felt strongly that my words had to be chosen carefully, that they must emerge from silence and from contemplation rather than from an immediate response. Merleau-Ponty discusses this rather evocatively as being “sensitive to the thread of silence from which the tissue of speech is woven” (cited in Dauenhauer, p. 116). This is familiar territory for psychotherapists and in the following, Gadamer articulates the difficulty of language and how it conceals:

Language contains a self-protecting and self-concealing power, such that what happens in it is protected from the grasp of one’s own reflection and remains hidden in the unconscious. When one comes to recognize both the revealing and the self-concealing nature of language, then one is obliged to go beyond the dimension of sentence logic and press forward to wider horizons. (Gadamer, 2007, p. 107)

This speaks to, I think, something of the therapist’s task, that is, not to talk for the sake of talking, to choose words carefully from a place of reflection, feeling into oneself and into the patient at the same time, keeping in mind the question of whether the words are of any use, how to choose words that may be useful, and at the same time recognising the limitations of the words. As Gadamer (2000) mentioned, “what reaches the other through language, what has been said in words, is always less than has been meant or was intended” (p. 17). At the same time, psychotherapists are familiar with the notion that talking happens while the more important things are taking place. Which is not to say that the talking is not important, only that it is not perhaps as primary as we might like to consider. Yes, it is important to choose one’s words carefully, and at the same time know that they sit on top of, or at best, alongside everything else that is being experienced. Including that the words we say may not be the words that are heard: “An interpretation can never be to a patient what it was to the analyst” (Friedman, 2000, p. 254).

All of this and still much is concealed from us and cannot be known by us. Gadamer’s (2007) mentioning of pressing forward to wider horizons means for me, in this context, moving beyond the simple exchange of words, taking into account the feelings in both participants, noticing the theoretical knowledge that may present itself and then how consciously to make use of it, the use of silence to deepen reflection, very close noticing and attending to the patient’s words, expressions and other non-verbal cues, the conscious awareness of and use of one’s own non-verbal cues to communicate that one is present and attending, of holding the gaze and averting the gaze as a way of being-with and letting the other be with him or herself, the dynamic interplay of these, the therapist tuning into their own reverie and what it may be communicating. Varkøy (2010) is helpful here in reminding us of both the tentative and expansive nature of this endeavour when he says that “each individual will try his understanding against the other

person's, and in this way, dialogue can lead to the participants expanding beyond themselves. Only then can they meet the unknown" (p. 94).

This speaks to the evolving and intersubjective nature of the conversation, wherein two minds together are able to think what two separate minds cannot. It was an analyst (Thomas Ogden) who said that, "the minds of two separate people are required for thinking one's previously unthinkable thoughts" (Ogden, 2008, p. 21). It was Heidegger (1927/2008) who described listening as "Dasein's existential way of Being-open as Being-With for others" (p. 206). And further, that "Being-with develops in listening to one another [Aufeinander-hören]" (p. 206). Heidegger also spoke of "hearkening" (horchen), something that he described as being more primordial than listening. It includes, he said, the sensing of tones, the perception of sound, the "kind of Being of the hearing which understands" (p. 207). Reading Heidegger's description of hearkening resonates with a level of experiencing during a clinical session that is known but not often articulated. What is often articulated are the words that are spoken and the dynamics that are present, however Heidegger was talking about more than hearing words or noticing dynamics; there is a sensing or feeling that goes on before, during, in-between and after the words: "what we proximally hear is *not* what is expressed in the utterance" (p. 207), he said. What is intimated here is that hearkening is what contributes to our understanding, in many cases much more than words are able to do. My earlier description of the feelings I experienced in the session with Amelia is an example. Something of her experience was communicated to me, which helped me to understand.

Again, this is familiar territory for the psychotherapist. Words are spoken that often bear little relevance to the reality of the individual. Of course, like talking about love, this is a rather dangerous thing to say. Dangerous because it seems reasonable to imagine that people must know their own mind and be able to speak it, that they must know of their own concerns. If the spoken word cannot be taken at face value, surely it makes trying to understand almost impossible? This is again where the intersubjective nature of the conversation comes into play. Merleau-Ponty (cited in Dauenhauer, 1980) noted that one only knows after one has spoken, what one has said and, that speaking and hearing in a dialogue is an effort to work towards something that makes sense. In fact, he said: "to the extent that I understand, I no longer know who is speaking and who is listening" (p. 116). Understanding is thus created together; this reduces significantly the importance of what an individual might articulate. One of my great dislikes is the situation whereby great note is taken of what an individual says with their words, as if he or she is not, as Merleau-Ponty put it, working something out in dialogue. I think we do others a great disservice when we hold them to our simple memory of words that were spoken. Firstly, because there is no consideration of what is being said between and beneath the words and, secondly, because it denies that a dialogue is taking place that is leading towards understanding but that is not there yet, may never be. And perhaps most importantly, that it keeps the individual who is speaking their words in a place where change becomes very difficult. Working something out means an evolving process wherein constant change is taking place.

With Amelia, for example, I had to know that her words represented a tiny part of her reality. This is not to say that I did not regard her words as important because I did. They were what we had to work with together, but they were not all that we had. We had silence and all that is within the silence, we had listening in the form of hearkening, feeling and sensing and we had the

timelessness that comes with considering the past, present, and future and how they work on each other. We had the knowledge that words do not stay in one place but keep evolving as we change and that we need to keep open to this being able to occur, including being open to that which we cannot know. We also had what can be created by two minds thinking together and, as Symington (2005) put it, we had (or at least I as the therapist had) contemplation and wonder, even feelings of love, which arise from the intimacy of being together with the intent of understanding. All of these contribute to the possibility of understanding the other.

As I write, I know there is much more that I have not articulated and I am in the place I am in now, thinking about understanding at this time, with the knowledge that next week, next year, there would be differences in the words that would make it onto the paper. In the meantime, I am grateful for the opportunity to write on this topic; it has helped me to understand something more about understanding and in particular about understanding more fully my work with Amelia and other patients. I have said that I write to understand and in this I think of writing as another form of talking, of using words to find out what I think. Far from this being a solitary endeavour, however, I have had accompanying me in this writing the experience and memories of the many contributions of the Canadian Hermeneutic Institute organisers, visiting Professor Dr. James Risser (to whom special thanks are due for clarifying Heidegger's thoughts on *Sorge*), and attendees, as we discussed together the difficulties of understanding. The enthusiastic nature of our thinking together has made this writing possible.

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