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What Happens After Detachment From Relational Trauma

### **Abstract**

In this paper, I will present a theoretical and experiential discussion about what happens after detachment from relational trauma. I will present insights from the attachment theory as well as neuroscience. I will also discuss limbic resonance, limbic regulation, and limbic revision, and will present techniques that will help with achieving them. A case history that highlights the theoretical discussions will be presented. I will discuss transference and resistance from a neuroscience perspective and will argue that if not worked through, they can impede progress in therapy and healing. I will also discuss the process of healing from a neuroscience perspective. A technique that can help to internalize connection and contact will also be presented.

*Keywords:* bioenergetic analysis, relational trauma, attachment theory, limbic resonance, limbic regulation, limbic revision, neuroscience.

## **Introduction**

In a previous paper (Shahri, 2019), I discussed the attachment to relational trauma and presented a theoretical formulation of its origins and etiology. I showed, based on object relations theory, that relational trauma or object relations conflicts can function similarly to transitional objects that reside in the mind. I also presented therapeutic approaches for the treatment of relational trauma.

In this paper, I will discuss what happens after detachment from relational trauma, that is what happens after the chatterbox in our head has been muted. The question is how one can handle a stressful situation when his dysfunctional object relations have been resolved, to a great extent, and that his “mind transitional objects” are no longer needed or fully functional, and the old defenses are no longer operative. The answer that I will give to this question is largely based on my 10+ years of therapy with Dr. Robert Hilton and the ideas presented in this paper are largely his with some of my own contributions.

## **Statement of the problem**

I discussed in my previous paper (Shahri, 2019) that after successful processing of transference and resistance and after the internalization of contact and connection with the therapist, the client may let go of his “mind transitional objects” as they are no longer needed to maintain the illusionary representation of contact and thus, they can be discarded and given up. Grief also needs to be expressed regarding the loss of the old self-object attachments that were used as defenses. After the client has been able to feel his vulnerabilities and is able to stay with them in the presence of the therapist

and with the therapist as the witness, the old object relations may, to a great extent, quiet down and become muted. A new relationship with the therapist leads to another form of saying goodbye (old object relations) but this time with mutual caring and support. The client once again finds that his infant love is not received until he can grieve this loss and establish a form of mutual resonance and care. This grieving will help the client and therapist to avoid symbiosis and idealization. "No one I have worked with over the years had a parent who was able to receive his love without manipulation or control." (R. Hilton, Private communication, Jan 12, 2020)

We are asked as therapists to survive the attacks of negativity that inevitably come as part of the individuation process. Winnicott (1971) writes:

The subject says to the object: 'I destroyed you', and the object is there to receive the communication. From now on the subject says: 'Hello object!' 'I destroyed you.' 'I love you.' 'You have value for me because of your survival of my destruction of you.' 'While I am loving you I am all the time destroying you in (unconscious) fantasy.' Here fantasy begins for the individual. The subject can now use the object that has survived. It is important to note that it is not only that the subject destroys the object because the object is placed outside the area of omnipotent control. It is equally significant to state this the other way around and to say that it is the destruction of the object that places the object outside the area of the subject's omnipotent control. In these ways, the object develops its own autonomy and life, and (if it survives) contributes to the subject, according to its own properties. (p. 120)

Once the therapist has survived the attacks of negativity by the client, he (client) may risk being vulnerable in the presence of the therapist in which case his brain will

begin to form new neural pathways (networks) based on his experience and resonance with the therapist.

However, the old neural networks, formed in the course of our development, do not fully dissolve and do not go away but they get weaker. It is important to note that, in the face of very strong stimuli that overwhelm the newly formed neural connections and circuits, the old networks can still be activated even if they are sufficiently weakened by the formation and strengthening of the new neural patterns, albeit temporarily and not as strongly as in the past. Winnicott, speaking from a psychological perspective, in a session with Guntrip is quoted (Guntrip, 1994):

That illness is there, and in a way always will be. You can't be as though it had never happened. When it stirs, you can feel as ill as ever. But you can grow strong enough to live with it ... Patients regress with the analyst to find security and become strong enough to re-encounter the illness, and get over it. Patients suffer acute pain in regression. You want to know if I can help you with your illness, and not just make you push it away. You may fear I might need to make a success of your treatment instead of helping you to be ill and get over it. (p.20)

The question that arises is what happens when one is faced with stressors and when one cannot revert to the old defensive patterns (the old patterns have been sufficiently weakened). In my own experience, the answer to the question was that I was faced with a sense of existential loneliness with concomitant existential anxiety. Other people's responses, however, may differ from my experience and response. How can this anxiety (or other disturbing and painful feelings) be managed, reduced, and eliminated?

### **Insights from attachment theory**

A child feels safe not just when he experiences his mother's (or significant caretaker's) unconditional love, but when his mother receives his love. Bob Hilton during the course of my therapy, and on various occasions, mentioned to me that existential anxiety can be alleviated when one feels that there is someone to love without any expectations. Bob quoted one of his clients who said he had read that the therapist's job was to teach the client how to love him and to let him. Bob also mentioned that he had experienced the truth of his observation in his own therapy. When he was facing his own existential anxiety, it was the capacity of his therapist to receive his love that grounded him in his body and presence. This love is experienced as a spontaneous body aliveness that had been previously crushed. As we say in Bioenergetics, "We deaden our bodies to avoid our aliveness and then we pretend to be alive to avoid our deadness". How can we recover our aliveness and spontaneity?

At the time when Bob first mentioned this to me, I was not sure if I fully understood him, until I faced such anxiety and discussed it in one of our therapy sessions. He reiterated it to me again that when we face such anxiety we feel lonely and we need to feel that there is someone who receives us and allows us to love him and that he does not want anything from us. For me and in my therapy with Bob, he was such a person who allowed me to love him without, of course, any expectations. This feeling of being allowed to love him alleviated my anxiety, and I did not feel that I had to face my issues alone and I felt that I had support.

After the passing of Dr. Michael Sieck, my psychology professor, and a bioenergetic therapist, one of his trainees and students wrote this about him “A week ago today a lovely being left this earth. The way that he taught me to love and allowed me to love him in return has transformed my life. While his spirit is now off to new adventures, I’ll spend the rest of my life actively knowing what it is to love him.” But what does it mean to have our love received? I will answer this question later in this work.

This form of connection has also been discussed, to some degree, in attachment literature. Bowlby (1983) hypothesized that the human infant is born with a brain that demands safety via an instinctive attachment and bond to the mother. The child is distressed when the mother is absent and this attachment behavior also causes the two of them to seek each other when the child is distressed, frightened, or in pain. John Bowlby (1988) writes:

Attachment behavior is any form of behavior that results in a person attaining or maintaining proximity to some other clearly identified individual who is conceived as better able to cope with the world. It is most obvious whenever the person is frightened, fatigued, or sick, and is assuaged by comforting and caregiving ... Nevertheless for a person to know that an attachment figure is available and responsive gives him a strong and pervasive feeling of security, and so encourages him to value and continue the relationship. (p. 27)

Bowlby (1988) more importantly for the subject of this paper, writes: “Whilst attachment behavior is at its most obvious in early childhood, it can be observed throughout the life cycle, especially in emergencies” (p. 27). Bowlby (1988) argues that when a person of any age feels secure, he is likely to venture away and explore the

surroundings. But when he is not well, sick, scared, anxious, or simply exhausted, he is likely to seek the proximity of an attachment figure. The role of the therapist, in many ways, is very similar to an attachment object. This role is to provide the secure base from which the client can venture out and explore and when in distress can return to. The secure base provided by the therapist will, in many cases, be internalized by the client, and this is also a goal of therapy. However, under severe stress, the client needs to actively come back to it for a sense of safety and security.

The need for the therapist's love for the client, if the therapy is going to be successful, has been discussed in the literature in great detail. However, the client's love for the therapist is not very much discussed in the literature, except in the context of transference. Of course, when the client initially musters enough courage (not easy) and expresses his love for the therapist, a question arises, namely, whether the therapist can receive his love (having dealt with his own narcissistic needs) and remain a source of support for the client. Is the therapist able to withstand the client's subsequent attacks with the intent to destroy the love object (the therapist)? These questions have also been discussed in the literature (Hilton, 2007) in great detail and I will discuss them briefly at the end of the paper.

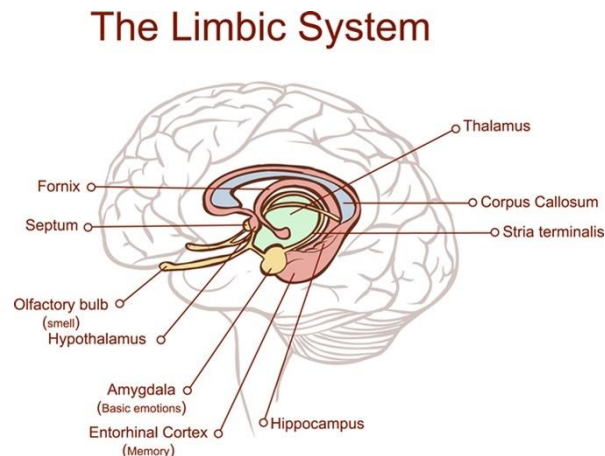
Bob Hilton's statement that under stress one needs a person who allows him to love them without any expectation, however, goes deeper than what is offered by the rich literature in attachment theory. In the next section, I will discuss the deeper meaning of this statement and assertion.



I must also add that what I discuss in this paper is about a client who has done a great deal of work on himself and is considered a very advanced client.

### **Limbic brain and emotions**

The limbic system (Figure 1) which is located in the center of the brain is mostly responsible for behavioral and emotional response. The limbic system is especially involved in behaviors that are needed for survival such as caring for the young, fight or flight response, love, as well as other emotions. The limbic system is also involved in learning and memory (implicit and explicit).



*Figure 1.* The Limbic system

The limbic brain emerged in the first mammals about 200 million years ago and the emergence of emotions reaches back to about 100 million years ago. The small mammals that first emerged needed and depended on each other for survival and this mutual need and dependence were regulated by the limbic system through feelings and

emotions. It is understood that the development of the limbic system in humans starts prenatally.

Emotions in homo-sapiens have a deeper meaning. They allow two humans to receive the contents of each other's minds and are the transmitters of love. The limbic brain has the specialized capacity to detect and analyze the internal state of other mammals. "Emotionality is the sense organ of limbic creatures" (Lewis, Amini, & Lannon, 2000, p. 62).

It is known (Lewis, Amini, & Lannon, 2000) that mammals can detect the internal emotional states of one another and can adjust their physiological state to match the other's physiological state. This detection of each other's physiological states is done via limbic communication which is especially prevalent in homo-sapiens. Limbic communication has three constituent components.

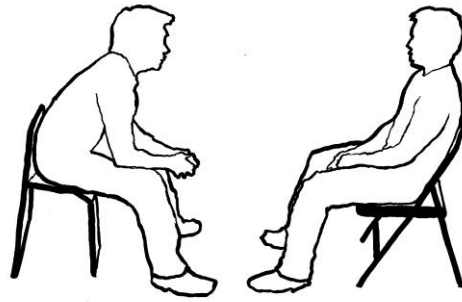
The first component of limbic communication, upon which the other two components are predicated is limbic resonance. We all transmit information about our inner world through our limbic attractors. An attractor network is a type of recurrent (with feedback) dynamical network composed of interconnected nodes (neurons), that evolves toward a stable and persistent pattern over time. These limbic attractors betray one's inner state through behavior, facial tones, and emotional and postural states. Limbic resonance is formed if one quiets down his internal neocortical chatter and receives the internal state of the other. As the limbic resonance becomes stronger the receiver can see the inside of the other's personal world and feel what it is like to live there (Lewis, Amini, & Lannon, 2000). The authors write "Within the effulgence of their

new brain, mammals developed a capacity we call limbic resonance - a symphony of mutual exchange and internal adaptation whereby two mammals become attuned to each other's inner states" (Lewis, Amini, & Lannon, 2000, p. 63). Limbic resonance is learned from an early age when a mother attunes to her baby via deep eye contact. Lewis, Amini, & Lannon, (2000) write "Eye contact, although it occurs over a gap of yards, is not a metaphor. When we meet the gaze of another, two nervous systems achieve a palpable and intimate apposition". (p. 63)

As therapists, we can establish limbic resonance when we quiet down our thoughts and our neocortical activities and establish eye contact with the client and attempt to perceive them. Knowing the other and perceiving the other comes from our own self-knowing and self-perception. We need to tune in to ourselves before we can tune in to the other. Thus the first requirement for the therapist is to know thyself!

The second component of limbic communication is limbic regulation. Human physiology has evolved so that limbic systems can have a harmonizing effect on each other. This harmonizing effect is mediated through relationships which are at the core of our limbic neural architecture and which can regulate the activity of our limbic (emotional brain) system (Lewis, Amini, & Lannon, 2000). If we and our clients are to navigate through a healing path, we must allow the limbic regulation to guide us through the process. When we see clients in our offices who regulate their limbic systems through ours, we and they notice that they become calmer, more able to face their day-to-day activities, act stronger, and carry a sense of well-being and safety.

We can have a regulating effect on the limbic system of our clients when we allow them to form limbic resonance with us while we tune in to ourselves and while we stay in contact with them. In Figure 2, I show a process that can result in limbic regulation. When I feel the client is ready to explore this form of interacting which in all likelihood they have never had, I pull my chair a bit closer to the client, ask them to quiet down their mind and cortical activities and to stay aware of their body (from their neck down - to avoid staying in their heads). Next, I ask them to and breathe normally (for self-knowing and self-relatedness). I usually have to coach the clients regarding what I mean by staying aware of their body. I then ask them to stay in contact with me. Frequently, I have to coach the client as to what staying in contact with me is, knowing that the disruption of this form of contact lays at the core of shame. I usually tell them to look into my eyes (left eye to connect with my right brain) and be aware of the space (distance) between us (somatic correlate of contact). I then ask them to remain aware of their body as well as maintaining their contact with me, simultaneously. We are now entering a sacred area of contact. For many clients, these are very difficult tasks. It is not easy for many clients to stay with their bodies while staying in contact with the therapist, as this may prove to be even more difficult. After a bit of practice, clients can follow these steps (This is the concept of linking up affect and image that Kalsched (2014) writes about, and Bob Hilton reminded me of it). I also need to stay fully with my own sense of self and self-relatedness and sense of well-being, while I stay in resonant contact with them. I ask the clients to quiet their minds and avoid thinking. I usually ask them to continue this process for a few minutes or until I feel that some level of limbic regulation has occurred.



*Figure 2.* Limbic resonance, regulation, and revision

Lewis, Amini, & Lannon (2000) write “In a relationship, one mind revises another; one heart changes its partner. This astounding legacy of our combined status as mammals and neural beings is limbic revision: There is power to remodel the emotional parts of the people we love, as our attractors activate certain limbic pathways and the brain’s inexorable memory mechanism reinforces them” (p. 144). And this brings us to the third component of limbic communication which is the limbic revision. Our brains and more specifically our limbic systems wire through experience. New neural networks form as the brain conforms to novel situations. Lewis, Amini, & Lannon (2000) write “When a limbic connection has established a neural pattern, it takes a limbic connection to revise it” (p. 177). Bob Hilton often quotes Guntrip (1994) “If it is bad human relationships that make people emotionally ill, it can only be a good human relationship that can make them well again” (p. 401). In other words, the limbic attractors can change in relationships. And in therapy, this change occurs when the new attractors (neural networks that have reached a degree of stability that respond in a given way to stimuli), in the limbic system of the client, form such that they become closer and more similar to those of the therapist. This process is iterative and with every iteration, the

newly formed neural pathways of the client which are initially weak become stronger and form the new limbic attractors and move closer to those of the therapist. The therapist has a set of indispensable tools which are his strong sense of self, self-knowing, and self-relatedness. The strong sense of self, self-knowing, and self-relatedness of the therapist can result in limbic revision within the client. However, with limbic revision, comes a great responsibility which is that we must leave a person better than when we found them.

I must caution that the limbic revision is an iterative process and takes a long time. This technique demonstrates one such iteration but can demonstrate the limbic revision. In my experience, the application of this technique can be somewhat taxing on the therapist. I use this technique sporadically and rely more on the natural process of limbic revision which occurs within the therapeutic process. Similar to the technique for limbic regulation, I ask the client to stay in contact with their body and also stay in contact with me. Once they can master the contact with themselves and the contact with me, I ask the clients to keep their eyes open for about two seconds and stay in contact with me and then to close their eyes and stay in contact with themselves (awareness of their body) for two seconds. I ask them to repeat this process for a few minutes or until I feel the limbic revision has occurred (when a marked change in their emotional state has occurred which I can read through my limbic resonance with them). And of course, they should quiet down their minds and avoid thinking during this process. I need to stay fully with my own sense of self and self-relatedness while I stay in resonant contact with them. I also must stay with, feel, and be aware of, within myself, what it is that needs to be revised in the client's limbic system. In reality,

however, due to their limbic resonance and interactions with us, the therapists, the clients have an imprint (a weak interconnection of neurons) of our neural networks in their limbic system and what this technique does is to strengthen their existing but weak neural patterns that resemble our neural patterns, thus helping the limbic revision.

I now would like to make it more clear as to what Bob Hilton meant when he said that when we are stressed out we may need someone to allow us to love them without any expectations. Bob's statement is of course very true in that it is the person that we love, who can be the object with whom we can regulate our limbic system. Lewis, Amini, & Lannon (2000) write "Who we are and who we can become depends, in part, on whom we love" (p. 144). Thus, it is the limbic regulation that has a stabilizing effect on our dysregulated nervous system. However, limbic regulation can occur primarily with someone that we trust, someone with whom we feel safe, someone that we love. However, this special someone must be able to receive our love without expectations and must be someone who has done the work himself. A therapist cannot do this with his client unless he has experienced this in his own therapy (R. Hilton, Private communication, July 10, 2019).

### **Case study**

In this section, I would like to present my own progress in therapy with Dr. Robert Hilton. I started working with Bob in 2008 after having worked with Eleanor Greenlee for 8+ years, who was a wonderfully sensitive and empathic therapist and who was of immense help to me when I needed it most. I switched to Bob because Eleanor and I

felt that the issues that I was dealing with at the time had to do with my father which could be best addressed and processed by Bob, who graciously accepted me as a client. Bob and my father are of the same age and the transference was there from the start. It took about one year for us to process my transference and resistance. While the analysis of my transference and resistance was moving forward and progress was being made, I was able to slowly feel safe and form limbic resonance with Bob. From my perspective as the client, the resonance felt like a deep connection between Bob and me. During the ensuing years of my work with Bob, my limbic resonance with him became stronger and what I now know as limbic regulation, initially, and then limbic revision started to occur and take place, that is my limbic brain (and to some extent my prefrontal cortex) began to wire like Bob's! This became apparent to me when one day I was telling Bob about something that had happened to me the previous week and when I finished, Bob commented that he would have responded "this way" to what had happened. I was shocked and told him, Bob, you can't believe but I uttered almost exactly those same words and responded almost exactly in the same way to the situation. I was astonished, as I had just experienced limbic revision within myself! Please note that limbic revision within a relationship is predicated on the formation of limbic regulation. It took a number of years for me to essentially resolve my attachments to my relational traumas and to develop a stronger sense of self and self-relatedness.

During the final year of my therapy with Bob and before his retirement in early 2019, he mentioned that he wanted his clients to take in and internalize the connection with him (to solidify limbic regulation and revision). We spent a number of sessions



being fairly quiet and for me to regulate my limbic system with Bob's when my nervous system was somewhat dysregulated. The feeling at the end of these sessions were one of being grounded with a sense of well-being as well as a sense of peacefulness. It was as if something new was being created (or co-created) within the intersubjective space, to quote Daniel Stern (Stern, 2004). Bob and I also discussed this co-creation and the limbic transformation that was happening and how it felt to both of us. This, I later learned, was not unprecedented. Toward the end of his analysis with Winnicott, Guntrip (1994, p. 20) tells him: "I feel now I've got my central self in touch with you. You've understood and accepted, and no need to talk now. I can relax and be quiet." Later Guntrip (1994, p. 21) says to Winnicott: "Now in silence with you I find my faith in the indestructibility of my internal good objects, and can relax and feel safe."

After Bob's retirement, I started to work with Dr. William White. In spring of 2019, I was in a situation (a hiking trip) for a few days which had caused some level of irritability in me, as well as becoming somewhat dysregulated. Fortunately, I had an appointment scheduled with Bill a few days after I had come back from the trip. I went to Bill's office and described what had happened and how I felt trapped and could not avoid that situation and consequently I was adversely affected and had become irritable. I asked Bill if I could connect with him and stay in contact with him quietly. He graciously allowed it. We stayed in connection and contact, quietly, for a number of minutes until we both felt that I was okay and that my irritability was gone. I had regulated my limbic system with Bill's.

### **Internalization of the contact**

I was heavily inspired by Bob's statement (a year before his retirement) that he wanted his clients to internalize the contact with him. I then devised a process that may speed up the process of internalization of the contact, and I will describe it here. I ask the client to feel their body (somatic correlate of the sense of self) and to feel the space between them and me while maintaining eye contact with me (somatic correlate of connection and contact), similar to what I have described above, thus connecting to their body and to me. After a minute or two, or when I feel that it is appropriate to go to the next phase, I ask them to close their eyes and imagine that I am getting closer to them (as close as they are comfortable) until they experience my energetic presence in their body and then I ask them to stay with this sensation and feeling for about a minute or until I sense that they feel their contact with me in their body. I believe that this last step is the somatic correlate of internalization. Thus through this energetic and somatic exercise, the client first connects with himself and then connects to the therapist and finally internalizes the contact. After this exercise, the clients typically feel much calmer and feel a deeper connection with me and their bodies. My clients have reported that after this exercise they can self-soothe in between sessions or when they feel overwhelmed emotionally. I must emphasize that connecting with the self and to the good object and internalizing it is a long process. This exercise may simply speed up the process by letting the clients feel the connection with themselves and with the good object, and to form a psychological imprint of these processes, through formation of new neural networks (initially weak) formed during their experience in this exercise.

Future therapeutic work is then built upon strengthening these newly formed neural networks.

The message in this paper is that we all need, throughout our lives, those enlightened men and women with whom we can form limbic resonance (a deep sense of connection), and with whom we can regulate our limbic system when we experience stress and anxiety, and those who can help us remodel and revise our limbic system. It is the internalized contact with these enlightened human beings that can help us self-soothe and can help our nervous system to self-regulate when we are in excessive distress.

In the end, I would like to share private communications that I had with Dr Robert Hilton after he reviewed this paper. He mentioned to me that “There are many therapists with needs to be loved that use this (the client’s love) for their own needs, or borderline therapists who learn to depend on the patients for their need for narcissistic supplies or [those therapists] who sexualize the contact and frighten the patient” (R. Hilton, Private communication, July 10, 2019). Bob also mentioned to me, after reviewing this paper, that love develops when the client shows his vulnerability and fear and then when he allows himself to be received. This is the spontaneous response in the brain and body to love someone who loves us - one who is present in our despair. The body also responds in wanting to hold or touch this person - hold with the arms and touch with the heart (R. Hilton, Private communication, July 10, 2019). Bob also mentioned to me that the original bioenergetics encouraged this, but the therapist was not ready to follow through the resolution of the attachment and also was not ready to receive the anger (biting the breast) from the client (except as an exercise but not

personally) - as a test of the love connection - as in infancy (R. Hilton, Private communication, July 10, 2019).

### **Transference, resistance, and healing from a neuroscience perspective**

In conclusion, I would like to add a neuroscience perspective regarding the process of healing. A key to healing is for the client to be able to feel his vulnerability in the presence of the therapist, as I have indicated above. Due to [negative] transference, it is very frightening for the client to feel safe enough to trust the therapist and to become vulnerable in the presence of the therapist. The client generally functions and behaves from the old object relations upon which the transference is based. From a neuroscience perspective, transference is nothing but the activation of the old neural networks that were formed in relation to the early (old) objects. And resistance is the persistent activation of these early (old) neural networks. Wilhelm Reich (1980) quite correctly and aptly indicated that psychotherapy is about consistent analysis and working through of the transference and resistance. Without the working through of the transference and resistance the client will repeat the old behavioral patterns through the activation of the familiar and old neural networks, and healing may not take place. When the client feels safe enough within his relationship with the therapist to work through the transference, he can become vulnerable and will drop his resistance. Fairbairn (1943) writes: "The resistance can only really be overcome when the transference situation has developed to a point at which the analyst has become such a good object to the patient that the latter is prepared to risk the release of bad objects from the unconscious." (p. 332)

When the client becomes vulnerable in the presence of the therapist, that is when he no longer functions from the old neural networks (transference and resistance) his limbic brain will be ready to form new neural networks based upon his experience and relationship with the therapist. Over time, these new networks become stronger and the old networks become weaker. Recall the Hebbian axiom that neurons that fire together wire together (Hebb, 1949). The weaker old networks do not disappear and under severe stress will get activated again, and it is this condition that the present work attempted to address. However, as the new networks get stronger, they govern, more and more, the client's emotional response and behavior. This is the essence of healing in psychotherapy from a neuroscience perspective.

## **Conclusion**

In this paper, I discussed what happens after detachment from relational trauma and provided insights from attachment theory and neuroscience. I also discussed limbic resonance, limbic regulation, and limbic revision, and presented techniques that can help to achieve them. I argued that throughout life we need those enlightened beings with whom we can form limbic resonance and those with whom we can regulate our limbic system, as well as those enlightened souls who can influence the revision of our limbic system. I also presented a case history which highlighted my arguments throughout the paper. A technique was also introduced that can help with the internalization of connection and contact.

**Acknowledgment**

I would like to express my deep gratitude to Dr. Robert Hilton. The development of the material and techniques presented in this paper would not have been possible without my work with Bob. I am indebted to him for listening to my theory and our discussions related to it, as well as his own ideas and theories. I am indebted to him for reviewing this paper and his invaluable discussions related to it. I would also like to acknowledge and express my appreciation and gratitude to the anonymous reviewers and their constructive comments and feedback.

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