



How to Fall in Love With Time-Limited Therapy: Lessons From Poetry and Music

Michael D. Alcée & Tara A. Sager

To cite this article: Michael D. Alcée & Tara A. Sager (2017) How to Fall in Love With Time-Limited Therapy: Lessons From Poetry and Music, Journal of College Student Psychotherapy, 31:3, 203-214, DOI: [10.1080/87568225.2016.1276420](https://doi.org/10.1080/87568225.2016.1276420)

To link to this article: <http://dx.doi.org/10.1080/87568225.2016.1276420>



Published online: 14 Feb 2017.



Submit your article to this journal [↗](#)



Article views: 166



View related articles [↗](#)



View Crossmark data [↗](#)

How to Fall in Love With Time-Limited Therapy: Lessons From Poetry and Music

Michael D. Alcée and Tara A. Sager

Center for Health and Counseling Services, Ramapo College of New Jersey, Mahwah, New Jersey, USA

ABSTRACT

With rising student demand, time-limited therapy is becoming the rule rather than the exception at college counseling centers today. While many have viewed this shift as an unwelcome intrusion, this article will examine how to embrace and capitalize on this new, compressed form. Rather than seeing it as a constraint, it will be argued that it provides an opportunity to be more poetic and musical about our work, allowing us to take more therapeutic risks, establish greater momentum, and increase the number and variety of transformative moments in our sessions. Emphasis will be placed on the lessons that poetry and music can teach with respects to deepening and enhancing relational psychotherapy with our students.

KEYWORDS

CCAPS-34; college counseling; music; poetry; relational psychotherapy; time-limited therapy

Rising demand and time-limited therapy

It is a mixed blessing that today's students, who are now much more open about therapy and more savvy about taking advantage of its widespread availability on campus, are coming to our centers in increasing numbers (Gallagher, 2007, 2010; Kitzrow, 2003). When one adds in the exploding diversity, severity, and complexity of students' presenting issues alongside the digital generation's need for support in focusing internally, it should come as no surprise that more students are appearing at our doorsteps (CCMH, 2016; Gallagher, 2010; Grayson, 2002; Webb & Wideseth, 2012). In 2015, The Center for Collegiate Mental Health reported that the number of students treated by counseling centers grew at more than five times the rate of institutional enrollment over the course of a 6-year period (CCMH, 2016). Moreover, during that same time, the number of attended appointments by students grew at more than seven times the pace of institutional enrollment (CCMH, 2016).

While student demand is climbing, budgets and staffing at counseling centers have remained relatively flat. According to the Association for University and College Counseling Centers Directors (AUCCCD) Survey (2015), 79% of counseling center's operating budgets remained the same or decreased over the past

year. If one includes a 1 to 3% budget increase, what many would consider a modest and almost negligible shift, that number increases to 93% (AUCCCD, 2015). Similarly, 44% of counseling centers' salary budgets have remained the same or decreased over that same period and soar up to 90% when one adds those that increased by 1 to 3% (AUCCCD, 2015). As a result of these financial trends, many centers are being forced to do more without a comparable budget increase and are looking to short-term treatment and session limits as a way of stemming the rising tide.

Most counseling centers have moved toward a short-term model and many are taking steps toward session limits. Gallagher (2005) reported that nearly half of university counseling centers have session limit policies and that more than 80% of those allot 15 or fewer sessions, with 12 being the median number. In the most recent AUCCCD Survey (2015), 51% of counseling centers polled reported having some form of session limits. This number has been inching up over the years and is slowly moving toward a tipping point, where it is likely poised to be the "new normal" in the next chapter of college counseling. The question now remains: How do we make the most out of these limited sessions and provide students with an invaluable therapeutic experience?

Poetry and music lessons for college counseling

"Poetry without meter is like playing tennis without a net"—*Robert Frost*

"I dwell in possibility/A fairer house than prose"—*Emily Dickinson*

The poet does not view small space as restrictive. Frost (as cited in Robertson, 1997, p. 167) sees it as part of the fun, and Dickinson (1976, p. 657) proclaims that it is the paradox of its limits that allows poetry to create myriad possibilities. The musician too revels in the small form with the 12-bar blues in jazz providing the most notable framework for creative experimentation. Given that session limits are likely here to stay, the remainder of this article will focus in on lessons we can take from poetry and music to capitalize on the strengths of a compressed form and ways they can be used to enhance relational work with students.

Poetry lessons

We used to be accustomed to the sweeping novel of college therapy, the transition from home to establishing a major to developing friendships and romantic relationships in the safety of the college bubble and then back out into the world again as a newly consolidated individual ready to integrate "love and work" (as cited in Erikson, 1964, pp. 264–265). Recently, however, we have had to scale things back to zoom in on the short-story version of

therapy, collapsing an entire psychic universe into a semester-long form. With the push for session limits, that form is getting ever more contracted, and here is where poetry instructs.

A poem, such as a sonnet, compresses a question or problem, its exploration, and a final statement of some revelation or new understanding into 14 lines. In Shakespeare's (2002) famous sonnet, "Shall I compare thee to a summer's day?" the speaker wrestles back and forth with how his love is and is not like summer. Initially, it seems very fitting to compare her to the beauty and splendor of the season, but upon further inspection, new ideas emerge. Among other things, she is much more constant, evenly tempered, reliable, and more lovely than the summer months.

As Shakespeare's poem continues, surprises and new discoveries emerge and toward the final turn of the poem, the poet concludes that his love will be eternal as a result of the poetic act itself: "So long as men can breathe or eyes can see/so long lives this, and this gives life to thee" (Shakespeare, trans. 2002, p. 417). This is the ultimate aim of a transformative therapeutic process. Much like a sonnet, by the end of the therapeutic experience, a student will be able to make a few "turns" and come to a way of internalizing the therapeutic process so that it too will become eternal.

Much like Shakespeare's speaker, we wrestle with our initial diagnostic impressions of our students: Shall I compare thee to a borderline personality, a depressive, or an adjustment disorder? It is not immediately clear, and so much of our first sessions entail testing out various hypotheses to determine who the student is and is not. This is complicated by the fact that students bring multiple selves to their sessions and a complex relational history from their early family experiences. In the next section, we will explore how tuning into these relational facets assists us in coming to a point of focus for poetic work, one that is analogous to the poem's turn, the dramatic shift in thought and emotion that leads to a new awareness and way of relating.

The therapeutic turn: Using the focal theme

Students often bring to us a litany of presenting problems, both acute and chronic, and it takes a poet's way of parsing through what is not there in order to get at what is truly at stake for the student's growth and what is necessary to enlarge their sense of relational freedom (Stern, 2009). In a most prescient manner, Grayson (2002) provided us with much guidance and direction for how to be poetic and zone in on the heart of our student's issues in this new 21st-century college landscape, stressing the importance of zooming in on a focal problem and focal theme. The focal problem zeroes in on the main issue or issues that student is coming in for and highlights an area of intervention. The focal theme is a dominant trend or relational pattern that pulls the various strands of a student's story together and

answers the focal problem; it is the major relational insight that moves the session's poem toward the revelatory turn.

A few pieces of relational backdrop serve as useful radar to hone in on a focal theme. The first is that the possibilities and constraints for who students can be are largely shaped by their family environment. What parents are able to be open and receptive to form the basic template for what is considered good, bad, and unthinkable (Bromberg, 2006; Stern, 2009), and these compose the primary self-state possibilities a student has. These also form the kinds of possibilities that students call forth in us as their counselors.

Diagnostically speaking, it is nearly impossible to get a sense for what is "normal" and adaptive for a student unless you know the unique context in which they took shape (Mitchell, 1988). The contextual nature of self is analogous to the use of color in Mark Rothko's abstract paintings; the color can only be truly understood and experienced in relation to the hue next to it. Similarly, it is crucial to get to know the relational matrix out of which the student has formed in order to accurately understand the color of their experience and how it may be reworked in the presence of new possibilities.

The second fundamental premise is that we all have multiple selves, held together in a dynamic interplay based on the context of inner and outer circumstances (Bromberg, 2006). I like to tell students that therapy brings all of the different selves to the metaphorical table so that we can have a conversation. Some selves will talk more, some less, and others might not even be invited or allowed at the table at all. This last category is the most interesting and disruptive, as it comprises "not-me," the part of self that has been so thoroughly hurt, shamed, or neglected that it is virtually inexpressible and unimaginable (Bromberg, 2006; Stern, 2009).

"Not-me" parts of self find their way into the therapeutic dialogue in the form of enactments, whereby parts of the dissociated and split-off feelings and thoughts get shared by therapist and patient, each holding it together in an unformulated way like two broken halves of a plate (Stern, 2009). This can initially be experienced in something that both patient and therapist ward off in a hot-potato fashion, such that the other person is initially to blame for the feelings and thoughts that seem to intrude. With greater reflection and emotional receptivity, the therapist attempts to bring some shape to the experience by transforming it into something about the interpersonal situation. More specifically, the therapist illuminates the focal theme and its attendant conflict by helping students to name, process, and experiment with the "not-me" part of themselves that was not allowed or sanctioned within their families, within ongoing social relationships, and within the therapeutic relationship itself. As a result, new modes of thinking, feeling, and relating become available for processing.

Another important aspect of relational work is to educate students about the way multiple self-states operate and to normalize their presence. Students do not ordinarily notice the reality of multiplicity, do not know how to work with it flexibly, and are understandably surprised by its disruptiveness. Like a car with an automatic transmission, the gears of various self-states typically change effortlessly and naturally without much fanfare, shifting nearly imperceptibly. It is only at the moments when metaphorically stuck and stalled out on the side of the road that a student solicits help in the form of a counselor's guidance. Usually, this is the case when a "not-me" or "bad-me" issue is arising, and the students cannot figure out how to make sense of and integrate it. The student's symptoms and presenting problems often become the first signal that something is wrong, and it is the job of the college counselor to elucidate for them how this will be ameliorated through counseling itself. More specifically, counselors show students how to befriend the various self-states and understand their reasons for previously dissociating from them and how to shift more flexibly among them. In this process, students learn to develop greater receptivity and openness to their various facets internally and become more reflective for how to address them interpersonally.

Case example: Part 1

A first-year student came to her intake appointment complaining that her friends do not understand her, that she does not get why they are so turned off by the razor blade that she keeps on her desk as a reminder that she can cut herself, and that she has been told to come to counseling many times but it has never been helpful in the past. She asks, why should she bother now?

Prior counselors told her that she needed a higher level of care than they could provide, and those appointments left the student feeling misunderstood and blamed for troubles she too could not fathom. She also felt a sense of hopelessness at not being able to make true contact, just as she had not with family and friends.

In addition to feeling interpersonally rejected on a number of fronts, as a first-generation college student, she experienced the pressure of well-meaning parents who hoped to see the family's metaphorical stock rise with her success. At the same time, her family expected her to be at the ready when they called her to take care of her younger siblings. She was a painter who loved the darkest colors of her palette, with her works centering on Hopperesque misfits wandering in the night.

Initially, her cutting was a regular strategy to express and modulate her emotions, combined with a preoccupation with death, and the ways in which friends and other therapists had been repelled by her behavior made me

wonder whether this student had borderline personality disorder. Like in Shakespeare's poem, though, I was not sure whether this comparison truly fit.

As I got to know more about the student's relational backdrop, things looked a bit different. I learned about her parents' difficulty tolerating fear, anger, and sadness and their own struggles with managing chronically high levels of stress. I also learned about my client's repeated experiences of the family unable to acknowledge or stay with her emotional experience.

Just as the subject of the Shakespearian poem was no longer so much like the summer, it seemed more and more that the student was no longer like a patient with a borderline organization and instead more like one with a neurotic organization or a possible adjustment disorder. She appeared to be in a conflict that could not be acknowledged squarely as she was in the midst of an important developmental transition, both issues coloring each other and placing her in an ever-tightening Gordian knot.

The focal problem was clearly her self-destructive tendencies and their negative effects on her friendships and relationships. In addition, there was the normative developmental issue of how to successfully transition into college and develop healthy autonomy and fulfilling relationships. The focal theme that emerged was that when this student expressed negative emotions, people could not tolerate them and emotionally and physically abandoned her. This pattern was consistent with her emerging friendships—students were not interested in hanging out with her despite her charm and intelligence—and also extended to her early family experience, in which her parents subjected her to the silent treatment for days whenever her emotions ran too hot. Taken together, the student internalized a message that her emotions were problematic and disruptive and that they must be put aside and suppressed. In other words, they became “not-me” and funneled into the dissociative symptom of cutting.

Until I was able to hone in on a focal theme, I, like the therapists before me, was part of the problem, imagining in my countertransference that it was the student who had the major issue. Internally, I underestimated how much my feelings were part of an enactment, containing only a small piece of the story. Initially, I was bracing myself for difficult work, assuming that the student had a great deal of pathology and would make little movement. In a way, I was reenacting the dynamic of the student's relational backdrop, finding her issues disruptive to my sense of authority just like for her parents and her prior therapists—it is “not me, it is her.”

Locating a focal theme helped me see that it was totally understandable for her to shy away from sharing her intense feelings and needing to hide and express it in her not-so-secret ritual of cutting. She was protecting both myself and herself from “not-me” and also letting the world know, with what seemed to be twisted pride, that cutting was her right and a very valuable part of her emotional life. Looking back on that detail now, it was very prescient in the way it encapsulated her attempt to express and independently resolve her bind.

With practice, it is possible to develop a focal theme within the first or second session. This is arrived at through careful attention to the student's relational history and sensitivity to the self-states activated in both student and therapist in the here-and-now of the therapeutic relationship. This emphasis allows college counselors to effectively zero in on a student's issues and combine the process of assessment and intervention, thereby accelerating the creative momentum in each session. Poetically speaking, it allows counselors to move more quickly toward the psychological "turn," the place where students open up into and actualize the transformative possibilities of the therapeutic work.

Music lessons

Beethoven's fifth symphony (1808) provides an immediately recognizable compressed musical idea. In only four notes, a focal theme is established that is explored, varied, and reharmonized much in the same way that occurs in therapy. The focal theme is a musical metaphor, and it suggests how important it is to ascertain the melody of the students' main dilemma and unarticulated hope. The capacity of the therapist to articulate that melody goes very far in clarifying to students what has been troubling them at the same time that it points in the direction to how they can move forward. Much of the time, students are playing the notes of their issues but are not aware of the melody and cannot synthesize it into a focal theme. They bring us their own invisible scores and they are hoping that we will give them feedback to be able to recognize their own music.

About seven and a half minutes into the third movement of Rachmaninov's Symphony in E minor (Rachmaninov, 1908) we hear the main theme played by the French horn, in the manner that a student initially expresses when it is recognized by the counselor: "You hear me! This is the song I didn't know I was singing." Shortly after, the theme gets played by the violin with a melancholy poignancy: "I have been waiting a long time suffering with this alone." This is the sense of sadness and mourning that the student feels for having had to sequester this aspect of self in the service of protection and adaptation.

As the theme gets worked upon and elaborated, new instruments, such as the oboe and flute, come in to take on the line, with hope gathering. Calmer and with greater poise, a certain pride and expressiveness opens up now that this very significant idea can be incorporated into the larger musical narrative of the student's story.

Case example: Part 2

The first-year student went through this same kind of musical sequence. Initially, having a therapist who was able to respect and receive the fullness of her experience without mistreating or abandoning her by becoming critical

or explosive or falling apart was a tremendous step toward a new relational experience. The recognition that her focal theme was understandable and heard enabled her to begin to speak of it without the kind of shame and dissociation that often accompanies a “not-me” experience. It also enabled her to begin to trust and hope again.

She became inwardly and outwardly relaxed so that she could begin to examine the many facets of her current and past experience and thus begin the riffing that is essential to the jazz improvisation that is therapy. The student was able to view her behaviors as more comprehensible and expressive of the hidden conflicts she had been harboring and that had been left unformulated and disconnected (Stern, 2009). This expanding sense of self-compassion became an important antidote to her cutting behavior and provided an alternative avenue for exploring and containing her emotional experience. Interpersonally, she became less defensive and fearful of others abandoning her, having had a transformative set of experiences in which she felt the consistent presence of a reliable other. She began to show her pain not only in her words but in the artwork she did as a painter.

A new slant on working dynamically

We are very accustomed as clinicians to thinking vertically, troubling ourselves over quick diagnoses and assessments, especially given the limited time we have. At some points, this may take away from focusing horizontally on the musical line and the movement of the intervention. In music, in order to play or sing a melody successfully, one needs to be as attentive to the horizontal motion of the notes carrying a melodic line forward as to the vertical axis of hitting the note itself. In clinical practice, one can analogize the horizontal forward motion to the momentum of an intervention, the movement toward a new relational experience. The vertical playing of the note is the clinical equivalent of making sure you are understanding the patient’s experience correctly and getting a proper diagnostic read. Both are essential, and they need to be worked in concert in order to turn notes into music.

This musical way of approaching dynamic work with college students helps us to be more efficient, fluid, and creative, focusing simultaneously on how to skillfully assess and intervene in the fast-paced college counseling environment. Moreover, it enables us to carry the themes of the student’s past into new orchestrations and harmonizations in the present, providing a model for continued transformative possibilities in the future. Through this process, students internalize working creatively with their own themes and then take us into new melodic and harmonic territory, stimulating further treatment progress and development. Taken together, this fosters a positive feedback loop in the creative matrix between student and therapist, and from this synergy, transformative changes quickly follow.

Tracking the changes

When a poetic turn or musical theme has been established, shifts can immediately be seen in the student and felt in the relationship. These can occur simply in the change of posture (often, a straightening of the back and sitting up in one's chair), a richer tone of voice, a feeling of newfound connection and space in the therapeutic relationship, or in the spontaneity and flow of narrative or images that emerge in the therapeutic interplay. For clinicians, who are more accustomed to tracking numerical data, a good barometer for these changes can be found in the Counseling Center Assessment of Psychological Symptoms (CCAPS-34) data (Martin, Hess, Ain, Nelson, & Locke, 2012).

As can be seen in Table 1, the student's scores began to show changes from the very second session. In the first session, trust was developed as the student began to see me as a figure who could understand and appreciate the depth of her pain and recognize the myriad ways in which she had been misjudged and pigeonholed by her family, friends and, most notably, other therapists. We also developed a focal theme centering on the ways in which this rejection had led her to suppress and negate her very important and precious feelings. Taken together, I believe that these turns led to decreased scores in hostility and distress, each indicative of the fact that she was feeling more trusting, less defensive, and relieved at being able to begin to experience her emotions more directly. These scores continued to remain significantly lower than baseline for the next few sessions, whereupon we worked on developing ways of shifting these patterns in her relationships with friends and family. At around session five, the student's depression scores started to decrease as she began to feel greater self-efficacy and agency in being able to affect change in her life inside and outside of the therapy space. Simultaneously, her levels of anxiety followed suit as they made a statistically significant drop from baseline in our final session of the semester. Overall, the scores on the CCAPS-34 represent another powerful tool for marking the progress of our work with students and in demonstrating the possibility of meaningful change in a time-limited framework. These data also make more concrete this notion of making a more poetic and musical line in our therapeutic work with students.

Conclusion

“When we can share, that is poetry in the prose of life.”—*Sigmund Freud* (as cited in Etzelstorfer & Normaier, 2014)

The reflective use of the focal theme helps us as clinicians to simultaneously diagnose, reassess, and intervene in a dynamic manner with our

Table 1. Counseling Center Assessment of Psychological Symptoms (CCAPS-34) Data for Sample Student.

Subscale	Session 1 Baseline	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	Session 8	Session 9	Session 10
Depression	99	94	94	91	85↓ ¹	85↓ ¹	85↓ ¹	85↓ ¹	89↓ ¹	73↓ ¹
Generalized anxiety	95	90	90	90	90	83	83	83	83	71↓ ¹
Social anxiety	95	85	89	85	85	85	85	80	85	80
Academic distress	83	43↓ ¹	57	49	70	57	57	63	70	57
Eating concerns	39	57	57	57	65	65	65	65	65	65
Hostility	94	51↓ ¹	58↓ ¹	64↓ ¹	58↓ ¹	64↓ ¹	58↓ ¹	64↓ ¹	74↓ ¹	69↓ ¹
Alcohol use	46	56	56	76	76	76	76	76	76	76
Distress index	99	83↓ ¹	87↓ ¹	86↓ ¹	86↓ ¹	80↓ ¹	80↓ ¹	82↓ ¹	86↓ ¹	71↓ ¹
SI/HI	4/0	3/0	3/0	3/0	2/0	2/1	2/0	2/0	2/0	2/0

Note. Arrows indicate a statistically significant change in score. The number following indicates the standard deviation of change. SI/HI = suicidal ideation/homicidal ideation.

students, making the possibilities for a more musical and poetic experience possible.

Drawing on the wisdom of poetry's and music's compressed forms, college counselors can more readily capitalize on the limited time we have with students. It affords us as counselors an opportunity to take more risks by honing in on the heart of the student's issues and our subjective experience with them in a way that respects their complexity and honors our mission to thoughtfully sift through an abundance of material (Grayson, 2002).

By using a relational framework, counselors can combine the depth of a there-and-then exploration of the relational past with the immediacy of a here-and-now relational present. Taken together, these inform the surprising moments that become what Stern (2009) has termed "continuous productive unfolding," a process that moves therapy forward toward greater relational freedom. Like the turn in a poem, the successful therapy experience "starts in one position and ends at a very different one, often a contradictory or opposite one; yet there has been no break in the unity of the poem" (Jarrell, 1996).

The framework described here provides a way for counselors to distill students' issues into a coherent whole that can be continually refined throughout the therapeutic experience. In this manner, each session functions as a poem that when taken together forms a collection. Put musically, it becomes a series of themes that get varied with different orchestrations and reharmonizations. Students take these experiences in, remember and return to them, and in so doing, they ensure that the therapeutic process endures as a continual method of reconnecting to their vitality. As Shakespeare (trans. 2002, p. 417) put it: "So long as men can breathe or eyes can see,/so long lives this and this gives life to thee."

References

- Association for University and College Counseling Directors. (2015). *Annual survey*. Retrieved from <http://www.aucccd.org/director-surveys-public>
- Beethoven, L. V. (1808). *Symphony no. 5 in C minor, Op. 67-Allegro Con Brio*. [Recorded by Carlos Kleiber and the Wiener Philharmoniker]. *On Beethoven: Symphonies 5 and 7 [CD]*. Berlin, Germany: Deutsche Gramophon. (1996).
- Bromberg, P. M. (2006). *Awakening the dreamer: Clinical journeys*. Mahwah, NJ: Analytic Press. doi:10.4324/9780203759981
- Center for Collegiate Mental Health, Pennsylvania State University. (2016). *Annual report 2015*. Retrieved from http://sites.psu.edu/ccmh/wp-content/uploads/sites/3058/2016/01/2015_CCMH_Report_1-18-2015.pdf
- Dickinson, E. (1976). Poem 466. In T. H. Johnson (Ed.), *The complete poems of Emily Dickinson*. Boston, MA: Little Brown.
- Erikson, E. (1964). *Childhood and society*. New York, NY: Norton.

- Eztlstorfer, H., & Normaier, P. (2014). *Freud verbatim: Quotations and aphorisms*. New York, NY: Overlook Duckworth.
- Gallagher, R. P. (2005). *National survey of counseling center directors*. Alexandria, VA: International Association of Counseling Services.
- Gallagher, R. P. (2007). *National survey of counseling center directors*. Alexandria, VA: International Association of Counseling Services.
- Gallagher, R. P. (2010). *National survey of counseling center directors*. Alexandria, VA: International Association of Counseling Services.
- Grayson, P. A. (2002). Psychodynamic psychotherapy with undergraduate and graduate students. In F. W. Kaslow & J. J. Magnavita (Eds.), *Comprehensive handbook of psychotherapy: Volume 1, Psychodynamic/object relations* (pp. 161–179). New York, NY: John Wiley & Sons.
- Jarrell, R. (1996). Levels and opposites: Structure in poetry. *The Georgia Review*, 50, 4.
- Kitzrow, M. A. (2003). The mental health needs of today's college students: Challenges and recommendations. *NASPA Journal*, 41(1), 167–181. doi:10.2202/0027-6014.1310
- Martin, J. L., Hess, T. R., Ain, S. C., Nelson, D. L., & Locke, B. D. (2012). Collecting multidimensional client data using repeated measures: Experiences of clients and counselors using the CCAPS-34. *Journal of College Counseling*, 15(3), 247–261. doi:10.1002/j.2161-1882.2012.00019.x
- Mitchell, S. (1988). *Relational concepts in psychoanalysis. An integration*. Cambridge, MA: Harvard University Press.
- Rachmaninov, S. (1908). *Symphony in E Minor, Op. 27*. [Recorded by Leonard Slatkin & the Detroit symphony orchestra]. On Rachmaninov: *Symphony No. 2*. Hong Kong, China: Naxos. (1973).
- Robertson, C. (1997). *The dictionary of quotations*. Hertfordshire, UK: Wordsworthy Editions.
- Shakespeare, W. (2002). Sonnet 18. In C. Burrow (Ed.), *The complete sonnets and poems*. New York, NY: Oxford University Press.
- Stern, D. B. (2009). *Partners in thought: Working with unformulated experience, dissociation, and enactment*. New York, NY: Routledge.
- Webb, R. E., & Wideseth, J. C. (2012). The erosion of aloneness. *Journal of College Student Psychotherapy*, 26: 165–167. doi:10.1080/87568225.2012.686418