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2013-2014
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The Analyst's Defensiveness (From the patient's perspective)

Instructor: Cheryl Chenot, Psy.D, M.F.T. and Gary Sattler, Dr. theol., Psy.D.

Course Description and Goals:

All clinicians have vulnerabilities that the analyst-patient interactions may touch upon, evoking a self-protective response from the analyst. Self-protection is a normal aspect of self-regulation, to be expected in all people, including analysts. Although not optimal in the psychoanalytic relationship, this self-protection is sometimes exercised by the analyst in a defensive manner (which forecloses any further exploration of the patient's experience of it, and which may or may not be problematic to the patient). But, when the analyst’s defensiveness is problematic to the patient, the critical issue becomes the analyst’s management of her defensiveness - which can be salutary or destructive. If the analyst cannot adequately acknowledge and resolve her defensiveness around his areas of primary vulnerability when it is a problem for the patient, then the possibility of disruption, wounding, damage, impasse, and premature termination greatly increases.

In this class, through clinical examples, readings, and class discussion, we will explore the experience of defensiveness in the analyst, as a specific subtype of countertransference, and its potential to lead to therapeutic impasse. The nature of the class is primarily case study, so participants are asked to come with a willingness to share their therapeutic experiences of defensiveness, from "both sides of the couch."

While my clinical work draws primarily on the intersubjective and relational fields of theory, all orientations, of course, are welcome in the hopes that our discussions will be enriched.

Objectives:

1) Participants will practice identifying their experience of defensiveness in the psychotherapeutic dyad, as analysts and/or as patients.

2) Participants will learn to identify their own primary vulnerabilities which tend to get evoked by particularly challenging patients.

3) Participants will apply concepts discussed to their clinical practice: become more skilled at recognizing and articulating disruptions that may lead to impasse (especially their own defensiveness as evoked by patients) as these disruptions develop in the clinical setting.

4) Participants will learn the importance of (and become more skilled at) not becoming defensive about their defensiveness in their clinical practice.
How Do I Work This? Therapeutic Action in Contemporary Psychoanalysis

Instructor: William J. Coburn, Ph.D., Psy.D.

This class has two aims. First, it is designed to explore the historical themes and perspectives pertaining to therapeutic action, beginning with Freudian thought (particularly Freud’s contemporaries’ reactions and revisions) and then moving forward through a variety of key theorists whose visions of therapeutic action remain in certain respects as valuable and influential today as they were during this past century. This will include examining as well our contemporary perspectives on therapeutic action and change, including ideas about the role of implicit/procedural phenomena, enactment, emergence, and unpredictability. Second, this class will focus on a critical examination of these perspectives with an eye toward synthesizing, integrating, and expanding upon their essential spirit and meaning. Thus, you will be encouraged, through clinical case presentation by class participants, to develop and explore your own ideas about what constitutes useful change and about how to effect such change in your clinical work.

By way of background: We all love good stories, perhaps especially clinical ones, where, for a brief time, we can experience vicariously or perhaps watch dispassionately what someone else does, how someone else heals, or even how one gets into hot water with his or her patient. Despite our continued longing for and infatuation with new theories, it seems that the mainstay of psychoanalytic writing remains a good story, one in which we eagerly witness through the keyhole the struggles as well as the (familiar and occasionally disingenuous) happy endings. We hope to glimpse something that might work next time with our patients, what it means to interpret or to enact and to live through it. We want to know what works, because so often the currency of our work is mystery, uncertainty, and perplexity.

As enticing talking theory is for some, many just want to know what works, what counts for therapeutic action. And of course that makes sense. Some might say we’re not in it just for the adventure of it all, right? We want to effect useful change. The obsession with “evidence-based” treatment, in some sectors of our field, serves as one (albeit unnerving) example of our need to know what works and, unfortunately, of our human proclivity to systematize, codify, and standardize a putatively universal approach to curing presumably mainstream human psychopathology. The more extreme caricature of this particular brand of epistemological yearning is reflected in the “Just tell me what to do—I don’t want to have to think about it myself” mentality, often found at conferences and in other public arenas. Of course as contemporary psychoanalysts, we hope to eschew any notions and approaches that lean on universalizing what can only be witnessed and experienced on an individual-by-individual, dyad-by-dyad basis. However, even as contextualists and systems thinkers, we do remain concerned with how we might define useful change, on a person-by-person basis, and with how we might conceptualize how to effect such change. Hence, we think about therapeutic action, as did Freud and all his successors.

Things get tricky, though, when we consider that to ask what works and what is useful change also means asking, as analysts, what are our possible actions and what needs changing. Enter theory here, because these questions rest on enormous epistemological questions and answers, about which we do not all agree. If we speak about changing the psyche, we first must have a perspective on what the psyche is, or is not. If we speak about actions, say, verbal interpretation, we first must have some ideas about what it means to speak and proffer an opinion, including the attitudes we have about such an opinion and about the sources of the emergence of such an opinion (e.g., this is my truth, this is the truth, this is my speculation, this is my imagination, this is my spontaneity, this is our construction, etc.). Even more complicating, if indeed we speak about actions, we cannot exclude considerations of what goes on within the realm of the implicit, the nonconscious, the prereflective. Some argue that’s where the action really resides. Most certainly, that’s usually the realm in which our attitudes get conveyed, at least initially. And it is our attitudes, ultimately, that are central to our understanding therapeutic action and change.

Educational Objectives:
1. To explore and understand the historical roots and development of our ideas about therapeutic action in psychoanalysis.

2. To understand how these ideas have informed and influenced our more contemporary assumptions of therapeutic action in psychoanalysis.
3. To apply these perspectives of therapeutic action, historical and contemporary, to our own clinical experiences and to obtain a more personal sense of what is useful clinically.

**The Works of Stephen Mitchell**
Instructor: Robin S. Cohen, Ph.D.

**Goals & Objectives**

1) To demonstrate, discuss and practice the language and clinical concepts of contemporary relational psychoanalysis
2) To demonstrate and practice the creative and critical thinking processes necessary to our functioning as relational psychoanalysts
3) To discuss past and current controversies in the theory and practice of psychoanalysis and how they affect our work
4) To enable, through clinical discussions, student questioning of psychoanalytic assumptions and practices

"I feel it right here…"  Bodily Experience in Psychoanalysis: Contemporary Psychoanalytic perspectives on the body

Instructor: Sona DeLurgio, Psy.D., MFT

This course will explore the place of the body within the intersubjective context of the psychoanalytic experience. As analysts we are familiar with attending to the emergence of our own feelings, fantasies, and thoughts in relation to a patient’s material. We are less likely, however, to consider the appearance of bodily sensations within the analytic dyad --tensions, tightness, posture, lightheadedness, heavy headedness, pains, sudden changes in breathing, etc -- as analytic data.

Intersubjective relating is always embodied. The human experience is born in the body and structured in body-based memory -- gut level feelings. If we introduce these experiences into the spoken dialogue, how and when do we? And do we?

According to Lew Aaron there is a mutual impact of the mind and the body on each other as the psychoanalytic situation involves two individuals jointly processing, experiencing, and reflecting.

We will read about, discuss and consider:

- The role of the body in self-organization
- The body's role in self reflection, self reflexive functioning (the capacity to experience, observe, and reflect upon oneself as both subject and object (Aaron).
- The meaning of bodily experiences in psychoanalysis
- The mind-body relationship and its inseparability from the self-other relationship that links the intersubjective world of the patient and analyst in a shared psychosomatic reality
- Clinical approach to working with bodily states of mind in a relational context
- Somatic representations of dissociated memory
- Wordless, nonverbal engagement. Relating as embodied beings. When do we translate into a narrative and when do we let the shared experience remain wordless?
- How trauma disrupts the development of self-reflective functioning, intersubjectivity and embodiment.
- Conditions of the body in analysis such as eating disorders, illness, pregnancy, etc.

"There is more wisdom in your body than in your deepest philosophies.” Friedrich Nietzsche
**Circling Around the Mirror**  
Instructor: C. Roger Hastings, Ph.D., Psy.D.

In this course we will work to build a conversation in which we use the metaphor of the mirror to create a practical description and a point of view from which to view and think about the clinical moment between patient and analyst. Our interest here is in how psychoanalytic theories produce various clinical descriptions of the back-and-forth movements (within the “mirror” of interaction) in a clinical exchange and especially those clinical moments when something important happens. Additionally, we will try to capture in description the shifting perspectives when change or development happens at the intersection of two subjectivities. We understand that it “takes two to make one” but the question of how and when change happens is less clear. The literature of developmental psychology, developmental psychopathology, attachment and neuroscience is unambiguous about the necessity of intersubjective, interpersonal, mind to mind experience in psychological growth. Minds need other minds. We need others in order to come fully into existence as humans. The mental exchange with a human Other transforms our experience. Looking into the mind of an Other who is empathically connected to us allows us to see some aspects of ourselves for the first time or to feel real for the first time and that interactive relation is the location where meaning is made.

In this course we will explore the situation between the two interconnected participants, the parent and child or the patient and therapist. Our goal is to find a way of sharing within the seminar, an understanding of why these moments are so difficult to describe or prescribe, and what we can learn about the qualities in intersubjective connection which allow growth to happen. Hopefully, this conversation will help us navigate from subjective darkness to light. We will approach these mutative moments from several directions (circling around the moment) to see how it is described in various psychoanalytic languages: (Freud, Self Psychology (Kohut, Schwaber), Intersubjectivity Theory (Stolorow, Coburn), Relational Theory, (Benjamin, Bromberg, Donnel Stern, Eisold), Object Relations (Winnicott, Wright) and developmentalists (Daniel Stern, Hobson and Fonagy). Each of these theorists and researchers have work which focuses on the processes of connection. This effort will strengthen your understanding of how each perspective contributes to an important aspect of intersubjective development. Hopefully, this “circling” will enable us to build an increasingly specific understanding of which intersubjective processes (like affect attunement, resonance, containment and intentional stance) appear in our clinical interactions and underlie moments of real, affective connection and transformation.

**Book Study: Thinking for Clinicians, by Donna Orange**  
Instructor: Lynne Jacobs, Ph.D.

**GOALS**

Orange’s book is very clearly written, and provides an opportunity for non-philosophers to make use of some of the inspiration and modes of thought that philosophy might offer clinicians. It is not necessary to learn each of the philosophers’ ideas per se. It is more important to let their ideas inspire us and stimulate us to think more clearly and perhaps also more fruitfully about our practice and our theory. To this end, will learn a method for examining the philosophical assumptions that underlie our theories, we will learn some philosophical ideas that are directly relevant to contemporary psychoanalysis, and we will attempt to discern the philosophical assumptions that underlie our clinical practice, using sessions from our clinical work.

**OBJECTIVES**

1. Learn method of discerning some philosophical assumptions that underlie our theories.  
2. Learn method of discerning some philosophical assumptions that underlie our clinical practice.  
3. Learn the clinical utility of examining the above assumptions

**FEES:** Each student will need to purchase Orange, D. 2009. Thinking for Clinicians. Routledge Press.
The Relational Unconscious: Expanding Theory
Instructor: Leslie Maxson, Ph.D., Psy.D.

The main purpose of this course is to instill psychoanalytic skill to deeply formulate and utilize for analytic purpose, relational phenomena between analyst and patient. The spirit of the distinctive Relational Tradition as generated by early thinkers and writers in New York will be the foundation of this course. It will explore and build on current ideas advancing the Relational Unconscious evolving in each dyad. This relational unconscious is a unique blend of permitted and prohibited elements that can be observed and communicated. Becoming aware of this relational unconscious that transcends the individuals’ can form a deep sense of bearing witness.

Readings will include but not be restricted to Sam Gerson’s recent work on the relational unconscious and the dead third. It will also include a close reading of Freud’s Mourning and Melancholia, with interpretations by Thomas Ogden that will help us closely link relational elements to object relations roots. We will learn more about creative reading that allows us to imagine the writer’s mind as he or she writes.

This class will closely study a clinical case and emphasize expanding contemporary thinking as we go. It will also use specialized guest instructors.

Remembering Daniel Stern
Course Instructors: Helen Ziskind, Psy.D., M.S.W. and Susan Mendenhall, Psy.D., M.S.W.
Guest Instructor: Estelle Shane, Ph.D.

Course Description:

Daniel Stern died on November 12, 2012. His death is a great loss to the field of psychoanalysis and to the field of infant research. He was the leading figure in integrating the findings of infant research into psychoanalytic developmental theory. He gave us ways of understanding human development which are empirically supported. These understandings have greatly enhanced our ability to make sense of the experiences of our patients and the developmental origins of these experiences. They have also expanded our ability to relate to our patients in ways that are beneficial and healing.

This course is offered both as an opportunity to honor Stern's legacy and to provide students and instructors with the opportunity to revisit and expand our knowledge of Stern's thinking and writings. Each session will include readings from Stern's books and other writings as well as writings by others about him. Discussion will allow participants to share our feelings about his life, work and impact on us.