# Weekday Program: Proposed Electives

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The Understanding & Application of Winnicott to Clinical Practice

Instructor: Lynda Chassler, Ph.D., BCD

Inspired by his work as a pediatrician, D.W. Winnicott (1896-1971) wrote about theoretical and clinical ideas on the subject of universal human concerns, attachment and separation, love and loss that expands psychoanalytic thought. He contributed fundamental papers on the development of the self in connection with the earliest mother-infant relationship and applied these ideas concerning the vital importance of the “environmental mother” for the “maturational process” to the relationship between analyst and patient. Using Winnicott’s accounts of his clinical work and writings of other authors on his concepts and clinical skill, we will apply Winnicott’s thinking on normal development and psychoanalytic technique to our own clinical work with patients.

COURSE OBJECTIVES

1. This course will review and expand the critical ideas of Winnicott in a clear, concise, and useful way to enrich the students understanding of his key concepts.

2. The originality of Winnicott’s ideas and how they apply to treatment will be discussed. We will study selected papers by various psychoanalytic authors that focus on Winnicott’s clinical theory and technique (see references), as well as clinical material provided by the instructor and seminar participants.

3. We will study the accounts given by two of Winnicott’s own patients of their analyses with him: Margaret Little and Harry Guntrip.

4. We will read and discuss “Holding and Interpretation: Fragment of an Analysis” which documents Winnicott’s therapeutic care of a gifted professional man who had a psychotic breakdown with acute depression, but who recovered with analysis and hospital care.

COURSE OUTLINE

Seminar 1: Review of Winnicott’s theory of normal and abnormal development and introduction to his clinical work
The instructor will review the essential ideas of Winnicott.


Seminar 2: Issues in Technique: the Holding Environment and Interpretation


Seminar 3: Understanding True and False Self in Psychoanalytic Work

The Understanding & Application of Winnicott to Clinical Practice (cont.)


Seminar 4: Psychotic Anxiety and Breakdown


Seminar 5: Introduction to Withdrawal and Regression


Seminar 6: Withdrawal and Regression (continued)


Seminar 7: Play, Potential Space and Creativity


Supplemental Readings:


The Understanding & Application of Winnicott to Clinical Practice (cont.)


Understanding and Treating the Eating Disordered Patient from Divergent Theoretical Perspectives  

Instructor: Lynda Chassler, Ph.D., BCD

**COURSE DESCRIPTION**

The most frequently noted shared characteristics of individuals diagnosed with Narcissistic Personality Disorder and Borderline Personality Disorder are developmental failures early in life that time And again lead to difficulties modulating, containing, and expressing emotion, struggles with self-esteem, problems in the process of separation and individuation, and trouble forming trusting relationships. Eating disordered symptoms are often viewed as a protection against the re-living of these early developmental traumatic experiences.

This course is designed for the student who wants to understand and implement a psychoanalytic approach in the treatment of eating disorders. The phenomenology and etiology of Anorexia Nervosa and Bulimia Nervosa will be explored from the divergent theoretical perspectives of Object Relations, Self-Psychology, Attachment, and the Relational Model. The essential medical, as well as the family and social characteristics of eating disorders will be examined.

**GOALS AND OBJECTIVES**

1. Explain the phenomenology and etiology of Anorexia and Bulimia Nervosa.

2. Discuss the divergent theoretical perspectives as they relate to the eating disordered patient.

3. Identify some of the notable struggles of working with the eating disordered patient: the psychotic transference, the question of the therapeutic value of provisions, the importance of boundaries, setting limits, establishing optimal distance, and working with the countertransference.

4. Demonstrate a knowledge of how to help the anorectic and bulimic patient link disordered weight and the related symptoms to core problems in development and how to repair these early deficits.

5. Appreciate the critical role of the physician and the nutritionist in the treatment of eating disorders.

**COURSE OUTLINE**

**WEEK 1: OVERVIEW OF EATING DISORDERS FROM FREUD TO THE PRESENT.**

**Required Readings:**


**Suggested Readings:**
Understanding and Treating the Eating Disordered Patient from Divergent Theoretical Perspectives (cont.)


WEEKS 2 – 3: UNDERSTANDING AND TREATING THE BORDERLINE AND NARCISSISTIC EATING DISORDERED PATIENT

Required Readings:


Suggested Readings:


WEEK 4: OBJECT RELATIONS AND THE FAMILY SYSTEM IN THE UNDERSTANDING AND TREATMENT OF EATING DISORDERS

Required Readings:
Understanding and Treating the Eating Disordered Patient from Divergent Theoretical Perspectives (cont.)


**Suggested Readings:**


**WEEK 5: A LOOK AT ANOREXIA AND BULIMIA FROM ATTACHMENT AND RELATIONAL THEORY**

**Required Readings:**


**Suggested Readings:**


**WEEK 6: COUNTERTRANSFERENCE AND BOUNDARIES IN WORKING WITH EATING DISORDERS**

**Required Readings:**


**Suggested Readings:**

Understanding and Treating the Eating Disordered Patient from Divergent Theoretical Perspectives (cont.)

WEEKS 7 & 8: ADDITIONAL TREATMENT OF ANOREXIA AND BULIMIA

Required Readings:


Suggested Readings:

Psychoanalytic Understanding and Treatment of Drug Abuse and Addiction

Instructor: Franziska DeGeorge, Ph.D., Psy.D.

COURSE DESCRIPTION

The objective of this 7-week course is to study current literature on substance abuse and addiction in order to integrate current thinking about addiction and substance abuse with the psychoanalysis of this patient population. Teachers and candidates will meet once every week to discuss the readings and their application to treatment. Casework with patients who abuse (or are addicted to) drugs and/or alcohol will also be discussed.

Many patients come to analysis with addiction. In order to understand much of their material, it is very helpful to be familiar with AA and the proven successful interventions for chemical dependency. Analysts must know whether to send a patient to a live in rehab, or whether to treat outpatient and how to differentiate symptoms of addiction from symptoms of personality disorders and mood disorders. This task is quite difficult since the symptoms of drug abuse and addiction are often confused with those of other psychological disorders. For example, a patient was referred to me by her internist who told me that she was a hypochondriac. For a year this patient came and began every session with a somatic complaint. I tried to understand her experience and came up with many seemingly sound psychoanalytic formulations and interpretations. A year later I was introduced to the world of recovery. After going to some AA meetings and listening to addicts as well as learning about the program and what works, It occurred to me that my patient was possibly hung over every morning. I asked her about her drinking habits. Lo and behold! She was an alcoholic and addicted to marijuana. This changed the course of her treatment. Had I been more educated in recovery than the required class we all had to take for our Ph.D., I would have been able to help her much sooner.

The psychoanalyst must be familiar with the structure and information provided in good rehabilitation programs in order to both give appropriate referrals as well as to understand aspects of addiction treatment which are necessary for good treatment outcome for their patients. With addiction psychoanalysis is not enough. Conversely, the twelve-step program without psychoanalytic psychotherapy is also minimally effective. It is the combination of twelve-step programs with psychoanalytic psychotherapy, which yields the greatest benefit in maintaining sobriety as well as greater coping skills and improved relationships for these patients. Understanding addiction and proven methods of treatment is particularly important as the addictive disorders require different specific treatments and interventions than one might normally employ in the course of psychoanalysis with patients who do not have issues of chemical dependency.

ICP to date has offered no classes on psychoanalysis and addiction. This is a very important area, which needs to be covered. Many patients come into analysis with addiction and substance abuse in addition to other issues. Because so many psychoanalysts know so little about the AA program and treatment issues, which are highly relevant to a good therapeutic outcome, many of the needs of these patients are missed. Additionally, psychoanalysts are getting a bad reputation in the addiction community because the special needs for treatment of this population are often not understood. Since I have become exposed to the recovery community, various individuals have pointed out this deficit. Furthermore, there is specific language use and terminology, which is part of the program. An analyst who understands this language and can speak it will be far more able to connect with patients and to understand what they are talking about with less chance of misinterpretation. Therefore I would like to study this area in order to further my own knowledge as well as to hopefully design a class around this for others at ICP.

The reason Jane Jordan is ideally suited to teach this course is due to the fact that she has much experience working with addiction, and her orientation is particularly suitable to the psychoanalytic treatment of patients who require tremendous empathic attunement from the psychoanalyst in order to facilitate the patients’ awareness and understanding of their feeling states as they develop better coping strategies and the increased capacity for self-regulation.
Psychoanalytic Understanding and Treatment of Drug Abuse and Addiction (cont.)

The goal is to develop an understanding of the needs of patients with chemical abuse and dependency issues along with an effective treatment approach. Therefore, the readings will include informative works on addiction as well as readings on different treatment approaches including various psychoanalytic views on what has proven to be effective and useful for this population.

**COURSE OBJECTIVES**

1. Summarize basic concepts of addiction treatment
2. Differentiate drug abuse from addiction
3. Recognize differences between substance abuse and addiction
4. Integrate self-psychological theory with 12 Step approaches to addiction

**COURSE OUTLINE**

**WEEK 1**

We focus on addiction from a self-psychological perspective.


**WEEK 2**

Defining chemical dependency, understanding the various chemicals and their effects as well as learning various treatment formats.


Chapter 1: Foundations

Chapter 3: Alcohol and its Effects

Chapter 4: The Chronic Use of Alcohol

Chapter 5: The Barbiturates and Similar Drugs

Chapter 6: The Benzodiazepines

Chapter 7: The Amphetamines and Similar Drugs

Chapter 8: Cocaine

Chapter 9: Marijuana

Chapter 10: Narcotic Analgesic
Psychoanalytic Understanding and Treatment of Drug Abuse and Addiction (cont.)

**WEEK 3**
Understanding AA and the twelve steps to recovery. Enhancing therapeutic outcome of patients through understanding 12 Step Programs.


Bill's Story pp1-17

More about Alcoholism pp30-44

How it Works pp58-72

Into Action pp72-89

**WEEK 4**
We will examine ideas about the suitability of psychoanalysis as the treatment of choice for Addiction.


**WEEK 5**


**WEEK 6**
Class members will present cases for discussion of class material.

**WEEK 7**
Class members will have an opportunity to present and discuss cases.
Being Human: Necessary Language & Treatment Guidelines that Promote Understanding that Humans Are People Not Objects

Instructor: Peggy DuBois, Psy.D., M.F.T., R.D.

COURSE DESCRIPTION

This is a class that takes the student through a process of explicit identification of language and treatment that is objectifying and harmful vs. language that is subjective and retains the dignity of beings. This class is not a theory journey. These principles are ontological. This means that these studies belong in the study of being which includes understanding of themselves (intelligibility) and the language that goes with being human. In the old days; this class would be called “consciousness raising”.

In analytic attention to traumatic experiences, these principles are amplified and critical because of the nature of traumatic experiencing and the vulnerability the traumatized person to reinjury. There will be articles that outline events of objectification and videotape that illuminates objectifying treatment of another person, at the hands of his analyst.

I will bring to our attention, developmental traumas that require our listeners to concretize what we are saying. This is especially true in diagnosis. (I am that)

Students will be required to write a one page paper that discusses your personal treatment of objectification or someone you know or movie; the venue does not matter. Those who would like to read papers in class are invited to do so. You must sign up for your reading that will take place our last few meetings. Here I will read my version of Einstein’s objectification of subjectivity in his theory of relativity.

This seminar will be an enlarged intersubjective field with divergent points of view. The goal of discussions is to illuminate the material of language use that creates a more humane environment including your and my ideas about what this entails. I do not want participants to turn our discussions into competitive views about what is true. All opinions expressed are equally valuable inasmuch as the conclusions drawn are co-determined by the subjectivity of the participate.

COURSE OBJECTIVES

1. Each student will be able to predict affect states generated by language use and treatment that objectifies human beings.

2. All students will be able to apply language concepts to appropriate subjective categories.

3. Each student will demonstrate their ability to apply the trauma of objectification and retraumatization by writing summaries.

4. Students will develop the capacity to critique their own application of ordinary ratings of objectifying language and treatment of patients.

5. Each student will select theory language that characterizes a person as an object.

COURSE OUTLINE

Required Reading:


Being Human: Necessary Language & Treatment Guidelines that Promote Understanding that Humans Are People Not Objects (cont.)

4. Maduro, P. - TBD


Week One.
Introductions. I would like to know something about each student including why you signed up for this class and what you hope to get out of it. Please read one through four of the reading assignments.
Class discussion.

Week Two.
I will show you a video. I highly recommend that you jot down your, very important, impressions. Discuss the examples of objectification of another human being.

Week Three.
Continue discussion of the video. Reading assignments 5-6.

Week Four.
Discussion of reading assignment and any afterthoughts. Please read 7 of the reading assignments.

Week Five.
Discussion of assigned reading. This week people can volunteer to present a current case where their patient had been or is being objectified. Begin signing up for one page reading, if desired, the last week of class.

Week Six.
Continue case presentations.

Week Seven.
Personal readings if desired. I will read a little piece about Einstein’s theoretical objectification of human beings.
In its focus on human subjectivity, contemporary psychoanalysis privileges the person’s contextual experience. Contexts may vary for individuals, but the experience of—and need to reckon with—time is ubiquitous. Interestingly, individuals with various forms of affective suffering often experience disruptions in the experience of time, the “pathologies of time” as I call them. Some examples of this include individuals who are “stuck in time” consequent to trauma, who dissociate in time, who “live in the past,” who are afraid of the future (particularly the extent to which the future implies existential crises), and with whom we engage in enactments in time. In this course we will explore, probably in linear and non-linear fashions alike, some of what psychoanalysis has to say (or needs to say and has not done so yet) on this topic. I will emphasize both theoretical material drawing from multiple disciplines and clinical process.

COURSE OBJECTIVES

1. Summarize the salient facts from the psychoanalytic literature as it conceptualizes time in the clinical process.
2. Recognize the “pathologies of time” as they occur in clinical cases.
3. Apply students’ understanding of time in the clinical process when treating individuals who exhibit various “pathologies of time.”

COURSE OUTLINE

Session 1: Embodied Time

Session 2: Freud Time

Session 3: Macro Time: Loewald & Gentile

Session 4: Micro Time: Rhythm
Session 5: The Present Moment & Forms of Vitality


Session 6: Complex systems and time


Session 7: Time and Trauma


Session 8: Time and the Future


Your Body is a Context: Aspects of Embodied Subjectivity and Psychoanalysis

Instructors: Christina Emanuel, M.F.T.

COURSE DESCRIPTION

Contemporary psychoanalysis wouldn’t be contemporary psychoanalysis without the critically important insight that there is no such thing as an isolated mind or person. However, in contextualizing individuals we often conflate the idea of subjectivity with images of actual human bodies. When we think about our individual selves we can’t help but include our bodies in this image—understandably so—but really a body is not the same thing as an experience of self. Rather, I view our bodies as part of our context. When our bodies work well we don’t think about them much. When there is something different about our bodies then we do focus on those aspects of our experience. In this course I take up the experience of embodied subjectivity, drawing from both the psychoanalytic and philosophical literature. Although many aspects of disordered embodiedness are covered in the literature (such as chronic pain, body dysmorphia and eating disorders, etc.), I wish to focus on specific differences that occur with unusual sensory processing in bodies, such as is found in various conditions such as blindness, deafness, autism, and others. To the extent that these conditions may be experienced as disabilities, we will engage the disability literature and see how this body of writing can link up with ideas in contemporary psychoanalysis. (Hint: not much is written about disability and psychoanalysis, so the field is open for our exploration!)

COURSE OBJECTIVES

1. Summarize the main contributions of philosophy (cognitive science) and contemporary psychoanalysis in the areas of embodied subjectivity and intersubjectivity.

2. Recognize the clinical issues that arise when an individual experiences the sensory aspects of subjectivity differently from the typical population.

3. Analyze the disability literature, noting how this links up with—or does not—with contemporary psychoanalytic concepts.

COURSE OUTLINE

Session 1: Embodied Subjectivity

Session 2: Embodied Intersubjectivity


Session 3: Embodied Sensory and Clinical Process


Your Body is a Context: Aspects of Embodied Subjectivity and Psychoanalysis (cont.)

Session 4: Sensory differences


Session 5: Sensory and Intersubjective Differences in Autism


Session 6: Sensory differences in Fetal Alcohol Syndrome and Developmental Disabilities


Session 7 & 8: Disability, Subjectivity, and Psychoanalysis


Making Up Our Mind: Mentalization and the Psychoanalytic Dialogue

Instructors: Helen Grebow, Ph.D., Psy.D. and C. Roger Hastings, Ph.D.

COURSE DESCRIPTION

“Psychoanalysis highlights the interactional context that fosters the emergence of the individual self and mind…Mentalizing inspires a kind of humility, with an awareness that further information might alter our beliefs, and that it is always important to remain in touch with how much we do not know.”

- Elliot Jurist, Mind to Mind, (2008), pp. 100-103

The tension between two aspects of self and mind has generated our interest in teaching this course. First, the presence or absence of mentalization, its development, and its manner of emergence, lies at the heart of psychoanalytic activity. It is of profound importance in Attachment, social adjustment, the capacity for intimacy, secure parenting and successful psychotherapy. Secondly, the concept of “mentalization” is a cognitive escape artist. Most first-time readers can seemingly hold on to the meaning of what is described for a few minutes at a time before needing to refresh their understanding. The language has been abstract, and the ideas have been presented in relatively isolated contexts. In part, this is a historical accident resulting from the emergence of these ideas in the mid-1980’s during a period of breath-taking growth in ideas which brought infant research and psychoanalysis together.

The mentalization literature developed out of the cultural intersection of developmental psychology (attachment research and “social cognition” research), philosophy (Theory of Mind) and much of the early writing reflects these origins; a linguistic Tower of Babel, multiple language games competing for our attention in any single paragraph.

The solution, we believe, is to return to our core concerns in phenomenology, the human experiences in the consulting room, and show the difference between mentalized and non-mentalized approaches. We believe that by starting our understanding in the familiar settings of our work life - in group settings, in couples sessions and in parenting - that the more abstract concepts involved in mentalization will literally come to life.

Additionally, in order to understand the material at a deeper level, we want to have an eight week seminar with readings followed by a seven week case conference in which both candidates and instructors present case materials and explore the interactional, relational and intersubjective aspects of mentalization. The first eight weeks we will look at the concepts and the literature with case examples. The second part of the course will consider the intersection of our attachment histories with our patients’ attachment histories and how our capacity to mentalize is mutative in the analytic process. Or, as Adrienne Harris eloquently states it,

“…parentification of the child – is one of the most destructive aspects of flawed attachments…the conduct disorders and the wild ones end up in the patient chair and the tender/befrienders end up more usually in our chairs. But, of course, in a model of mind stressing variation and multiplicity, we know that we retain the capacity for both modes of response…Looked at more balefully, we could think of being an analyst as a form of repetition compulsion. Looked at more hopefully we can see that the heart of our unconscious and relational history makes us inspired in our work and leaves us vulnerable…But, as in Bowlby’s…accounts of children who “tend/befriend” there is still some mystery: where, in the deserts and depletions of early attachments gone awry, does any capacity to care emerge?” (Harris, 2009, p.9). And we would add – any capacity to mentalize…that is the challenge of our course and the ensuing conversation.


COURSE OBJECTIVES

1. Members of the seminar will learn the definitions and clinical applications of Mentalization theory as a developmental concept and as the basis for clinical interventions when development has gone awry.

2. Attendees will learn to discriminate both the presence and the absence of mentalizing capacities in several patient populations as measured by the attribution of intentional states to others and the demonstrable capacity to think about mental states in their own social network.
Making Up Our Mind: Mentalization and the Psychoanalytic Dialogue (cont.)

3. Attendees will learn to recognize the interaction between their own defensive needs interact with those of their patients.

**COURSE OUTLINE**

**WEEK ONE: The Vocabulary of Mentalization.**


**WEEK TWO: Attachment and Mentalization.**
Chapter 4, “Fonagy and Forward”, pp.43-60;
Chapter 6, “The Varieties of Attachment Experience”, pp. 84-96.

**WEEK THREE: Attachment Shapes.**
Chapter 13, “The Preoccupied Patient”, pp. 224-241
Chapter 14, “The Unresolved Patient”, pp. 242-258

**WEEK FOUR:**


**WEEK FIVE: The Disordered Mind**

**WEEK SIX: Mirroring Experiences and Mentalization.**

**WEEK SEVEN: As the Mental Twig Is Bent: Parents Carry the Form.**


**WEEK EIGHT: Relational Perspective On Mentalization.**
Making Up Our Mind: Mentalization and the Psychoanalytic Dialogue (cont.)


WEEKS NINE-FIFTEEN:
Case Conference Format. Any additional reading is elective.
Case Conference: Current Issues in Gender and Sexual Orientation

Instructor: Jim Green, Ph.D., Psy.D.

COURSE GOALS
This course covers a brief overview of contemporary psychoanalytic thinking concerning issues of gender, sexuality and sexual orientation. Each candidate will be asked to present a case (so that all candidates have an opportunity) highlighting these concepts. Specifically, transference and counter-transference will be discussed to help shed light on hidden and unconscious issues. Readings will be assigned each week so there will be time for class discussion of the readings and case presentation(s).

COURSE OBJECTIVES
1. Distinguish among the core concepts of the continuum theories of male-female, masculine-feminine, and heterosexual-homosexual identities.

2. Understand current “queer” theories of deconstructed sexuality.

3. Understand psychoanalytic (developmental) vs. other (sociological, interpersonal) ways of understanding human sexuality and its place in psychoanalysis.

COURSE OUTLINE

Week 1

Goldner, V. Ironic Gender/Authentic Sex: Studies in Gender and Sexuality, Volume 4, #2, pp.113-139.

Suggested Reading:

Week 2

Week 3


Week 4

Week 5


Week 6

Case Conference: Current Issues in Gender and Sexual Orientation (cont.)
Week 7
Jacobson, Jesse. Counter trans ference: Frequently asked questions for Mental Health Professionals. (Unpublished manuscript)
How Cultural and Social Location Affect Clinical Attitude: A Study in Black and White

Instructor: Lynne Jacobs, Ph.D. and Veronica Abney, Ph.D., L.C.S.W., D.C.

COURSE DESCRIPTION

We are pleased to have the chance to explore this theme together with you. We shall all be explorers together. None of us are experts in this area, and yet you will find that all of us have something to contribute to our explorations.

As psychoanalysts, we are familiar with looking at families as a context that shapes the subjectivity of our patients and ourselves. There are broader contexts as well, such as cultural practices, social history, and one's "place," or situatedness in relation to the society in which one lives.

There is a paucity of psychoanalytic literature that addresses these issues and how they affect the consulting room. Most of the literature is offered by analysts who identify as "marginalized" in relation to the dominant culture. Some literature written by cultural insiders tend to aim at helping us to understand "others."

While we will use some of this literature in class, our main aim is to broaden our self-awareness. That is, we hope to increase our awareness of the limits to our understanding that arise from our horizontal limits. This requires, first, becoming more aware of those horizons.

We also hope to increase our awareness of the multiplicity of our own context-dependent identification process. In some contexts, for instance, our gender renders us as "other." In another context our color may render us as "dominant." By and large, when we are placed in a dominant position, we suffer the most severe limits on awareness of the clinical (and social) implications of our place. We have blind spots. We will explore the "blindspot" syndrome that accompanies such situatedness, and explore ways together to try to reduce the tendency towards blindspots.

Our primary paradigm for exploring how socio-cultural horizons shape our clinical attitude will be a study of the meaning of "whiteness" is a racialized society. We are pleased to have the chance to explore this theme together with you. We shall all be explorers together. None of us are experts in this area, and yet you will find that all of us have something to contribute to our explorations.

While we include readings in our syllabus, we will also be conducting experiential exercises that allow an exploration that facilitates learning through phenomenological exploration.

COURSE OBJECTIVES

1. Recognize the differing implications of central vs. marginalized social location
2. Recognize the implications of social location in the consulting room
3. Develop skill at addressing the implications in the consulting room and within the analytic relationship
4. Identify our blind spots and expand awareness of the conditions that contribute to the same

COURSE OUTLINE


How Cultural and Social Location Affect Clinical Attitude: A Study in Black and White (cont.)


Dissociation in Psychoanalysis and Literature

Instructor: Carola Kaplan, Ph.D., Psy.D.

COURSE DESCRIPTION

This course examines the causes, characteristics, and therapeutic implications of pathological dissociation; considers enactments in the clinical setting as deriving from dissociation; and explores the mutative potential of enactment in both a therapeutic setting and a literary context. In relationship to dissociation, the class will also consider the concepts of self-states, particularly “me” and “not-me” self-states; “small t” trauma; traumatic temporality; and traumatic spatiality. Readings include essays on dissociation, trauma, and enactment by leading relational psychoanalysts, including Donnel Stern, Robert Stolorow, and most especially Philip M. Bromberg; as well as modern and contemporary short stories containing fictional examples of dissociation.

COURSE OBJECTIVES

1. Recognize pathological dissociation in literature and in clinical practice, and distinguish adaptive from pathological dissociation.

2. Utilize enactments resulting from dissociation to advance clinical work.

3. Compare and contrast the characteristics of pathological dissociation as treated in psychoanalytic practice and in fictional works.

Assigned Readings:

Donnel Stern, Unformulated Experience (Selections)

Robert D. Stolorow, World, Affectivity, Trauma (Selection)

Philip M. Bromberg, The Shadow of the Tsunami (Selections)

**Philip M. Bromberg, Awakening the Dreamer (entire book)

**NOTE: Students must purchase this book.

COURSE OUTLINE

Session 1: Introduction and Overview


Steinbeck, J. The Crysanthemums.

Session 2: Self-States and The Discontinuous Self
Bromberg, P. M. Standing in the Spaces: The Multiplicity of Self and the Psychoanalytic Relationship. Contemporary Psychoanalysis, 32, 509-535.

Dissociation in Psychoanalysis and Literature (cont.)


O’Connor, F. A Good Man is Hard to Find.

Session 3: Traumatic Temporality and Traumatic Spatiality


Mansfield, K. Bliss.

Mansfield, K. Miss Brill

Session 4: The Threat of Retraumatization


Kincaid, J. Girl.

Session 5: Dissociated Shame


Hemingway, E. Hills like White Elephants.

Session 6: Enactment


Cheever, J. What We Talk About When We Talk About Love.

Session 7: Enactment (optional—can be eliminated in 7 week course)

Mansfield, K. This Flower.


Session 8: Safe Surprises
Dissociation in Psychoanalysis and Literature (cont.)


Walker, A. Everyday Use.
Clinical Case Conference on Cases Relating to Trauma and Dissociation

Instructor: Carol Mayhew, Ph.D., Psy.D.

**COURSE GOALS**

The goals of this course are to provide a richer understanding of the manifestations of trauma and dissociation as they unfold in the clinical hour. Participants will increase their understanding of the emotional meanings associated with individual traumatic experiences and be able to identify the presence of these meanings in transference and countertransference configurations. Participants will also improve their understanding of dissociative phenomena and extend their knowledge of treatment considerations in connection with dissociative states.

**COURSE OBJECTIVES**

1. Participants will be able to list and describe at least three ways a patient’s traumatic experiences affect his or her experiences of self and relationships with others.

2. Participants will be able to identify at least three basic elements of trauma treatment.

3. Participants will be able to identify different manifestations of dissociation and describe ways to treat dissociation.

**COURSE OUTLINE**

Each class meeting will involve presentation of case material and a discussion of the assigned reading(s).

**Session 1.**


**Session 2.**


**Session 3.**

**Session 4.**

**Session 5.**

Clinical Case Conference on Cases Relating to Trauma and Dissociation (cont.)

**Session 6.**


**Session 7**


**Session 8**

*(Optional)*
Case Conference: Integrating the Findings of Infant Research into Psychoanalytic Treatment of Adults

Instructors: Susan Mendenhall, Psy.D., and Helen Ziskind, Psy.D.

COURSE DESCRIPTION

Both micro-analytic infant research and attachment research have had a profound impact on our ways of working psychoanalytically with our adult patients. This course will focus specifically on the ways the findings of micro-analytic infant research can influence and enhance our clinical work. Recent articles by authors who are exploring this terrain will be used as a basis for discussion of cases.

COURSE OBJECTIVES

1. Candidates will be able to describe two ways that this course has changed their clinical work with adult patients.

2. Candidates will be able to summarize two ways that infant research has influenced psychoanalytic technique.

3. Candidates will be able to critique descriptions of clinical work based on the findings of infant research.

COURSE OUTLINE

SESSION #1:

SESSION #2:


SESSION #3:

SESSION #4:


SESSION #5:

SESSION #6:

Emotional Understanding: Working with Affect
Instructor: Michael Pariser, Psy.D., Psy.D.

COURSE DESCRIPTION
Overcoming Freud’s early formulations that relegated emotional life to the status of psychopathology, recent theorists have repositioned affect at the center of the entire therapeutic endeavor. It is now understood as the prima materia of the analytic process, and more and more literature is devoted to understanding how affect emerges in treatment and how it impacts the life of the patient. This course is designed to provide a basic understanding of emotions and complex affect states, as well as the complex ways in which the emotions of analyst and patient interact with and augment each other. It will help enable the student to track emotions as they arise and recede in the transference relationship, and to help the patient to experience, identify, communicate, tolerate, and integrate his formerly unbearable and dangerous affect states.

COURSE OBJECTIVES
1. To provide a basic understanding of emotions and complex affect states. To be able to identify the physical, mental, and relational aspects of emotional life as it manifests in life and in the clinical setting.
2. To better understand the complex ways in which the emotions of analyst and patient interact with and augment each other.
3. To be able to track emotions as they arise and recede in the transference relationship, along with the various protective strategies used to avoid those emotions felt to be unbearable or dangerous.
4. To understand the relationship between affect and context.

COURSE OUTLINE

Week #1: What is an Emotion?
Freud, S. (1926). Inhibitions, Symptoms, and Anxiety. S.E. XX (p.75-176)


Week #2: The Role of Emotions in Pathology and Treatment


Week #3: Emotional Protection


Emotional Understanding: Working with Affect (cont.)

Week #4: Intersubjective Dynamics in Treatment


Week #5: Working with Emotions 1 – Tracking Affect


Week #6: Working with Emotions 2 – Working with Relational Dynamics


Week #7: Working with Emotions 3 – Important Clinical Moments


Heaven and Hell: Worlds of Darkness and the Organization of Experience

Instructor: Michael Pariser, Psy.D., Psy.D.

**COURSE DESCRIPTION**

One of the commonest sequela of childhood trauma is the bifurcation of experience into opposing extremes: white and black, good and bad, Heaven and Hell. This course explores the construction and functions of such polarities, beginning with the creation of an experiential world of loneliness, hopelessness, and depression I have come to refer to as a Personal Hell. We then will explore Hell’s influence on the further organization of experience, which takes the form of ongoing antidotes, safety strategies, and transformational fantasies. Finally, we will look at working with these ideas in the clinical setting, following the basic understanding that unbearable worlds of darkness need to be experienced, tolerated, and integrated to allow for the possibility of living a human existence on Earth.

**COURSE OBJECTIVES**

1. To summarize the ways in which a Personal Hell and other worlds of dissociated experience develop in childhood, as well as the temporal and relational contexts in which they are most likely to appear.

2. To describe in detail the visual, auditory, emotional, and relational aspects that comprise the subjective experience of Heaven and Hell.

3. To understand the various forms of safety strategies and to be able to make the critical differentiation between expansive vulnerability and defensive or antidotal protection. To be familiar with the clinical approach most appropriate in each case, and to know how best to apply it.

4. To understand the necessity of integrating previously unbearable worlds of darkness as an essential element in analytic treatment. To learn to utilize the phenomenological descriptions as an aid in emotional exploration and treatment.

**COURSE OUTLINE**

**Week #1: The Creation of Hell**  


**Week #2: Worlds of Dark and Light**


Heaven and Hell: Worlds of Darkness and the Organization of Experience (cont.)

**Week #3: The Dark Cavern of Melancholia**
Freud, S. (1917). Mourning and Melancholia. SE


**Week #4: The Black Hole of Personal Annihilation**


**Week #5: Safety at Any Cost**


**Week #6: The Dysfunctional Marriage of Heaven and Hell**


**Week #7: The Way In Is the Way Out**


**Week #8: The Dark at the End of the Tunnel**

Sex and Psychoanalysis: Working with Erotic Transference and Countertransference

Instructor: Michael Pariser, Psy.D., Psy.D.

COURSE DESCRIPTION

From the first case in analytic history (Josef Breuer and Anna O), erotic feelings have been a thorny issue for therapists and patients alike. In fact, when analysts began acting on their erotic desires, the resulting scandals threatened to bring down the entire field. In response, Freud set out guidelines for addressing erotic transference, many of which are still valid today. However, with the passage of time, it has become clear that the problem is significantly more complex than Freud realized. As such, a firm grounding in the theory of erotic transference and countertransference and its application in the clinical setting is necessary to provide a sense of confidence in handling this difficult material.

COURSE OBJECTIVES

1. To become familiar with the different ways in which erotic feelings emerge in the clinical setting. To be able to identify the physical manifestations of both erotic transference and countertransference. To be alert to the temporal and relational contexts in which erotic longings are most likely to appear.

2. To better understand the complex ways in which the erotic feelings of analyst and patient interact with and augment each other.

3. To be able to make the critical differentiation between defensive and non-defensive erotic transference (and countertransference). To understand the transformational fantasies underlying defensive erotic transference. To be familiar with the clinical approach most appropriate in each case, and to know how best to apply it.

4. To be able to identify personal vulnerabilities which increase the danger of acting on sexual feelings. To be able to recognize early signs of sexual enactment in either patient or analyst so as to be able to intervene effectively. To become familiar with basic strategies for remediation.

COURSE OUTLINE

Week #1: In the Beginning…


Ask Dr. Dombart (web page and attached postings)

Week #2: What’s Love Got to Do with It?


Week #3: Whose Feelings Are They Anyway?
Sex and Psychoanalysis: Working with Erotic Transference and Countertransference (cont.)


Week #4: Working with Erotic Transference #1: The Big Distinction

Pariser, M. “Miko’s Fantasies”


Week #5: Working with Erotic Transference #2: Complexity and Confusion


Davies, J. M. (2006). The Time We Sizzle, The Time We Sigh, from IARPP Conference, Boston


Week #6: Working with Erotic Transference #3: Out on a Limb


Week #7: Where Are Our Boundaries?


Sex and Psychoanalysis: Working with Erotic Transference and Countertransference (cont.)


Poetry, Metaphor, and Psychoanalytic Imagination

Instructor: Peter Schou, Ph.D.

**COURSE DESCRIPTION**

In a recent interview on NPR, the American poet Peter Gizzi says that poetry for him is most fundamentally about listening. This course is based on the idea that reading and listening to poetry can teach us about the process of listening to our patients and our use of metaphor and imagination in understanding what they tell us. We will read a number of poems and discuss the experience of making sense of them as a way of exploring the process of listening to and making sense of what patients tell us and what we tell them in response.

In each class we will read and discuss three or four poems that touch on areas of particular interest to clinical work, such as memory, loss, mind/body, metaphor and the relationship between verbal and non-verbal domains. We will review articles from the psychoanalytic literature that address specifically the relationship between poetry and psychoanalysis and the experience of reading poetry.

Psychoanalysis and poetry share the challenge of putting words to experiences that seem to fall outside what can be verbalized. Both endeavors involve the creative use of imagination to meet that challenge. Using the shared experience of the selected poems, we will review readings that address the larger issues of metaphor and imagination and their use in clinical work.

No particular background in poetry or literature is required to participate in the course. The selected poems are mostly by historically recent poets and some of them may seem “difficult” at first glance. The emphasis will be on what each poem does or does not do for us, without any preconceived notions of what a particular poem is about. The course does not have a clinical focus, but the use of clinical experiences and vignettes will be an important component of the course.

**COURSE OBJECTIVES**

1. This course is designed to demonstrate the usefulness of reading and listening to poetry as a means of investigating the clinical listening process.

2. This course is designed to demonstrate the clinician’s use of imagination and metaphor in understanding and responding to clinical material.

3. This course is designed to expand the clinician’s awareness of the metaphorical aspects of psychoanalytic theories.

**COURSE OUTLINE**

**Session 1: Introduction.**
Poems by Steven Wallace and Robert Frost.


**Session 2: Loss and Mourning.**


*Poetry, Metaphor, and Psychoanalytic Imagination (cont.)*
**Session 3: Mind and Body.**
Poems by Annie Stevenson, W.S. Merwin,


**Session 4: Memory and Metaphor.**
Poems by W.S. Merwin, Thomas Transtromer, Wislawa Szymborska


**Session 5: A Brief History of Imagination in Poetry and Psychoanalysis.**
Poem by Wordsworth


**Session 6: Imagination in a Contemporary Context.**


**Session 7: Conclusion.**
Advanced Intersubjective Systems Theory

Instructor: Penelope Starr-Karlin, Psy.D., M.F.T.

COURSE DESCRIPTION

Each class in this course will consist of a dialogue between a leading IST theorist and a guest ICP member (who primarily practices from an IST perspective), followed by Q&A from Candidates, on key topics in Intersubjective Systems Theory. The course will deepen Candidates understandings of the theoretical and clinical application of this theory. The course will be facilitated by Penelope Starr-Karlin.

List of potential lead faculty includes: Robert Stolorow, George Atwood, Donna Orange, Julia Schwartz, Jeff Trop, Bill Coburn, Shelley Doctors.

The exact order of classes and readings assigned will vary according to the availability and preferences of faculty.

COURSE OBJECTIVES

1. Be able to apply Intersubjective theoretical tenets to clinical cases.
2. Be able to discuss Intersubjective Systems theory precisely and accurately.
3. Become familiar with the work and cutting edge interests of the leading theorists of IST.

COURSE OUTLINE


Penelope Starr-Karlin and Guest:

The goal of this class is to provide a map of the territory we will traverse to lay the foundations for gaining a deeper understanding of IST concepts and therapeutic action. The emphasis will be on the relationship between clinical work and theoretical ideas.

Readings:
Radio Interview with Dr. Stolorow on the impact of trauma. Begins 34:55 minutes into podcast and is 25 minutes long: http://drgluss.podhoster.com/rss/2088/ or enter through Huffington Post archives www.huffingtonpost.com/robert-d-stolorow

The remaining sessions will consist of speakers or discussions between speakers on the topics listed, as indicated below.

SESSION 2. THINKING TOOLS: Why philosophy matters, and its usefulness to analysts.
Robert D. Stolorow and Donna Orange (dream team)
Advanced Intersubjective Systems Theory (cont.)

Topics from amongst the following:
The importance of philosophy to theory and practice. Human existing and existential issues, the nature of Being, meaning-making, hermeneutics, ethics, angst, perspectival realism, fallibilism, interpretive dialogue, phenomenological contextualism, care, and compassion.
Revolution in psychoanalysis from isolated minds to relational worlds.
Intersubjectivity defined.

Readings:


SESSION 3. EMOTIONAL WORLDS: Affect, selfhood, contextuality, the organization of experience.
2 Guest Speakers in dialogue.

Topics from amongst the following:
From drive to affectivity. Affect and human motivation.
The Shame family. Anxiety. Defensive affects.
The organization of experience; Organizing Principles and their emergence within a family system. (Attunement, malattunement).
Unconscious processes (pre-reflective, dynamic, unvalidated).

Readings:


SESSION 4. TRANSFERENCE AND CHANGE IN PSYCHOANALYSIS.
Bill Coburn in conversation with Guest.

Topics from amongst the following:
Repetitive and Developmental dimensions, analyst’s and patient’s transference.
The multiplicity of self-experiences.
Disjunctions / conjunctions. Impasses.
Dangerousness in the intersubjective context.
Change in psychoanalysis, what is mutative?
Advanced Intersubjective Systems Theory (cont.)

Systems thinking. Intersubjective field. Contextual embeddedness, thrownness, relational home.
Attitudes. Objective truth, subjective organizing.
Analytic discourses – explanatory, phenomenological and interpretive.

Readings:


SESSION 5. PATIENTS: Those whose perceptions are easily usurped, and those who feel defective.
Shelley Doctors in conversation with Guest.

Topics from amongst the following:
Brandchaft's emancipatory psychoanalysis and pathological accommodation
Dissociation and Defensive Strategies.
Antidote function (addictions, concretizations, provisions), defensive grandiosity, the repression barrier.

Readings:


SESSION 6. DIAGNOSIS AND DELUSIONS, ILLUSIONS AND DREAMS.
George Atwood in conversation with Penelope Starr-Karlin.

Topics from amongst the following:
Working with the severely traumatized.
Existential vulnerability. Annihilation. Shattered worlds.
Epistemological trauma.
Dreams, concretizations, metaphor and image.
Evolution of IST from philosophy, Personology, and the subjectivity of Atwood and Stolorow in context.

Readings:


Advanced Intersubjective Systems Theory (cont.)


*It is suggested that you view the movie “Synecdoche” or “Eternal Sunshine of the Spotless Mind” before next class.

SESSION 7: PSYCHOANALYSIS, IMAGINATION AND THE ARTS.*
Julia Schwartz in conversation with Guest.

Topics from amongst the following:
Worlds of experience. Symbols - Word and Image.
Traumatic temporality.
Importance of language in psychoanalysis. Structure language to Process language. Interpretive discourse in Psychoanalysis.

Readings:


SESSION 8. IST - CLINICAL THINKING IN PRACTICE.
Penelope Starr-Karlin and Guests.

Topics from amongst the following:
Case conceptualization, the analytic dyad, analytic stance, the treatment process, sustained empathic inquiry, case conceptualization, attuned interpretations. The non-duality of thinking and feeling, word and image, analyst’s subjectivity and patient’s subjectivity.
Wrap-Up.

Readings:
Selected Chapters from:


Additional Course Readings:


Advanced Intersubjective Systems Theory (cont.)


Other papers by ICP IST community.
Finding One’s Own Way as A Psychoanalyst (FOOWAP)

Instructor: Judith Vida, M.D.

COURSE BACKGROUND AND GOALS

For six years, this was a required class positioned to come at or near the end of the four year program of required and elective seminars. The elective version is identical to the original with one exception: for an eight-week class there is a maximum enrollment of 9. If interest in the class exceeds the space available, preference will be given to candidates in the 4th year or beyond.

This class was removed as “required” when the Curriculum Committee and the Board determined that its autobiographical framework violated boundaries established by the Code of Ethics of the American Psychological Association regarding the presentation of autobiographical material in a psychoanalytic curriculum.

In its reformulation as an elective, the class exists (and persists) to question those boundaries, and much more than that. FOOWAP is offered in the spirit of “the autobiographical dialogue,” the premise that whatever we say, do and write, and whatever our theory or practice, exist(s) mainly in the context of our personal story. Very much as it is in the clinical situation, where we analyze transference and countertransference responses, you cannot really understand what I say or write unless you know something of me, some of my autobiography (my biography as I tell it), and in the same way I cannot understand you. And, further than that, many times we do not really understand what we have said until we receive and understand one another’s response.

But, “unlike the relative safety of clinical space, conference space [which includes seminar space] can be a disaster area where too often we are re-traumatized when we meet one another defensively straining to demonstrate knowledge in the impersonal disguise of most clinical and theoretical presentations. At the same time, each clinical and theoretical development in psychoanalysis and each case presentation is about the survival of the analyst, though the detail of it is usually secret, private, unacknowledged … or unconscious. This makes it hard to know what we (readers and listeners) have heard or read, and who we are in relation to it.” (Vida, 2003, listed in recommended readings.)

Part of what determines whether conference space can become something of an analytic space is how we present our story; another part is contributed by how our story is received --- this refers to how seriously is exercised the ethical responsibility of those who listen and read. This is therefore an issue of mutuality, which has an effect on the quality and the depth of the dialogue and the possibility for (mutual) transformation within it.

For some years, Gershon J. Molad of Israel and I have been working collaboratively to explore the nature of the dialogue between analysts, and how the fate of its autobiographical essence thwarts or facilitates the analyst’s clinical, theoretical, and personal development. We (2005, listed in recommended readings) distinguish two basic modes of learning: one is identification, with emphasis on “a cognitive and intellectual patterning after a received tradition, personal, theoretical, and technical”; the other is introjection, an altogether different mode of learning. If identification is about taking in what already exists, introjection has to do with “the absent, the absorbed, the disquieting new experience that we can’t know how or if it will come out and how we will be affected by it, until it happens.” With identification, the impetus for change is the aspiration to become or to emulate another; for introjection, “the agent of transformation is desire, especially thwarted, unmet desire.” As Nicholas Abraham and Maria Torok wrote, “Learning to fill the emptiness of the mouth with words is the initial model for introjection.”

In a way, this seminar can be seen as a prototypical laboratory, a laboratory for uncertainty. I would say that all our experiences and individual encounters exist in a personal “laboratory” in which we test (or do

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Finding One’s Own Way as A Psychoanalyst (FOOWAP) (cont.)

not test) empirical outcomes of our personal hypotheses (sometimes referred to as “organizing principles" but more than that). Hence we (and our dialogue) are all always “research subjects” in one another’s personal laboratories. What is done with the data is partially private but also, at the same time, points to the importance of developing an ethics of relatedness. I will address the issue of ethics shortly.

COURSE OBJECTIVES

1. To distinguish “the autobiographical dialogue” from the standard notion of “self disclosure.”

2. To establish the legitimate (and essential) place of the “how” as well as the “what” in clinical discourse (both dialogue and writing).

3. To facilitate awareness of “the missing” when clinical discourse disregards or refuses recognition of the autobiographical.

COURSE DESCRIPTION

Jean-Jacques Rousseau in his Confessions, completed in 1770, offers one of the earliest explorations (after St. Augustine and some others) of the autobiographical in print. Rousseau’s great subject was the (troubled) relation of appearance to reality, the tension between the public and the private, the demonstration of the connection between feelings and philosophic thought. “Rousseau focuses on the personal and the intimate, but in doing so he claims to gain access to general truths of ultimate significance. Early in the book he uses his very idiosyncratic responses to spankings to raise questions about the origins of sexuality and feelings about justice and injustice. He uses the fact of his father’s failure to pursue him beyond Annecy when he ran away from Geneva to reflect on the fundamental maxim of natural goodness. Conversely he reveals apparently general discussions about the moral character of the theatre to be guided by personal desires to curry favor with the powerful and then shows that petty personal rivalries are connected with competing views about the proper place of an intellectual in society. In the Confessions every general issue is connected with a personal problem and every personal problem illustrates a general issue.”

This is, of course, the premise of FOOWAP: to establish formally the legitimate participation of the link between “the personal problem” and “the general issue.” This participation is what Gersh Molad and I call “the autobiographical dialogue,” the area in which transference and countertransference are indistinguishably mingled, which has been the missing piece of traditional psychoanalytic training and official discourse (although this may be changing now). In its focus on “the missing,” this seminar thus follows an introjective rather than identificatory model. It is Gersh Molad’s and my sense that the “autobiographical dialogue,” added to the personal analysis, the supervised analyses and the seminars, constitutes a “fourth part” of the tri-partite system of psychoanalytic training --- it is the developmental part, and it has its own story. It is in the autobiographical dialogue that is born “one’s own way” as a psychoanalyst, being able to hear one’s own voice as a clinician, as a reader, as a writer, and as a person in ongoing confluent development. Thus the stance of the American Psychological Association about autobiographical material, in the guise of “ethics,” undermines what for us is the basic premise of psychoanalysis.

In terms of understanding one’s own voice, we see that the way we present our work to others is a two-way process: from one side, we deal with the difficulties we have in expressing ourselves as we bring the clinical experience to seminars, conferences, and consultations; and from the other, we look at how our expectations of being listened to and understood (or misunderstood) influences our inner analytic voice in working with a patient.

Finding One’s Own Way As A Psychoanalyst (FOOWAP) (cont.)


Any relation, any encounter, any psychoanalytic seminar has its own overlay and underpinning of the personal, and that’s where we will begin, to look at and to explore with one another the development of “the voice of the analyst” — your voice, my voice. As we go, we will work to create an atmosphere safe enough for such a dialogue to emerge. “Safe enough” does not mean only nice and comfortable, although it can be that. It also means finding a way to include “the difficult,” the inevitable difficulties that arise along the way, and making use of them to expand both our self-understanding and our appreciation of the individuality of one another. “Safe enough” also means that how we listen to one another, how we listen and hold and work with one another, is as important as what we present. The outcome of this seminar is thus a shared responsibility; this is the active practice of ethics in the autobiographical dialogue between analysts. This is “pluralism” in action, not merely a philosophical premise, or idea, or ideology. What may become obvious (if it is not already) is that this can be difficult; a certain amount of anxiety (yours, and also mine) may be generated by even starting to touch it. It is also apparently a different reading of “ethics” than that of the American Psychological Association.

Of course, within the notion of an “ethics” of relating, there must be some consideration for confidentiality, which is an issue of what use we will make of our contact with one another.

Seminar Plan

This is a seminar for introspection, for writing, and for relating, in the sense of both telling our story and responding to the stories of others. Relating to one another is our primary ethical responsibility, and constitutes our discussion. Your presence is essential.


2. Also, before the seminar begins, I would like each class member to try to write a brief autobiographical account of your involvement with psychoanalysis and particularly the personal development of your voice, in two parts, the “what” and the “how.” (Depending on your degree of comfort, these will be read by the whole class, and/or related by you to us.) The first part (the “what”) is “the story.” One approach could be to look at the influence on you of your training model (as patient, therapist, supervisee and student; when these experiences are positive, the mode of learning tends toward the identificatory; when disappointing, it is more introjective); another could be your situation in the cultural and social milieu, and how you observe that you talk to one another. (In previous years of this seminar, class members were asked to select a most-loved and most-hated article and to write something about the autobiographical origins of that love and hate, as a way-in to exploring the “dialogical autobiography.” It was useful for some and not for others, so it has been dropped as a requirement, but it can be a way to begin your thinking.) The second part (the “how”) is an observation of yourself thinking about and writing the first part, thus creating an “in vivo” vignette. Before the seminar begins, I would like you to send me (by e-mail or regular mail) a copy of what you have written.

Please note: there is no “right way” or “wrong way” to respond to this assignment; there is only “your” way --- whatever that is --- and that’s what we aim to explore and recognize.

“No right way or wrong way” also means that no individual evaluations will be given. “Satisfactory” completion means meeting the attendance requirements. The objective of the class is not “knowledge” but “experience,” and no one but you can be the judge of your experience. You will be present in your own way, and you will use (or not use) your own voice entirely as you wish. Your observations (shared or not) of yourself during this process constitute the essence of the seminar. In previous iterations of this class, I have written a general comment on the class process which served as each class member’s evaluation; one year, during the last session, I asked everyone to write a sentence

Finding One’s Own Way as A Psychoanalyst (FOOWAP) (cont.)

4 “Brief” means one or two pages; some may wish to write less, others more, but please be specific in your writing, rather than general; use details.
describing their experience; these sentences were then collected and became the general evaluation. (Of course, this does not replace your personal evaluation of the class which you prepare separately and privately.)

3. At each session, one (or more) of you will be asked to relate what you have or have not written, from which our conversation will develop --- and what that means is relate rather than read. In other words, I’d like you to tell us what it was like to write what and as you did --- we may already have read what you have written, and be able to ask questions. Figure about 15 or so minutes for the initial presentation. All along we will have an open discussion of where we have been, using our shared experience as “content.” In addition, as a formal opportunity for feedback, after each of you has “presented,” I would like you to write just a few lines or a paragraph describing the experience; during the following week, we will hear these responses related as well. Everyone is expected to participate in this process, which will build as we go, so your regular attendance is crucial to the success of the class. If we have heard from everyone by the end of the next-to-last session, the last session can be reserved for the remaining post-presentation responses, and a general discussion.

COURSE OUTLINE

Week One.
Orientation: introducing “the autobiographical dialogue” and ourselves. Papers by Molad, Molad & Vida, and Vida may (or may not) be referred to. Questions about the seminar. Possibly one presentation.

Week Two.
Response from last week’s presenter. One or more presentations.

Week Three.
Responses from last week. One or more new ones.

Week Four.
Responses from last week. One or more new ones.

Week Five.
Responses from last week. One or more new ones.

Week Six.
Responses from last week. One or more new ones.

Week Seven.
Responses from last week. One or more new ones.

Week Eight.
Responses from last week. Any remaining presentation.

Review of the seminar experience.
Psychoanalysis and the New Sciences of the Brain
Instructor: John M. Watkins, Ph.D.

COURSE DESCRIPTION
This course will review historical and contemporary attempts to bridge psychoanalysis and neuroscience, beginning with the early foundations of neurology in Freud’s theory, and extending to modern theories including those of Allan Schore, Mark Solms, Joseph Palombo, and Daniel Stern. The course will focus on three key concepts: empathy, memory, and sense of self. The collapse of Freud’s attempt to bridge neurology and psychology left a legacy of dualism that remains with psychoanalysis and much of psychology today—a dualism that was absent from Freud’s earlier neuropsychological work. Spanning Freud’s neuropsychological and psychoanalytic theories is a methodology based on the detailed analysis of single or small series case reports; a method that remains at the heart of many critical historical shifts in both psychoanalysis and neuropsychology. Intrinsic to this method is an effort to make sense of individual experience. This seminar explores the issues and problems inherent in bridging psychoanalysis and neuroscience by examining single case reports, together with supporting theoretical articles, derived from the work of theorists who have been active in attempts to bridge psychoanalysis and neuroscience. In addition, several recent works by neuroscientists that examine empathy, memory, and sense of self will be examined. What, if anything, do neuroscience concepts contribute to psychoanalytic case formulation? Is the reductionism implicit in neurobiological theories fundamentally at odds with the experiential foundations of self psychology and intersubjective theory?

COURSE OBJECTIVES
1. Review historical and contemporary theories bridging psychoanalysis and neuroscience.
2. Review case studies from the published literature and as presented by seminar participants that encompass issues that span both neurobiology and psychoanalysis.
3. Provide a conceptual framework for examining the relevance of psychoanalysis for the treatment of individuals traditionally managed within a neurological or medical framework.

COURSE OUTLINE
Week 1 Introduction: Strategies for Bridging Psychoanalysis and Neuroscience

Optional:

Chapter 2: In Watkins, J. M. Psychoanalysis and the New Sciences of the Brain

Week 2 Introduction to Selected Neuroscience Concepts I: The neuron, neurotransmitters, neuronal networks, mirror neuron, and Theory of Mind
Psychoanalysis and the New Sciences of the Brain (cont.)


Week 3 Introduction to Selected Neuroscience Concepts II: Memory


Optional:

Week 4 Solms’ Neuropsychoanalysis: Freud’s Mind and Luria’s Brain


Optional:


Week 5 Schore’s Regulation Theory
Psychoanalysis and the New Sciences of the Brain (cont.)


**Optional:**


**Week 6** Neurodevelopmental Psychoanalytic Approaches: Palombo and Stern


**Optional:**

**Week 7** New Strategies for Bridging Psychoanalysis and Neuroscience


**Optional:**
Psychoanalytic Writing with an Emphasis on the Intersubjective Encounter: A Workshop

Instructor: Joye Weisel-Barth, Ph.D., Psy.D.

COURSE DESCRIPTION

This class will focus on the process of developing psychoanalytic ideas and capturing clinical experience in writing. Class members will trace their own creative processes from initial inspiration to the organization, structuring, execution and, hopefully, fulfillment of that inspiration.

Class time will divide between short communal writing exercises and more extended presentation of individual class members' work. Participants are expected to read each other's material in advance and be prepared to offer constructive responses.

Here is the proposed class process. In addition to two candidate presentations each week, there will be a short instruction and exercise session. The Instructor will collect and provide relevant short readings for each topic.

COURSE OBJECTIVES

1. How to deconstruct and evaluate a piece of psychoanalytic writing.
2. How to construct a coherent clinical written presentation.
3. How to construct a coherent theoretical presentation.

COURSE OUTLINE

Week One: Beginnings
Instructor will help each member choose a class project that reflects personal meaning and then will provide relevant information and illustrations for how to begin. One pre-selected member will then present the opening section of her/his own project.

Week Two: Writing the Good Sentence
This week will focus on how to construct a lively sentence, including the use of active construction and metaphors. Instructor will provide many examples.

Week Three and Four: Writing the Clinical Encounter
The task will be to examine the elements of dramatic and lyric storytelling. We will identify the patterns of familiar psychoanalytic narratives: i.e., the trauma narrative, the hero analyst, the suffering analyst, etc. The instructor will emphasize ways to include in written work the analyst's participation and influence in the analytic encounter. Candidates will read and critique samples of good clinical writing and try their hand at capturing the intersubjective encounter in prose.

Week Five: Integrating Theory
The candidates will explore different approaches to theory writing, including both straightforward "pure" linear exposition and theory integrated with clinical material.

Week Six and Seven: Putting it all together
We will address how to construct an essay or plan a book with the proper balance of inspiration and perspiration. We will explore multiple effective structures.