

Catalog of Courses

Psychoanalytic Education Division

2017-2018

Year 1

Freud Part I

Henry Markman, MD

8 weeks

COURSE DESCRIPTION

In this segment of Freud 1—studying Freud from the ‘bottom up’ so to speak--we will explore Freud’s radical form for the investigation and communication of knowledge about subjective experience, emotional suffering, and the dynamic unconscious. Rather than develop experimental means for discovery, Freud turned to self-exploration in dreams, what is revealed in jokes and actions in everyday life, and a new conversational methodology called psychoanalysis, where talking as freely as possible unveils unconscious wishes and the memories of traumatic experience--which are the root causes of neurosis and emotional pain. Freud communicated his discoveries in a stunning new literary-scientific genre: detailed case histories of his patients and himself. This new genre made personal narration, written in artful prose, the crucial medium for communication. This sort of communicating, in contrast to his metapsychological papers, can be seen through Marchall McLuen’s idea that ‘the medium is the message’. That is, Freud’s new genre of story telling runs parallel to a new and radical mode of intimacy. Patients told Freud their most secret stories through ‘association’—stories secret to themselves until the telling. From this encounter, Freud and his patients discovered a hidden world of desires and memories, cut off from conscious experience by repression. The way back to this primary aspect of subjectivity was to follow the thread of ideas that emerged spontaneously and without censorship. The world of sexuality—in its broadest sense--became the ultimate source for these associations.

Along the way, Freud found that his patients resisted this method of self-exploration, and the way this resistance manifested in the conversation was crucial. Especially the dramatic kind of resistance that arises between Freud and his patients that he termed ‘transference’, which was difficult for both parties.

I will try to show how these ideas about the mind, and our way of exploring it through talking and telling stories in an intimate setting, is very relevant and vital to current practice. I will also bring up more recent developments in psychoanalysis that are in conversation with these ideas, rounding them out and pointing to different aspects of subjective experience as the cause for emotional suffering.

Also, I do not think we can understand Freud's ideas fully without putting Freud himself in a historical-cultural and personally ethnic context. He lived as a Jew in the vibrant artistic and intellectual capital of the Austrian-Hungarian empire, where there emerged, in the arts and philosophy, a radical break from tradition that we now call modernism. Freud, having one foot in the romantic traditions of the 1800's, helped forge this new movement.

LEARNING OBJECTIVES

Through pairing these approaches, we hope to achieve three primary aims. First, we hope to begin building your formal psychoanalytic vocabulary and theoretical repertoire through introducing the basic models and concepts of psychoanalytic theory and technique that are grounded in Freud's work of the period we will study. Second, through the complementary approaches of our sections, we hope to put ourselves next to Freud in his consulting room, as it were, and together observe his efforts in the unfolding dialectic between his lived experience, on the one hand, and his effort to grasp and represent its unconscious dimension on the other. We hope that this will not only bring Freud and his thought down to earth, but also show how the process in which he was engaged was essentially the same as that which informs the everyday work of all psychoanalysts, regardless of our orientations. We hope this will encourage you to begin thinking about your own engagement in this same process. Finally, we aim to have a lot of fun, and, in the process, help to establish a generative learning culture and process in your group.

Freud Part I

Michael Levin, PsyD

8 weeks

COURSE DESCRIPTION

This course will trace the evolution of Freud's metapsychological theory – or his thinking concerning the fundamental structures, functions and contents of unconscious mental life -- from the publication of his first psychoanalytic texts in 1893 through 1910. It will be coordinated with the other Freud I section, taught by Dr. Henry Markman, which will focus on how Freud's cultural, personal and clinical experience informed the evolution of his clinical thinking and method over the same period.

The content covered in this will be organized through the chronological study of four fundamental metapsychological paradigms Freud introduced during this period, each of which will be our topic for two weeks: (1) the paradigm of the Seduction Theory, or theory of psychical trauma; (2) the paradigm of dream-work and the First Topography; (3) the paradigm of infantile sexuality and psychosexual development; and (4) the emergence of the Oedipal paradigm. We will study the logical assumptions that organize each paradigm, cover the numerous key individual concepts were introduced within the context of each, and then critically explore how each paradigm illuminates one clinical problematic at the cost of obscuring others.

LEARNING OBJECTIVES

Together the two courses will introduce basic terms and concepts of psychoanalytic theory and method as they originated in the dialectic between Freud's experience and his effort to symbolize its unconscious dimension. Based on the assumption that this dialectical process informs the work of all analysts in our everyday activity, the courses will also aim to inspire the development of candidates' own psychoanalytic thinking through the critical study of Freud's struggles with this process, independent of our assessments regarding the authority, validity or utility of his theoretical conclusions. Finally, the courses will aim to help candidates begin to think critically about the complex relations between psychoanalytic theory and practice in their ongoing and future training and professional development.

1st Year Case Conference

Abby Wolfson, PhD

13 weeks

Freud Part II

Michael Levin, PsyD

8 weeks

COURSE DESCRIPTION

Continuing the framework established in the Freud I courses, this seminar will trace the evolution of Freud's metapsychological theory – or his thinking concerning the general structures, functions and contents of unconscious mental life – from the 1908 through 1920. It will be coordinated with the other Freud II section, taught by Dr. Karim Dajani, which will focus on how Freud's cultural, personal and clinical experience informed the evolution of his clinical thinking and method over the same period.

The content covered in this will be organized through the chronological study of four foci that organized Freud's metapsychological thinking during this period: (1) the focus on mental functioning, specifically thinking, in light of the developmental/Oedipal paradigm and pleasure/reality principles; (2) the introduction of Narcissism and the emergence of object-relational paradigm; (3) a detailed conjecture regarding the specific features and functioning of the unconscious under the framework of the First Topography; and (4) Freud's fundamental revision and reorganization of his economic and sexual theory with the introduction of the Death Drive and formal theorization of the Repetition Compulsion. As in the Freud I course, we will study the logical assumptions that organize each paradigm, cover the numerous key individual concepts were introduced within the context of each, and then critically explore how each paradigm illuminates one clinical problematic at the cost of obscuring others.

LEARNING OBJECTIVES

Together the two courses will introduce basic terms and concepts of psychoanalytic theory and method as they originated in the dialectic between Freud's experience and his effort to

symbolize its unconscious dimension. Based on the assumption that this dialectical process informs the work of all analysts in our everyday activity, the courses will also aim to inspire the development of candidates' own psychoanalytic thinking through the critical study of Freud's struggles with this process, independent of our assessments regarding the authority, validity or utility of his theoretical conclusions. Finally, the courses will aim to help candidates begin to think critically about the complex relations between psychoanalytic theory and practice in their ongoing and future training and professional development.

Freud Part II

Karim Dajani, PsyD

8 weeks

COURSE DESCRIPTION

Continuing the framework established in the Freud I courses, this seminar will focus on Freud's application of psychoanalytic theory to the clinical situation and to the wider cultural and social domain (looking outward). Following our pedagogic model, this section will be paired with the other Freud II section, taught by Dr. Michael Levin, which will focus on Freud's metapsychological theory – or his thinking concerning the general structures, functions and contents of unconscious mental life – during the time period between 1910-1920. We will pay close attention to how Freud's metapsychological assumptions, along with the influence of dominant cultural and intellectual strains of his time, inform his theory.

The content of this section revolves around four Foci; 1) Culture*, 2) Clinical Technique, 3) Character structures and functions, and 4) Loss and its vicissitudes – from mourning and healing to depression and self-destruction.

*Freud thought and wrote extensively about culture (a not so known fact in many psychoanalytic circles.) He even coined a neologism, *Kulturarbeit*, to describe the work of culture. The theoretical underpinnings for his thoughts about culture were laid down in *Totem and Taboo*, particularly the last chapter. We will familiarize ourselves with his theory of culture (application of psychoanalysis to social and cultural issues) and its underlying metapsychological assumptions. We will do so not because it contains no mistakes or its errors are volitional (creative acts), but because understanding it, like the rest of Freud, can become a portal of discovery.

LEARNING OBJECTIVES

Freud's work is vast, complex, and sinuous. Our basic aims, besides the ones clearly and cogently outlined in Dr. Levin's introductory letter, is to approach his work with sympathy and clear critical thinking. Freud's theory is worth knowing intimately. It is the root of all later psychoanalytic development, and studying his process of thinking and theorizing helps candidates develop analytic sensibilities – like the ability to know/work with how unconscious dynamics shapes our thinking about thinking! Joyce once said of Shakespeare that, "A man of genius makes no mistakes. His errors are volitional and are the portals of discovery." The

important part of this description, as it pertains to Freud, are not the parts about a genius making no mistakes or his errors being volitional, but the fact that Freud's discoveries are and will continue to be "portals of discovery."

Beginning Analysis

Robin Deutsch, PhD

7 weeks

COURSE DESCRIPTION

The purpose of this clinical seminar is to assist candidates in thinking about and dealing with the complex issues involved in beginning an analysis and becoming an analyst. The focus will be on the anxieties and resistances of both patient and analyst to the recommendation of analysis and in the opening phase of treatment. Various technical issues will also be addressed. Readings will be assigned for each week. There will be case presentations by faculty and class members are encouraged to present clinical material that highlights the issues under discussion.

LEARNING OBJECTIVES

1. Participants will begin to identify the conditions in the analyst's mind that make the beginning of an analysis possible.
2. Participants will be able to describe how to use the initial face-to-face meeting as the beginning of the analytic process.
3. Participants will be able to identify Ferro's conceptual ideas about developing an analytic presence in the clinical situation.
4. Participants will be able to describe how to approach the clinical setting with an eye toward initiating an analysis and what inhibits the development of analytic patients.
5. Participants will consider what the patient wants as they approach an analyst and how to reach patients that are difficult to reach through verbal symbolization.
6. Participants will describe what it means to become an analyst in one's own terms.

Freud Part III

Catherine Mallouh, MD

9 weeks

COURSE DESCRIPTION

In this course, we will consider Freud's later works and the some of the ideas that he developed and elaborated, both emerging from and along with the structural model. The death instinct, destructiveness, and aggression, were major considerations for him in his later works, and infuse his writings. First, we will look at several concepts that he took up in relation to the ego and reality. We will then consider the death instinct from various perspectives, including as an impetus for aggression, but also as its own force, as a movement towards annihilation or deadness. After considering the death instinct proper, we will look at his writings related to

culture and society, as he applied his ideas more broadly. We will explore the idea of a group mind. I will also recommend some films to illustrate these concepts. We will discuss the implications of some of these ideas for Klein and Bion.

LEARNING OBJECTIVES

1. An understanding of the concept of the death instinct, and how Freud took this up in his work over time.
2. Exploration of the usefulness of the concept for clinical work, and how Freud used this idea to understand other aspects of the mind in conflict, including the concept of masochism and the limits of analytic work.
3. Exploration of Freud's ideas of psychosis and the various ways the mind/a person can change their relationship to reality
4. An understanding of how some later theorists took up these ideas.
5. Discussion of the idea of a group mind, and how the idea of aggression and the death instinct were used by Freud to understand human behavior on a societal level.

Freud Part III

Samuel Chase, MD

8 weeks

COURSE DESCRIPTION

In this seminar a careful reading of Freud's major writings from the Structural Theory to later in his career will examine the shift from the Topographic Model to the Structural Model with the profound impacts on psychoanalytic theory and technique that resulted from this shift.

This reading will provide a basis for discussion of how these developments in Freud's thinking led to contemporary Freudian theory, as well as to the issues that resulted in the branching off of other theoretical models, such as Kleinian, object relations and relational.

LEARNING OBJECTIVES

1. An important goal for this seminar will be to read about and discuss thoroughly the main points of Freud's Structural Model of the mind.
2. An important goal for this seminar will be to read about and discuss the clinical implications of the component parts of Freud's Structural Model: the ego and its functions, defenses, the drives, the superego and their relations with reality.
3. An important goal for this seminar will be to read about and discuss the clinical implications of Freud's Structural Model.
4. An important goal for this seminar will be to read about and discuss the clinical implications of conflict theory that follows from Freud's Structural Model.
5. In the course of the above study and at all points along the way, an attempt will be made to compare and contrast Freud's Structural Model with other theories of the mind.

6. In the course of the above study, an attempt will be made to place Freud's Structural Model in context of contemporary psychoanalytic thought.

Medication & Psychoanalysis

Elizabeth Mayer, MD

3 weeks

COURSE DESCRIPTION

This course will begin with a discussion of general theoretical and conceptual considerations relevant to prescribing medication in a psychoanalytic treatment. We will examine some of the myriad and complex meanings and impacts that pharmacotherapy may have for both analyst and patient. We will move on to look more specifically at some of the complexities and challenges the use (or non-use) of medication may bring to the analyst-patient dyad with specific attention to transference/counter-transference, fantasy, enactment and analytic process. Lastly, we will focus on the situation of the split treatment including consideration of potential advantage and disadvantage in the split treatment situation, differing theoretical perspectives, considerations for effective collaboration.

LEARNING OBJECTIVES

This course is a response to the increasing frequency of pharmacotherapy in psychoanalytic treatments. Students will become familiar with theoretical challenges and problems related to combining treatments in this way and with the potential impact on psychoanalytic listening, process and transference/countertransference. The course will also help students become familiar with common elements of fantasy, action and enactment related to medication use and with ideas about current best practices in split and non-split treatments combining pharmacotherapy and psychoanalysis.

Character

Meryl Botkin, PhD

9 weeks

Emergence of Object Relations

Eric Glassgold, MD

7 weeks

Analytic Identity

John Jemerin, MD

7 weeks

COURSE DESCRIPTION

In this course, we will explore the meaning and development of a sense of psychoanalytic identity from a variety of perspectives. We will focus on the relationship between analytic identity and conviction, and think about how both can contribute to the deepening of psychoanalytic treatment. If possible, we will frame our inquiry by following and thinking together about a therapy case in which progression to psychoanalysis is currently being considered.

LEARNING OBJECTIVES

The overall goal of the course is to stimulate curiosity and a process of reflection about the nature and development of a psychoanalytic identity. Through discussion, reading, and examination of case material, seminar participants will move closer to an appreciation of their own emerging analytic identities, and towards greater clarity about the nature of their own unique analytic voices.

1. Participants will gain an understanding of how the concept of psychoanalytic identity has been thought about, struggled with, and defined, in the psychoanalytic literature.
2. Participants will develop an ability to think critically about the concept of "analytic identity."
3. Participants will initiate a process of reflection about factors that foster and interfere with the development of a distinctive analytic identity.
4. Participants will gain an understanding of how analytic identity is related to the analyst's conviction.
5. Participants will engage in a process of reflection about the ways that analytic identity and the analyst's conviction can contribute to the deepening of psychoanalytic treatments.

Year 2

Infant Observation

Celeste Schneider, PhD

4 weeks

COURSE DESCRIPTION

This seminar will consider earliest child development and the states of mind of babies and their caregivers through literature and transcripts of infant observations. We will engage in a close reading of transcripts of observational data, discuss the phenomenological experiences of the infants and caregivers, and explore clinical and theoretical implications of these vivid observations for child and adult psychotherapy.

LEARNING OBJECTIVES

1. Candidates will learn about early childhood development and the primitive states through case material

2. Candidates will be able to explore the interrelations between the emotionally vivid interactions between caregivers and infants analytic listening in the consulting room with child and adult patients.
3. Candidates will be exposed to various theoretical perspectives on infant observation.

Klein

Deb Weisinger, PsyD and Suzanne Klein, PhD

8 weeks

COURSE DESCRIPTION

This course provides an overview of Melanie Klein's contributions to psychoanalysis. We will focus on her theories of psychic development including object relations, the ubiquity of unconscious phantasy, and the paranoid-schizoid and depressive positions in mental functioning. Additionally, we will discuss the implications these theories have on analytic technique.

LEARNING OBJECTIVES

1. Participants will become familiar with Klein's view of the centrality of unconscious phantasy starting from the beginning of life, and gain an understanding of both the nature and function of unconscious phantasy.
2. Participants will be able to describe how Klein elaborated Freud's theory of internal objects, making it central to her theory of psychic functioning.
3. Participants will be able to describe the essential characteristics of the Paranoidschizoid position and recognize its manifestation in clinical work.
4. Participants will be able to describe the essential characteristics of splitting, and projective identification and give clinical examples of each.
5. Participants will be able to describe how Klein modified Freud's concept of the Oedipus Complex emphasizing the early stages (pregenital) of oedipal phantasies, and how the resolution of the oedipus complex is dependent on Depressive Position functioning.
6. Participants will be able to describe the essential characteristics of the Depressive Position and recognize its manifestation in clinical work.
7. Participants will be able to describe Klein's theories of envy (a destructive attack on the good object) and gratitude (love for the gratifying, good object) and give clinical examples of each.
8. Participants will be able to discuss Betty Joseph's concept of "Transference the Total Situation" and understand the implications for recognizing and interpreting the transference in the "Here and Now".

Child Psychoanalysis

Louis Rousset, PhD

7 weeks

COURSE DESCRIPTION

We will start with the general topic of how child analysis informs adult work, and then how, in the history of the development of psychoanalytic thought, child analytic thinking and technique played significant roles in the growth of theory and technique. We will use parts of the works of Klein, Winnicott and Anna Freud for this.

The second half of the seminar will take up specific key analytic concepts and how they show up in child analysis – to examine their role in child work and the ways that they can inform work with adults.

LEARNING OBJECTIVES

One of the advantages of analyzing adults is that, as a rule, they are very polite – not necessarily in the sense of trying to be nice to us, but in the sense of playing by the analytic “rules” – restricting themselves to talking rather than acting, staying in their own chair or lying on the couch, and at least pretending that they share the analyst’s agenda for the work. For candidates in training, this is a blessing; initially the candidate clings to a set of “rules” without fully grasping the principles behind them, and adult patients will infer the “rules” and go along with them, even if they do not understand them either. But it is also a problem; it is not unusual for a case to seem to move along right up until the termination phase, and only then (if at all) does it become clear that the two parties have been speaking at cross purposes. The corollary problem is that a candidate, just like a patient, can learn to talk the analytic talk without realizing that he or she has not learned to walk the walk of the underlying principles.

In our experience, one of the most efficient ways to help candidates learn to do creative analysis, i.e., to grasp the principles of the work sufficiently that they can get out of the rule book and improvise when called for, is for them to be exposed to child analysis. Children do not do analysis by the rules; they don’t simply accept the analyst’s premises; they don’t even speak the analyst-patient language of words. Their actions force the analyst to consider the actual meaning of many fundamental concepts: e.g., what is language? Is play a “resistance” or the child’s language? What is interpretation, and what is its purpose? Does interpreting within the play (ie. “in the displacement”) move the work forward or interfere with the analysis of transference? What is the role of reality in the treatment?

Working with children can help us see things that we might never think about if we only see adults. Among chess players are some who are known as “swindler players.” These swindlers will force players who learned chess by studying the books to have to get out of their books and actually think about the movement of the game. We want to take up what adult analysts might wrongly take for granted, if they never see kids. Eg. Why do analysts do what they do? This is what kids do to us force us out of our book. Then we have to understand why we’re doing what we’re doing. We get forced out of our intellectual selves and into other, often less comfortable, parts of ourselves.

Much (though not all) of what happens in a child analysis has its more refined and less challenging analogues in adult work; the child who hides from the analyst in the waiting room

has something in common with the adult who is chronically five minutes late. It is precisely this raw quality that makes exposure to child work so valuable for adult candidates. Besides getting us out of the book, hearing about child analytic treatments exposes the candidate to the developmental precursors of what they will see in adult work. Consider, for example, the common childhood preoccupation with avoiding having different foods touching, and its relation to “isolation of affect” in the adult – a point Freud makes in *Inhibitions, Symptoms and Anxiety*. Adult responses to anxieties begin in early bodily sensations and reactions to them.

Finally it is helpful to see how child analysts are forced to “speak to the patient in the language he understands.” Children teach us what language we should use with them. One child, in the termination phase of his analysis, told his analyst that now he knew that there were “book therapists and real therapists” and he knew now which one his therapist was.

Early Childhood Development

Mary Margaret McClure, PhD and Michael Wagner, PhD

10 weeks

The Independent Tradition

Celeste Schneider, PhD

9 weeks

COURSE DESCRIPTION

This course will begin with a historical study of the birth of the Independent Tradition. From there we will study the radical, imaginative and clinically rich perspectives and concepts from Independent thinkers, both early and contemporary. Contributions pertaining to the psychological birth of the infant, primitive and transitional states and experiences, play, regression, creativity, to name a few, have offered psychoanalysts ways of thinking and being with articulate and inarticulate experiences of patients and ourselves in the therapeutic encounter.

LEARNING OBJECTIVES

1. In this class, we will review the history of the Independent Tradition
2. We will explore theories of early experiences of psyche and soma (mind and body) and primitive states of mind
3. We will explore the role of regression in therapeutic action
4. We will consider the importance of transitional phenomena in our work
5. We will discuss aspects of countertransference when working with primitive states of mind
6. We will discuss how the Independent Tradition has expanded notions of creativity, freedom and play in the consulting room

Oedipal Development

Diana Fuery, PhD

8 weeks

Writing as a Means of Thinking: Approaching Clinical Reports (Formulation)

Holly Gordon, DMH

5 weeks

COURSE DESCRIPTION

In this seminar, we will explore how to approach clinical writing in a way that is engaging, sincere and insightful. We will write each week about our analytic experiences, read articles on writing, and study excerpts from novelistic writing that evoke some of the elements we are trying to capture in our case reports.

LEARNING OBJECTIVES

1. To achieve a fluidity and confidence in writing, so that writing feels like an inviting endeavor for candidates
2. To appreciate the role of immediacy in writing (as in clinical work) so that both the patient and the therapist's experience of being with the patient are evoked in an engaging, experience-near way
3. To identify elements of novelistic writing that draw the reader in and create a feeling of coherence
4. To appreciate the role of writing as a way to sharpen thinking

Bion

Eileen Keller, PhD

7 weeks

COURSE DESCRIPTION

In this class, we will study the early seminal works of Bion including his explication of psychotic functioning, his theory of thinking, and his great clinical works including *Attacks on Linking* and essays on arrogance and hallucination.

To stir the pot of clinical thinking, we will read several current clinical articles and ask ourselves these questions: How has Bion's work influenced current clinical theory? Does the work we are reading add something to an understanding of the case? or subtract? Is it possible/impossible to "link" his work to current psychoanalytic literature?

LEARNING OBJECTIVES

The first goal of the course is to bring into mind many concepts that Bion made a part of psychoanalytic thought such as linking, container/contained, projective identification, alpha function, O, and do our best to make a meal of them that nurtures our minds and our clinical

work. Secondly, we will learn to recognize the influence of Bion in psychoanalytic theories of today and thirdly, we will apply our understanding of Bion's work on thinking and learning from experience to our own clinical work.

What is Psychoanalytic Process?

Chuck Fisher, MD

Year 3

Middle Childhood

Reyna Cowan, PsyD

6 weeks

COURSE DESCRIPTION

This course will probe the "developmental" issues of childhood and their relevance in working with adults. We will play with the elements and tasks that are used to describe the work of the latency child: being alone while also needing to be with others, ability to become intimate with others (without an overt sexual expression), introjecting others while projecting inner feelings; seeing people as separate and taking them in; using play or action to manage unmanageable feelings; acting out internal experiences; having an internal capacity; developing abstract symbolized thinking; understanding time; beginning to separate one's parent from oneself; lying fallow and structuring a working false self. We will tackle these issues through the use of theoretical and clinical articles on child treatment as well as generalized analytic articles to deepen the candidates understanding of working with adults through the lens of childhood.

LEARNING OBJECTIVES

1. Participants will gain understanding of how issues of childhood (and child treatment) are relevant to work with adults.
2. Participants will list key elements that facilitate play.
3. Participants will gain skills in how to utilize play in treatment with adults.
4. Participants will list child treatment elements that can be utilized in thinking about work with adults.
5. Participants will explore impact of "double deprivation" on understanding one's ongoing sense of self.

Contemporary Freud

Erik Gann, MD

8 weeks

COURSE DESCRIPTION

In our current psychoanalytic scene there is a tendency to take Freudian psychoanalysis as the known and familiar background theory from which our contemporary field emerges. In this course, we shall examine the essential foundations and developments of the Freudian opus as it remains a living, vital conceptualization of mind and treatment that informs contemporary clinical work.

LEARNING OBJECTIVES

My goals for the seminar are first, to put on the map for discussion the basic concepts and issues that inform the contemporary Freudian perspective (from my own personal take on it, of course) in order for each of you to feel comfortably acquainted with these concepts and their clinical import. Secondly, and most importantly from my point of view, is to provide you with a forum, while focusing on these concepts, to develop and to enhance your own individual, personal theoretical and clinical acumen.

Psychoanalytic Writing

Zoe Grusky, PhD

7 weeks

COURSE DESCRIPTION

Being a psychoanalyst is a very personal experience. We know this because we know that our own analyses are at the center of everything we do. However, we are also in conflict about this defining fact. How do we use the self-knowledge we gain from being in analysis and being analysts? Writing is a way to become more aware of how we are always having inner dialogues about how to recognize and how to use our internal worlds; with ourselves, with our patients, consciously and unconsciously. While reading for this class we will think about how other forms of writing and our own writing can help us become more aware of unconscious process, and how to think and feel creatively as analysts and writers of psychoanalytic papers.

We will also try to focus in this class on how to love/struggle with writing for its own sake. If we can do that, it will be more fun and more interesting to write graduation papers or any kind of psychoanalytic paper.

Structure of Class: The focus of this class will be primarily to talk about our writing and how we think and feel about it. The assigned reading for each class is for inspiration and to serve as a reference point to help us to discuss our own writing. Although some people may want to talk more directly about their graduation papers and others may not, we will do our best to help everyone to start where they are at.

LEARNING OBJECTIVES

1. Candidates will discuss the relationship between writing and a psychoanalytic identity.
2. Candidates will practice writing as a means of enhancing an analytic and self analytic process.

3. Candidates will discuss examples of their own, as well as with their patients, of how writing inhibitions interfere with creative, playful and productive experiences in many areas of life.
4. Candidates will discuss their paradoxical wishes for privacy and recognition in the act of writing.
5. Candidates will practice using tone, metaphors and language to expand creative internal space in writing and in analysis.
6. Candidates will participate in writing exercises that differentiate writing as “being” as well as “doing.”
7. Candidates will think about how all kinds of writing can enlarge ways of thinking about writing about clinical work.
8. Candidates will think about and discuss how writing can enlarge awareness of unconscious processes and how to apply that knowledge to clinical work.
9. Candidates will give examples of how writing can contribute to one’s knowledge of oneself.
10. Candidates will develop more awareness of how their anxieties about writing interfere with writing.

Adolescence

Michael Loughran, PhD

5 weeks

COURSE DESCRIPTION

“It is often at adolescence that the issue of different kinds of learning and thinking and their implications for development take on some kind of clarity. The emotional ferment stirred up by puberty and its complex aftermath is one that adolescents find themselves alarmingly, and often unexpectedly, caught up in. Inner conflicts and anxieties are aroused, which many seek to avoid, if at all possible. Some seem to stop thinking independently altogether and submerge themselves either in the shared mentality of group life, and/or activities that are literally mindless, such as drugs, alcohol, or substance abuse. At the other extreme, some may try to rely on intelligence itself as a defense against facing and thinking about turbulent and often contradictory feelings – as a way of avoiding intimacy and evading engagement with ‘the agitation of inexperience.’”

- Margot Waddell in (1999) *Assessing Adolescents: Process or Procedure—The Problems of Thinking About Thinking.*

LEARNING OBJECTIVES

Candidates will be able to:

1. Describe and compare both classical and contemporary psychoanalytic models theorizing the complex processes involved in adolescent development.

2. Describe the challenge of adolescent symptomatology that a) often expresses what can't be representing due to the absence or failure of containing structures; and b) can mislead by suggesting more severe pathology than is necessarily present.
3. Describe the unique tension in analytic work on the transference/countertransference interplay that reflects a developmentally driven reliance among adolescents on evacuative defenses.
4. Describe the modifications in technique developmental processes necessitate in treating adolescents. Describe and analyze the working through process in a line of interpretation in the analysis of a young anorexic patient, where empathic containment helped the patient integrate an emerging sexuality within the transference relationship.
5. Describe the profound and often traumatic impact on adolescent development of prejudice and oppression centered on race, gender, sexuality, and social class, and the responsibility of addressing these in psychoanalytic treatment.

Contemporary Object Relations

John DiMartini, PhD

9 weeks

COURSE DESCRIPTION

Object relations perspectives have contributed greatly to the contemporary concept of analytic process, reshaping the very structure of analytic work and redefining the locus of change in clinical work. Objects relations span the range from intrapsychic, inter-relational and intersubjective experiences. Interactions with the other, mother-infant relationships, and engagement with the environment and larger external cultural world have a fundamental impact on structure of psychic life.

This course will focus not only on variations of contemporary object relations theories but our attention will highlight the conscious and unconscious happenings in the "in-between" of the patient and analyst.

Object relations will be examined not only as a theory but a way of working. Concepts like countertransference, projective identification and the structure of the unconscious itself will be points of reference for our explorations. The readings will highlights some contemporary elaborations of seminal ideas of Freud, Ferenczi Klein, Winnicott , and Bion.

LEARNING OBJECTIVES

The goals of this class are to develop a working understanding of how theories of Object Relations shape and influence how we listen to, understand and trace the unconscious communications of our patients. We will focus on the contemporary evolutions in Object Relations to examine the relationship between the intrapsychic and the intersubjective influences that shape and describe two people living in a world of co-constructed meaning and chased unconscious phantasy.

Framing and Interpretation

Adam Goldyne, MD

7 weeks

COURSE DESCRIPTION

This seven-week course will take a close look at theoretical and clinical dimensions of the construct commonly referred to as the psychoanalytic frame or psychoanalytic setting.

LEARNING OBJECTIVES

Our focus on the frame will explore, compare, and contrast various perspectives on the following three questions:

1. How is the frame defined? What form(s) does it take?
2. What elements constitute the frame?
3. What are the frame's functions?

Trauma

Laurie Goldsmith, PhD

7 weeks

COURSE DESCRIPTION

In this seminar, we will study the concept of trauma from historic and contemporary psychoanalytic perspectives, with a focus on the clinical implications of working with traumatized patients. I hope to do a close reading of usually one paper a week rather than cover a lot of papers. You may have read some of these articles before, but you may glean different insights by reading these rich papers further along in your training, and I hope the group will generate a new experience by reading them together.

I will bring clinical and literary examples of trauma and I encourage you to do the same. I look forward to a rewarding exploration with you.

Gender & Sexualities

Gary Grossman, PhD

8 weeks

COURSE DESCRIPTION

Gender and sexuality are central aspects of our identity and sense of self, profoundly influencing our experience of, and relationship to, other people and society. Efforts to understand the development and expressions of gender and sexuality through a psychoanalytic lens have been complex, varied and controversial, dating back to Freud's earliest contributions. No where has the nature/nurture debate been more controversial, clinically, theoretically and culturally, than with gender and sexuality.

In this course we will explore gender and sexuality as independent, yet intricately linked, and multiply determined components of human identity, experience and expression. We will read from the contemporary psychoanalytic literature to further our understanding of the development and emergence of gender identities and sexualities across the lifespan, along with evocative video clips. Expressions of gender and sexuality within the therapeutic relationship will be emphasized in our discussions.

American Relational

Peter Carnochan, PhD

7 weeks

COURSE DESCRIPTION

This is a seven week seminar that will provide an introduction to the theory and practice of American Relational Analysis. Relational Analysis, I will argue, has emerged from three primary sources. The first is the encounter with the patient. One way of reading the history of psychoanalysis is as a narrative of the success and failures of analytic practice. Each generation of analysts inherits a theory of mind and prescriptions for analytic technique. When patients fail to respond to this received methodology it leads to evolutionary pressure. I suggest that over the last century of analytic practice, patients have demanded a more intimate and personal analytic presence.

The second factor in the emergence of the Relational school is the revolution in epistemology. Across a wide range of intellectual disciplines, the traditional account of objectivity has been challenged. The idea that the world can be known in a pure form through suspending personal subjectivity is now a minority opinion. Within psychoanalysis there are a number of forces that have undermined objectivism. Perhaps the strongest of these is the intrusion of the countertransference. Countertransference has moved from something to be eliminated through personal analysis, to a key component of analytic perception. This shift personalizes the nature of analytic understanding, makes it something grounded in the subjective. Relational analysts, however, unlike the Kleinians, have been willing to ask how the analysand feels the presence of the countertransference. If the countertransference is ubiquitous, and the analysand becomes aware of its presence, how should this be handled? Relational analysts have been at the forefront of considering questions of authority and mutuality in psychoanalysis.

The third factor that has been influential in shaping Relational psychoanalysis is the shift in metapsychology and theories of therapeutic action. As psychoanalysis has moved from theories of drive to accounts of early object relations, the idea that cure can be brought about through the lifting of repression or the resolution of the oedipal complex has become less tenable. American Relational Analysis has taken seriously the idea that change is dependent on the provision of key relational experiences. Relational analysts have written extensively on the role of authenticity, availability, and confrontation in the therapeutic process. In this course, we will

consider these ideas and how they may be compatible with or challenge the participants existing theoretical commitments.

LEARNING OBJECTIVES

1. To develop an understanding of the historical clinical factors that drove the evolution of psychoanalytic thought and technique. Participants will understand how contact with different patient populations demanded new clinical interventions and theoretical models. This will help the candidates become better able to evaluate innovation in contemporary psychoanalysis and in their personal clinical practice
2. To become familiar with the philosophical debates concerning epistemology and how these are relevant to analytic practice. Participants in the seminar will gain an understanding of the tenets of objectivism and constructivism. This material will be helpful in examining the elements of therapeutic action in the analytic encounter.
3. To develop a fuller understanding of the contemporary changes in metapsychology. Participants will gain an appreciation for the factors that have influenced the movement from theoretical models based on drive to models that are based on relationship and attachment. This will help candidates evaluate the connection between theory and technique and develop more coherent approaches to clinical work.
4. To gain a critical understanding of the clinical interventions pioneered by Relational analysts. Participants in the seminar will be able to identify the rationale behind these interventions and evaluate their effectiveness. This work will help candidates become better able to make use of more spontaneous and creative responses to the patient without sacrificing rigor.

Year 4

Obstacles to Change

Nancy Beckman, PhD

8 weeks

COURSE DESCRIPTION

This course will focus on challenges in treatment, as we encounter our patients' entrenched "survival" techniques that block both the patient's contact with his internal state, as well as contact with the therapist. Such entrenched survival mechanisms are necessary to avoid overwhelming states of catastrophic anxiety. Most often, patients in whom we encounter such deep resistances, have suffered early attachment trauma. Filled with annihilation anxiety—a sense of threatening psychic collapse and death—such a person "lives in a primitive and primary way, responding to every other person as a threat to his existence" (Gurevich, 2015). The difficult and prolonged task of the therapist is to attempt to communicate with the authentic person underneath these rigid and contact-prohibiting ways of relating.

Even at its best, treatment with such patients is difficult and slow, with many advances followed by an intensified return to defensive postures. Analyses often bog down, falling into intractable impasses, leaving patient and analyst feeling hopeless, inadequate, resentful, and/or self-blaming. Such impasses often occur when the analyst does not hear the patient in a deep enough emotional register. This is often due to our insufficient understanding of the real level of the patient's terrors (especially if the patient is able to present with a convincing "false self"), and to the difficult task of bearing intense countertransference pressures as the patient projects into us his most disturbed and disturbing object relations, and attending primitive emotions.

We will begin this course by focusing on the early developmental traumas that give rise to intense protectiveness, dissociation, identification with the aggressor, and the need to employ psychic retreats. We will consider the ways in which this attachment trauma directly or indirectly manifests in treatment, and the necessity for the therapist to meet the patient at the level of existence at which he became dissociated (ie, vacated his "real self" in efforts to protect this vulnerable and nascent self). Often, this means recognizing that there is no differentiated "self and other" for our patient, such that transference interpretations only serve to confuse; what is required is the analyst's recognition and acceptance of the patient's need for a more symbiotic attachment in which the analyst's mind (and body) serve as a container within which the patient can begin to develop.

We will then focus on narcissistic defenses—that is, the patient's attempts to block further exposure to the threat of annihilation—including "psychic retreats" (those highly organized, defensive systems into which the patient takes refuge when meaningful contact with the therapist and/or reality is experienced as threatening). Examples of such retreats include perverse use of the object (perversion of one's needs and dependency) and pathological organizations. Each of these retreats can be temporary or more chronic and difficult to penetrate. Treatment of patients in which pathological organizations play a prominent role is long and difficult, and creates tremendous countertransference strains in the therapist.

In the final section of this course, we will explore, in greater detail, countertransference difficulties roused in the therapist in working with such patients. For example, feelings of futility, rage, helplessness, inadequacy, or retaliation, are common countertransference responses that arise as our attempts to speak to the "real patient" are met with destructive assaults on our own and on our patient's goodness and capacity to think. Another countertransference strain arises when we actually make contact with the "real self" in our patients, as this means coming into contact with our patients' most primitive and annihilating experiences. At these times, we are not in the presence of an adult patient "remembering" unbearable experiences of death and disintegration, but rather, are involved with the traumatized child, who is, once again, alive and terrified in an impending experience of destruction. Unwittingly, we may shut down the revelation of these unbearable states out of a need to defend ourselves against our patients' psychotic anxiety, but we may also foreclose out of a need to avoid experiencing similar states within ourselves. Lastly, we will consider the

place of love in analysis—what it means, when it becomes important, and the fears love engenders in both patient and analyst.

LEARNING OBJECTIVES

1. Develop an understanding of early attachment trauma and its sequelae (primitive anxieties that give way to dissociation, identification with the aggressor, and the need to avoid contact with the traumatized “true self” and with the analyst).
2. Become more familiar with entrenched defensive patterns that protect the patient from primitive agonies (including narcissistic defenses such as psychic retreats, pathological organizations).
3. Develop an increased capacity to speak “underneath” these defensive survival strategies to the “real selves” of our patients, such that we are making therapeutic contact with the nascent self who is lost in primitive anxiety.
4. Develop an understanding of the countertransference strains on the analyst in working with primitive patients—strains that arise from bearing our patients’ intensive defensive strategies designed to block contact, and countertransference strains that arise from being in the presence of undefended primal agonies (both those of our patients’, and our own that we must encounter in reaching toward our patients).

Narcissism

Maria Longuemare, MD

8 weeks

COURSE DESCRIPTION

The term ‘narcissism’ is used to describe a seemingly disparate array of phenomena in both psychoanalysis and popular culture (e.g. a normal phase of childhood development, a pathological form of object relationship, an essential component of ‘healthy’ self-esteem/self-interest, a malignant character type, etc). What is central in all things dubbed ‘narcissistic’ has something to do with the self — the process of developing a sense of self; the impact of injuries to the self or sense of self during development and in later life, and the complex problem(s) of being a ‘self’ in relation to ‘others’. Freud’s struggle to explain various ‘narcissistic’ phenomena ultimately forced him to revise his original libido theory and replace it with the structural model. However, Freud never articulated a theory of the development of the self, per se, and his intrapsychic conflict model of psychopathology and symptom formation did not specifically address problems of the self in relation to others. Various analysts that followed Freud found it essential to conceptualize a theory of the self and a theory of object relations in order to better understand early developmental processes, as well as clinical narcissism in analytic practice.

LEARNING OBJECTIVES

The primary goal of this course is to explore these various models to develop our own understanding of clinical narcissism and to refine our technical approach based on these formulations.

Ethics

Terry Schulman, PhD, LCSW and Mary Ewert, DMH

7 weeks

COURSE DESCRIPTION

What guides us in our professional conduct towards our patients, supervisees, students, colleagues and the public? What is the scope of our ethical responsibilities as psychoanalysts? In this course we will examine the parameters of the high standard of care expected of psychoanalysts in treatment, teaching, and research. We will begin by familiarizing ourselves with the Principles and Standards of Ethics for Psychoanalysts of the American Psychoanalytic Association. These principles presuppose a psychoanalyst's lifelong commitment to act ethically and to encourage similar ethical behavior in colleagues and students. Participants in this course will gain an understanding from different points of view of the foundational role of ethics in psychoanalysis. We will examine issues of ethical responsibility and the principles and standards required that each analyst must know and their institutions must support for analysts to function as responsible clinicians. Those taking this course will become more knowledgeable about the conflicts and difficulties that can arise with patients so that they can protect themselves and their patients' treatment in situations including their own illness or death or pulls toward behavior that might eventuate in a boundary violation. Course attendees will also learn about protecting patient confidentiality when writing case reports for presentation, answering legal challenges or communicating with patients using modern technologies. During the course, vignettes will be discussed to illustrate the complex ethical issues that may arise both in training and in practicing as graduate analysts.

LEARNING OBJECTIVES

Participants will be able to:

1. Describe and apply the Principles and Standards of the American Psychoanalytic Association.
2. Discuss different perspectives on foundational elements of psychoanalytic ethics
3. Describe, assess, and compare different methods of protecting patient confidentiality when writing about patients for scientific presentation or journal articles.
4. Describe why the patient's request for the therapist to disclose information should not automatically be granted, and when legal consultation may be needed.
5. Describe patient characteristics and therapist factors that can strain therapy boundaries and increase the risk of boundary crossings or violations
6. Protect a patient's treatment in the event of a therapist's illness injury or death.
7. Demonstrate knowledge of appropriate use of technology (telephone, video conferencing, social media, Email, texting) in the clinical situation

Loewald

Lee Grossman, PhD

9 weeks

COURSE DESCRIPTION

According to Lawrence Friedman, Loewald is the greatest psychoanalytic theorist since Freud, yet he is only now finding his way into our curriculum. Loewald has been called a “radical conservative,” because his revision of Freudian theory is imbedded in a phenomenally close reading of Freud. I think he is more radical than conservative. Although he abandons nothing useful in Freud, and in fact salvages much that Freud seems to abandon, he disagrees with some of Freud’s most basic assumptions, beginning with the nature of reality, and ending with Freud’s fundamental pessimism.

Among the themes we will try to elaborate through the readings are:

The nature of reality;

The nature of psychological birth and development;

The process of psychic reorganization through differentiation and integration;

The synthetic (integrative) nature of ego organization;

The process of internalization and its relation to mourning and structure formation;

The nature of “instincts” and their origins;

The nature of therapeutic change.

More implicitly, we should get a feel for Loewald’s optimism as associated with Freud’s reformulation of Eros, and also a feel for Loewald’s reclaiming of the spiritual and locating it psychologically.

We will be forced to give short shrift to Loewald’s development of the concept of sublimation, to which he devoted a separate monograph.

Ideally, one should be well-schooled in Freud’s work to appreciate the nuances of Loewald’s contribution. We will do a little back-filling in that regard along the way, but I would recommend that you at least revisit Freud’s “On Narcissism” (1914) and his description of Eros, e.g., in the Outline (1940), SE 23, p. 148 (just the one page), before the course begins. Also glance at page 23 in *The Ego and the Id* (SE 19) where Freud talks about Groddeck’s contribution.

LEARNING OBJECTIVES

After completing this course, candidates should:

1. Be able to see how Loewald’s theories grow from and depart from Freud.
2. Be able to consider development, including psychic change in therapy, as a process of differentiation and integration.
3. Be able to see some clinical implications of Loewald’s emphasis on the role of internalization processes vs. defensive processes.

Perversions

Robert Bartner, PhD, MFT

9 weeks

COURSE DESCRIPTION

Perversion has been a central interest of analytic inquiry from Freud's early writings in the Three Essays on the Theory of Sexuality until today. From its early understanding as a pre-genital fixation, perversion has been made use of to both point to something deviant and clarify what is meant by 'normal'. The term perversion has been used in psychoanalytic theorizing in so many different ways over the years that its meaning as a concept has become very complex, if not completely confusing. Due to this complexity of usage there are so many important papers and theories to draw from in thinking about a class on perversion that we could easily spend much more time with this topic. Yet, with only nine classes, we have to make some difficult choices about what to study together.

There are of course many ways of approaching this challenge. After considering quite a few of the more well-known theoretical formulations on perversion we could study, I felt that rather than try to cover all those formulations, (which would amount to a survey course on perversion) I would instead like us to try and strike a balance between breadth and depth by following only two or three theoretical threads of our topic so that we can gain some sense of its breadth, while also having enough time to dig into its depth. By limiting the number of papers and theories we will consider, I am hoping we can avoid overwhelming ourselves and so give ourselves a better chance to more fully digest what we do study together.

With this goal in mind, one of the main themes I would like us to focus on to help us understand perversion is that of narcissism. Since the publishing of Freud's paper On Narcissism in 1914, the role of narcissism has taken on an increasingly important place in analytic theorizing. From Freud's early ideas about the withdrawal of libidinal cathexis and primary narcissism, he went on to see that a dominance of narcissistic relating is the foundation for many types of pathology, including melancholia and perversion. Freud's idea on the importance of narcissism was taken up by a wide range of other theorists, especially the contemporary Kleinian and French Freudian schools, who both saw this theoretical lens as a central tool in their understanding of perversion.

Another aspect of perversion we will focus on is the expression of a fundamental destructiveness. This idea is also grounded in a variety of Freud's conceptions, but became most clearly articulated in his ideas of the death instinct. Through the death instinct, Freud saw a way of understanding self-destructive, sadistic and masochistic behavior that became intricately a part of our views of perversion. While Freud came to see innate aggression as an important component in his later work, it also fell to other schools to more fully develop these ideas. Klein for example came to see that sado-masochism, perversion and addictions represent one way of struggling to develop object relations beyond the paranoid schizoid position, where an excess of destructiveness dominates the personality. By becoming sensitive to the various ways narcissistic and destructive components express themselves in perverse organizations, I

think we will be able to better appreciate the complex ways perversion manifests, both in the personality and in the transference/countertransference experience with perverse patients.

Narcissism began its conceptual life as a type of perversion and the two concepts have been closely linked together ever since. One of the goals of this class will be to gain some understanding about how and why these concepts are so linked, including how their relationship to each other has changed, as well as not changed over time. One of the challenges of asking these types of questions is the variety of answers we will encounter, given the wide range of theorizing which exists about perversion and narcissism.

Again, with the goal of striking a balance between depth and breath, I have tried to take a middle course. Starting with two of Freud's most well-known papers on perversion, we will then read two very good overviews of perversion by Cooper and Glasser. From this foundation, we will try and track the themes brought up in these papers throughout the course. We will then read a very contemporary paper on perversion which I'm hoping can further ground us in our topic by having us think about some current perspectives and sensibilities. From there we will move into some depth, focusing on a British Object Relations and French Freudian perspectives on perversion. I have chosen these particular theoretical perspectives because I think they provide a cohesive theoretical understanding of perversion, which can provide a foundation for your clinical work with perverse patients. I am hoping that by following the threads of these theorists you will be able to create at least a possible working model of perversion for yourselves to bring to your clinical work. I have also chosen these perspectives because I continue to be enriched by my own study of them, as I hope you will as well.

We will finish the course by reading one or two clinical paper to help us further integrate and think about the ideas we have studied.

LEARNING OBJECTIVES

Class 1

1. Candidates will be able to discuss the historical and theoretical context of Freud's paper 'A Child is Being Beaten' so as to better evaluate the current relevancy of Freud's ideas for their clinical work. They will also be able to explain the historical importance of his paper 'Splitting of the Ego in the Process of Defense' and its role in understanding perversion.

Class 2

1. Candidates will be able to explain the basic development of the concept of perversion, from Freud's early usage through several of the major writers on topic. They will also be able to apply Cooper's main points about the central core of perversion as the experience of terrifying passivity in relation to the all-powerful pre-oedipal mother and the reaction to this by having to dehumanize the body and develop three core phantasies which help the child tolerate their intolerable helplessness. Through evaluating these ideas, candidates will be better able to apply these concepts in their clinical work.

Class 3

1. Candidates will be able to discuss Glasser's theory of the "core complex", where the threat of annihilation by the mother is responded to with aggression against her. Sexualization is turned to as a means of preserving the relationship by converting the wish to destroy into a sado-masochistic need to control the object. Candidates will be able to explain how this shift creates the foundation for perverse relating.

Class 4

1. Candidates will be able to explain Moss's conception of the two vectors embedded in psychoanalytic thinking in relation to views of sexuality. On the one hand, there is the conservative trend which supports existence of limits and creates structures which come to define the bounds of what is "normal" sexuality. On the other there is the trend in psychoanalysis to support the breaking through of the limits of what comes to be encoded as healthy, or non-perverse expressions of sexuality. Candidates will be able to demonstrate their grasp of these ideas so as to better apply them in their clinical work.
2. Candidates will be able to discuss Freud's conception of desire and Aisenstein's contribution her views of the importance of masochistic nature of desire in the "pleasure of waiting". They will also be able to explain Moss's ideas of two types of patients in the demand of psychic work of desire. The first demands that the work of desire be averted at all cost, the second caught in the confusion between their excitement for the work of desire, versus their fear and resistance to it. By comparing these two sets of ideas candidates will better be able to apply these important concepts to their clinical work of understanding the links between narcissism and perversion.

Class 5

1. Candidates will be able to discuss the relationship between Freud's ideas of narcissism and his own conception of life and death instincts. They will also be able to explain how Klein's elaboration of the concept of the death instinct opened up a new way of working with severe narcissistic states which Freud felt were difficult to penetrate. Candidates will also be able to explain how the manifestation of the death instinct through observable envy allows Rosenfeld to work effectively with pathological narcissism in a way which was previously not available. Candidates will demonstrate their understanding of these concepts so as to make themselves better equipped to use these concepts in their clinical work.

Class 6

1. Candidates will be able to discuss the relationship between the breakdown of splitting and the rise of perverse solutions as a false reconciliation between the contradictory views which become difficult to keep separate as integration proceeds. They will also be able to explain why this problem is a common experience in the course of analysis where splitting has broken down, but perverse explanations are used to misrepresent reality. Candidates will also demonstrate their grasp of Steiner's use of Money-Kyrle's concepts of the "facts of life", an area where this perverse distortion of truth can be evaluated most clearly. Through this exploration, candidates will be better able to bring these concepts into the clinical work with patients.

Class 7

1. Candidates will be able to describe the forces which Chasseguet-Smirgel sees as contributing to the dimension of the psyche which holds a "perverse core" for all of us

which can be activated at particular times. They will also be able to assess her ideas about her conception of the "bedrock" of reality being created by the differences between the sexes and the generations. By investigating her ideas about the erosion of these differences between the sexes and generations through a retreat into an anal universe, they will be better able to bring these ideas effectively into their clinical work.

Class 8

1. Candidates will be able to discuss Cassequet-smirigel's ideas that perverse solutions constitute a balm for wounded narcissism and a means of dissipating feelings of smallness and inadequacy. They will also be able to explain how Freud's concept of the ego ideal is a link from primary narcissism to objectives ties and that if this process is lead astray through ether an insufficiency of narcissistic and object gratification or an excess of satisfaction, this can result in a halting of the child evolution and leads to the child's ego ideal remaining attached to pregenital model, often imagining that this model is equal or even superior to adult genitality. In this way candidates will be able to assess the child's disqualification of the father's superior genital attributes as a major aspect of Cassequet-Smirgel ideas of perversion, so as to better bring these ideas forward in their clinical work.

Class 9

The Secret: Study of a Perverse Transference

1. Candidates will be able to discuss the ways in which the patient's perversity was recreated in the transference with the analyst and how this clinical experience served as the foundation of the treatment. They will also be able to assess the authors description of the perverse transference as a complex erotized defensive/reparative/vengeful maneuver permitting the disavowal and reversal of personal threats to the patient. Through this discussion of the working through of the transference/countertransference experience, candidates will better be able to make use of these ideas to equip them in their own work with perverse patients in their clinical work.

Theory and Practice

Steven Goldberg, MD

8 weeks

Return to Freud

Mitchell Wilson, MD

8 weeks

COURSE DESCRIPTION

We will approach this seminar by way of the historical origins of the phrase "return to Freud," namely Lacan's seminal interventions in the 1950's. Readings will include a letter from Freud to Fleiss about Emma Ekstein, Freud on dream interpretation and the Irma dream from the Dream Book. Then we will spend two weeks on Lacan on the Irma dream from his second seminar. After Lacan we will settle into a number of readings: "Remembering, repeating, and working-

through” paired with “Further thoughts on transference-love”; “Mourning and melancholia”; “Beyond the pleasure principle”; and, finally, “Femininity” (1933), “Fetishism,” and “Splitting of the ego.”

When I say that the class is a seminar I mean that I will expect meaningful participation by having each candidate prepare some remarks on a specific quote or question from the reading for the week. I will assign these to you each week in an email that will explain/summarize the basic points of the upcoming readings. In the past, different candidates have handled these assignments differently: some have scribbled notes and others have typed stuff out. Any preparation is fine as long as you prepare something. My overall goal in having you involved in this way is for each of you to grapple with close reading of the text at hand, including offering a perspective on the reading. I have found that when candidates have “buy in” regarding the readings, it makes for better discussions and also give candidates a better chance of retaining at least some of what they have read.

LEARNING OBJECTIVES

Participants will be able to:

1. Articulate some of the ways in which biography informs theory-building. Is theory, at least within psychoanalysis, ever separable from biography?
2. Learn the basic differences between the “subject” and the “ego” in Lacan’s thinking.
3. Describe the “speech relation” in psychoanalysis, and in Freud’s interpretation of the Irma Dream.
4. Describe the role of wishes/desires in the Irma dream and the role of guilt/exoneration in Freud’s telling the dream to us via his text.
5. Link the importance of the “speech relation” to “remembering” in the Freudian sense.
6. Describe aspects of repetition and transference.
7. Describe the complex “nature” of transference love in clinical work.
8. Talk about what it means that the “shadow of the object falls upon the ego.”
9. Discuss some of the complexities of the “pleasure principle.”
10. Discuss why Freud felt it necessary to theorize a realm “beyond” the pleasure principle.
11. Discuss trauma, pain, and the symptom in light of this “beyond.”
12. Discuss Freud’s conceptual (and perhaps personal) difficulties in understanding feminine desire.
13. Discuss Freud’s views on “castration,” as both a “real” and a “symbolic” moment in the development of the human subject.

Termination

William Glover, PhD

7 weeks

COURSE DESCRIPTION

Ending analysis is a profound experience for both patient and analyst. In this course we’ll review the literature, study major theoretical and technical approaches to termination, and

discuss the idealization and the realities of ending treatment. Starting with Analysis Terminable and Interminable, we will discuss the difficulties both defining and conducting a “proper termination”. We will consider the reasons for termination, whether initiated mutually, by the patient, by the analyst, or by external circumstances; what constitutes untimely termination (either premature, or delayed); and what represents an optimal form of termination and how it can be achieved. We’ll use clinical material from both psychoanalysis and psychotherapy to study the beginnings of termination, interruptions and stalemates, the ending itself, and the post-termination phase of treatment.

LEARNING OBJECTIVES

At the conclusion of the course, participants will:

1. Gain appreciation for the complexities of ending psychoanalytic treatments.
2. Be conceptualize and describe transference and countertransference dynamics specific to the termination phase of psychoanalysis
3. Identify and describe the arc of treatment over the course of analysis
4. Gain familiarity with the issues of clinical technique in termination

Case Conferences

(For Years 2-4)

Case Conference - Mod 1

Beth Steinberg, PhD

Case Conference - Mod 2

Catherine McKenzie, PhD and Peter Goldberg, PhD

Case Conference - Mod 3

Georgine Marrott, PhD

Case Conference - Child/Adult Mod 1

Louis Roussel, PhD

Case Conference - Child/Adult Mod 2

Julie Ruskin, PhD and Ann Martini, LCSW

Case Conference - Child/Adult Mod 3

Stephen Seligman, DMH and Phyllis Cath, MD

Electives

(For Years 2-4)

Mutual Love as Trauma: A Counterintuitive Notion

Diane E. Donnelly, PhD

7 weeks

COURSE DESCRIPTION

This course will consider mutual love as something that is, paradoxically, traumatic as well as healing. In the light of the renewed interest among analysts in transference love, boundary violations, and the dangers posed by the psychoanalytic method, we will consider *how* mutual love is traumatic i.e. what is the danger it poses to the psyche? How do Freud's Laplanche's, and Weiss' theories shed light on the *nature and origins* of this danger and what are the implications of their theories for treatment? How can we help patients understand the nature of the danger and strengthen their capacity to cope with it?

"What is it about human beings that when they are successful, there is immediately this tendency to turn towards self-destruction? ...Success is, in fact, not an easy thing for most people to handle. It distorts the ego, it somehow creates unnatural appetites, and you have to be a strong human being to have any kind of substantial success and keep your feet on the ground."

- Des McNuff, Director of "Ain't Too Proud: The Life and Times of the Temptations"

LEARNING OBJECTIVES

1. That participants become familiar with the phenomenon that success and experiences of intense happiness and excitement, best exemplified in mutual love, induce tremendous anxiety. And that participants becomes more able to recognize this phenomenon in their psychotherapy and analytic patients.
2. That participants become familiar with particular theories of Freud, Laplanche, and Weiss regarding trauma, infantile sexuality, the sexual drive, and the dangers to higher mental functioning of mutual love.
3. That participants become more able to help patients understand how and why mutual love threatens higher mental functioning so as to strengthen their ability to cope with it.

The Empty Circle and the Symbolon: Dissociation, Postmemory, and the Transgenerational Transmission of Trauma

Era A. Loewenstein, PhD

7 weeks

COURSE DESCRIPTION

The rise of populism in United States and Europe is a painful reminder of the haunting presence of ghosts from current and past social traumas. These dissociated traumas present themselves often in the analytic field in the form of enactments, historical gaps, or missing links in our patients' personal and familial histories. At times they make themselves known through somatic symptoms. The absence caused by the intrusion of an overwhelming *Real* creates an *Empty Circle* (Dori Laub, 1998), an absence, which is loaded with nameless experiences and powerful affects. Our patients are often compelled to fill this absence, or to try to represent it.

Psychoanalytic writers representing different perspectives along with artists, film makers and scholars have been working for the past forty years to describe the various ways the undigested and unsymbolized pain and loss that had overwhelmed previous generations' capacity to represent is transmitted to the second and third generations.

In this elective we will combine experiential and clinical engagement with interdisciplinary studies of Postmemory (Marianne Hirsch) with the study of psychoanalytic contributions to this field. We will discuss various clinical examples of endocryptic identification and *memory without recollection* in adult and child analysands. Among the writers we will read are James Herzog, Dori Laub, Haydee Faimberg, Nicolas Abraham and Maria Torok, Sára Botella and César Botella and François Davoine and Jean-Max Gaudillière.

Many of these contributors share the conviction that the patient who is dissociated from his or her personal and familial trauma has to feel that his analyst posses a *Symbolon* (François Davoine and Jean-Max Gaudillière, 2004). *Symbolon*, in classic Greece, represented a gesture in which two allies exchange the two pieces of a broken shard, in such a way that their being fitted together later on would represent a pledge of mutual friendship and hospitality for them and their descendants. These humble pieces of clay, broken for this occasion, and having no intrinsic value, are the foundation of a social tie and the beginning of symbolization. The *Symbolon* also represent the possibility of integrating, for the first time, the gap, the absence, or the phantom into language of the therapeutic dialogue. We will work on developing this capacity in ourselves so that we could meet a patient who carries the broken shard of his own humanity and history with our own *Symbolon*.

Culture and its Vicissitudes in Psychoanalysis

Karim Dajani, PsyD and Michael Levin, PsyD

7 weeks

COURSE DESCRIPTION

In this course we will explore a relatively under-theorized dimension of psychoanalytic developmental and clinical theory: the role of culture in the formation and functioning of the mind. Our approach will begin with a review of Freud's conceptualization of the relationship between mental functioning and culture, which, we will argue, generated significant and persistent effects for psychoanalytic theory, technique, training, institutional functioning and

the relationship of the psychoanalytic movement to wider society. Next, we will study some recent critiques of the basic assumptions and consequences of psychoanalytic theories of culture. Finally, we will explore recent developments in psychoanalytic theory and neighboring disciplines regarding the role of culture in mental functioning which have the potential to significantly revise basic psychanalytic assumptions, theory and clinical technique. Our aspiration for the course is that, by its conclusion, the group will be in a position to contribute to the ongoing advance of this very exciting and important dimension of thinking and change in our field.