

INSTITUTE OF CONTEMPORARY PSYCHOANALYSIS

INTRODUCTION TO PRIMITIVE MENTAL STATES:

THEORY AND TREATMENT

WEEKEND PSYCHOANALYTIC TRAINING PROGRAM 2020-2021

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MEETING TIME: Saturdays, 11:30 a.m. – 2:00 pm

MEETING DATES: 2020: 9/12; 10/24;12/5

2021: 1/30; 3/20; 5/1

HOURS OF INSTRUCTION: 2.5 hour sessions x 6 meetings = 15 hours

CANDIDATES: 4th Year

COURSE DESCRIPTION

The term *Primitive Mental States* is difficult to define in positive terms. As Tuters (2010) states: Most of the authors who write of these states prefer to single out what seems to be absent in the clinical manifestations of primitive mental states with adult regressed patients: The capacity for symbolizing, fantasizing, having affects and thoughts, feelings and dreams; the capacity for projective identification, for making links; the capacity for living inside one's body, for experiencing one's experiences, for finding meaning in those experiences; the capacity to relate to another person. These are capacities that cannot be taken for granted. Not everyone has these capacities....." At birth, the mind has been described as a "formless real of infinite possibilities" filled with "perception of emotional experiences "(Meltzer,1998, p.92), along with "potentials for action and somatic sensations—out of which coherence of meaning and consistence of identity must be wrought ."(Eekhoff. 2019). Eekoff stresses that prior to achieving psychic representation, the unrepresented, not yet formed mind is "in and of the body," (Levine, 2019). The development of mental

representations are not a given. Its development relies on the presence and responsiveness of the “good-enough mother” Winnicott (1952) to her infants needs. The outcome relies on the meeting of the baby’s innate dispositions and the parental function. Gross failures in this function, the baby experiences early trauma, pre-conceptual trauma. “As adults they have within their internal worlds an infant that was not called forth or met, an absent or indifferent mother, and a raging inferno of unmediated and undifferentiated needs” (Eekhoff, 2019). These unprocessed primal terrors remain unmentalized. Locked in primitive mental states, adult regressed patients have a weakened capacity for representation and a poor apparatus for processing their experience. The psychic struggle to exist, its pain, terror and rage is held in their body, an egoless state of being when only bodily experiences exist, before symbol, before thinking, whose function becomes a processor of emotional experience. In a world inhabited by sensation and urges of pre-affect states, language is used as action and behavior as communication. Bodily sensation and action fill the void.

COURSE OBJECTIVES

Beginning with Freud's drive/structural theory, the impact of early relationships and the way they influence our psychological growth and development was seen by classical analysts as libidinal energy seeking object contact solely to achieve the gratification of the drives. Treatment focused on the analysis of symptoms which suggested the person had reached the Oedipal Level of development, a 3 party relationship, the child, the mother, and the father. Conflict and ambivalence were central and the resolution of these struggles was the primary goals of the analysis. People whose symptoms suggested earlier mother-child struggles during the phases of dependency (a 2 party relationship) were considered to be unanalyzable and when these issues emerged in treatment, were interpreted by the analyst as a defense away from the Oedipal struggle. Psychoanalytic inquiry that was significant in the understanding of regressed preoedipal states came from the field of Object Relations and the consideration of the primary role of objects, the mother, a 2-party relationship, essential in the psychological/emotional development of the infant from

birth. (The major thinkers that fostered these ideas were: (Melanie Klein, Fairbairn, Balint, Winnicott, Bowlby, and Kohut). Although each had a different language of explanation. all looked to the nature of this early relationship and focused on the essential question: Were the mother's responses good enough to engender a sense of well-being and safety within the infant to promote psychological growth or were the deficiencies such that the infant experienced their survival needs of safety and protection threatened so that the specific felt anxieties of annihilation, dread, and terror, emerged. Attention was being paid to the way in which psychological growth contributed to the birth of mental life, its development and its significance in the origins of psychosis.

The essential objective of this course is to emphasize the complexity of the early object-relations experiences and how they affect the mind and psychic development. The goal is to advance the candidate's ways of thinking about primitive mental states so that they will be better able to treat severely regressed patients. We will focus on the origin of thoughts and the way these thoughts enable the individual to become a thinker (Bion, 1965). Its focal point is to describe the process that transforms unrepresented, unmentalized experience, existential experience into represented, potentially verbalizable, ideational psychic elements (Levine, Reed, & Scarfone, 2013). We will present the theoretical foundation for the way in which unprocessed primal terrors remain unmentalized, locked in primitive mental states. Significant attention is paid to the challenges of psychoanalytic treatment with patients often thought to be unanalyzable. I will present clinical material and I encourage the candidates to present their work as well so that we can integrate these ideas clinically. At the completion of the course the candidates will be able to:

SESSION #1:

1. Describe the anxieties, and mechanisms of defenses, which are characteristic for the first year of life.
2. Summarize some of the disturbed object relations, which are found in the paranoid/schizoid personalities.
3. Explain the concept of linking.

SESSION #2:

- 1. Explain the concepts of the “Container and the Contained.”**
- 2. Address the role of frustration in the development of thoughts.**
- 3. Explain the interpersonal neurobiology of the essential right-brain process of affect regulation in development and trauma dissociation.**

SESSION #3:

- 1. Describe the primal function of the skin of the baby.**
- 2. Explain the complexities involved in patients who tend to somatize.**
- 3. Discuss the origin of psychosomatic disorders.**

SESSION #4:

- 1. Define the term psychosomatic collusion and the way in which it relates to psychosomatic disorders.**
- 2. Address the role of the body as a communicator of unmentalizable experiences in primitive mental states.**
- 3. Write about the psychic repercussions of the very early mother-child relationship, particularly in regard to the elaboration of affects.**

SESSION #5:

- 1. Define the term “psychotic core”.**
- 2. Explore the patient’s dynamics in their fear of breakdown.**
- 3. Describe the concept of the analytic third.**

SESSION #6:

- 1. Explain the technique of treatment in the analysis of the psychotic patient.**
 - 2. Write the technical considerations of working with the countertransference.**
 - 3. Explain how the concept of transference is used in treating patients with primitive mental states.**

READINGS:

All of the readings can be downloaded from the Pep Web.

GOALS AND OBJECTIVES SESSION-BY- SESSION

SESSION #1: 9/12/20

We will begin our consideration of primitive mental states with the article by Melanie Klein, "Notes on Some Schizoid Mechanisms." Here Klein writes about the birth of mental life and how it relates to psychosis. One of her main points is that in the first few months of life anxiety is predominately experienced as a fear of persecution and that this contributes to certain mechanisms and defences that characterize the paranoid and schizoid positions. Outside among these defences is the mechanism of splitting internal and external objects, emotions and the ego. These mechanisms and defences are part of normal development and at the same time form the basis for later schizophrenic illness. She describes the process underlying identification by projection as a combination of splitting off parts of the self and projecting them on to another person, and some of the effects this identification has on normal and schizoid object relations. She writes that the onset of the depressive position is the juncture at which by regression schizoid mechanisms may be reinforced. Klein suggests a close connection between the manic-depressive and schizoid disorders based on the interaction between the infantile schizoid and depressive position.

Bion has considerably advanced our conception of the genesis of psychosis by postulating the occurrence of an infantile psychotic catastrophe or infantile psychosis as a breakdown in the maternal container function of her infant's feelings. The failure to do this disallows the sensory data of emotional experience from being able to enter the mind. They thereafter exist as "the normal furniture" of the psychotic mind—not fit to be emotionally experienced, to be thought about, or even projected--but rather to exist as dissymbolic painful elements of "nameless dread." In most of his papers, Bion talks of the psychotic part of the personality and speaks of the destructive attacks, which the patient makes, on anything, which is felt to have the function of linking one object to another. His intention in his paper, "Attacks on Linking" is to show the significance of this form of destructive attacks in the production of some symptoms met with in borderline psychosis.

Francis Tustin in her article A modern Pilgrim's Progress: Reminiscences of Personal

Analysis with Dr. Bion writes how she might have been left in that “twilight state of “autism” in its normal and pathological variations had it not been for “Dr.Bion’s incisive insight, his patience and persistence.”

READINGS:

Bion, W.R. (1959). Attacks on Linking. *Int. J. Psycho-Anal.*, 40:308-315.

Klein, M. (1946). Notes on Some Schizoid Mechanisms. *Int. J. Psycho-Anal.*, 27:99-110.

Tustin, F. (1981). A Modern Pilgrim’s Progress: Reminiscences of Personal Analysis with Dr. Bion. *J. Child Psychother.*, 7(2):175-179.

SESSION 2: 10/24/20

As a consequence of the shift of interest from later to earlier stages of infant development, over the course of the last several years, the tools of psychobiology and neuropsychology have offered us windows into brain functioning which have added to our understanding of its interface with mental phenomena.

Philip Bromberg, from his book *Awakening the Dreamer* published this article “Something Wicked This Way Comes: Trauma, Dissociation, and Conflict: The Space Where Psychoanalysis, Cognitive Science, and Neuroscience Overlap.” This speaks to an interpersonal/relational, psychoanalytic approach that works at the interface of dissociation and conflict.

Allan Schore addresses in his article “Review of *Awakening the Dreamer: Clinical Journeys* by Philip Bromberg” the way in which “Bromberg masterfully integrates psychoanalytic, developmental, trauma and neurobiological data to explore the bottom-line defense of dissociation.” Schore further writes: “Bromberg’s creative book is an excellent example of how effective clinical work with such patients incorporates the current paradigm shift from not only cognition to affect but also repression to dissociation.”

Thomas Ogden develops his concept of the autistic-contiguous position. He states that this model, a primitive psychological organization, is a sensory-dominated, pre-symbolic mode of generating experience which provides a good measure of the boundedness of human experience and the beginnings of a sense of the place where

one's experience occurs.

We will consider a quality of psychic non-life (non-existence) as it relates to primitive mental states in the two articles: 'Void Existence' as Against "Annihilation Existence': Differentiating Two Qualities in Primitive Mental States by Irit Hameiri Valdarsky.

READINGS:

Bromberg, P.M. (2003). Something Wicked This Way Comes: Trauma, Dissociation and Conflict: The Space Where Psychoanalysis, Cognitive Science, and Neuroscience Overlap. *Psychoanal. Psychol.*, 20(3):558-574.

Ogden, T.H. (1989). On the Concept of an Autistic-Contiguous Position. *Int. J. Psycho-Anal.*, 70:127-140.

Schore, A.N. (2007). Review of *Awakening the Dreamer: Clinical Journeys* by Philip M. Bromberg. *Psychoanal. Dial.*, 17(5):753-767.

Valdarsky, I.H. (2015). 'Void Existence' as Against "Annihilation Existence': Differentiating Two Qualities in Primitive Mental States. *Int. J. Psycho- Anal.*, 96(5):1213-1233.

The ego "is first and foremost a body-ego." (Freud).

Sessions 3&4 bring to attention the role of bodily emotion as the arena in which traumatic emotional memory is stored. We will read how somatic experience replaces self experience and reflects deep anxieties over fragmentation and disintegration and that psychosomatic syndromes tend to be associated with primitive layers of the personality and personality functioning. We will examine the way in which the failures in the mother's ability to receive and elaborate on the child's affect communication can lead to psychosomatic expression.

SESSION 3: 12/5/2020

The central theme of Ester Bick's article "The experience of the skin in Early Object-Relations" is concerned with the primal function of the skin of the baby and of its primal objects in relation to the most primitive binding together of parts of the personality not as yet differentiated from parts of the body. The thesis is that in its most primitive form the parts of the personality are felt to have no binding force amongst themselves and must therefore be held together in a way that is experienced

by them passively, by the skin functioning as a boundary. In all patients with disturbed first-skin formation manifests itself in states of unintegration involving the most basic types of partial or total, unintegration of body, posture, motility, and corresponding functions of mind, particularly communication.

In her paper *Further Considerations on the Function of the Skin in Early Object Relations: Findings from Infant Observation Integrated into Child and Adult Analysis*, Ester Bick extends the findings in her 1968 paper and investigates them in greater depth.

READINGS:

Bick, E. (1968). *The Experience of the skin in early Object-Relations*. *Int. J. Psycho-Anal.*, 49: 484-486.

Bick, E. (1986). *Further Considerations on the Function of the Skin in Early Object Relations: Findings from Infant Observation Integrated into Child and Adult Analysis*. *British Journal of Psychotherapy*, 2(4):292-299.

SESSION #4:1/30/21

Winnicott describes the integration of mind and body as a psychosomatic collusion; he also refers to the psyche indwelling in the soma". This describes the successful outcome of the process of "personalization" that occurs as a result of the mother's "handling" of her infant during the holding phase. This is the time of absolute dependence, when the (healthy) mother is in a state of primary preoccupation.

In Winnicott's work, the use of the word "psyche" is described as the "imaginative elaboration of somatic parts, and is often synonymous with "fantasy", "inner reality", and "self". If the mother has not been able to provide good-enough handling during the holding phrase, then her baby may never feel at one within his body, and a mind-body split therefore occurs.

Psychosomatic illness is a symptom of something gone wrong in the individual's early emotional development.

READINGS:

Winnicott, D. W. (1949). *Mind and its Relation to Psyche-Soma*. In *Collected Papers: Through Paediatrics to Psycho-Analysis* (pp. 243-254). London: Tavistock,

1958. New York: *Basic Books, 1958. {Reprinted as : Through Paediatrics to Psycho-Analysis. London: Hogarth Press & the Institute of Psycho-Analysis, 1975; reprinted London: Karnac Books 1992}.*

Treating primitively fixated patients is demanding and rewarding. In session 5 & 6 we will examine these treatment challenges.

SESSION #5: 3/20/21

Clifford Scott in *Primitive Mental States in Clinical Psychoanalysis* speaks to the analysis of the “psychotic Core”, the unresolved infantile problem of development which may lead to inhibition, fixation, dissociation, splitting, disintegration.

Thomas Ogden in his paper *The Analytic Third: Working with Intersubjective Clinical Facts* describes the methods by which the analyst attempts to recognize, understand and verbally symbolize for himself and the analysand the specific nature of the moment-to-moment interplay of the analyst’s subjective, the subjective experience of the analysand and the intersubjectively-generated experience of the analytic pair (the experience of the analytic third).

Winnicott attempts to show that the fear of breakdown can be a fear of a past event that has not yet been experienced.

READINGS:

Ogden, T.H. (1994). *The Analytic Third: Working with Intersubjective Clinical Facts*. *Int. J. Psycho-Anal.*, 75:3-19.

Scott, W.M. (1984). *Primitive Mental States in Clinical Psychoanalysis*. *Contemp. Psychoanal.*, 20:458-463.

Winnicott, D.W. (1974). *Fear of Breakdown*. *Int. R. Psycho-Anal.*, 1:103-107.

SESSION #6: 5/1/21

Etchegoyen writes in the article *The Relevance of the ‘Here and Now’ Transference Interpretation for the Reconstruction of Early Psychic Development* that early psychic development is included in the personality and appears in the transference; the progress of the analytical process shows in turn that the changes achieved in treatment transform the text of the original conflict.

Daphen and Robert Stolorow in *My Brother’s Keeper: Intensive Treatment of a case of*

Delusional Merger present an account of an intensive treatment of a young woman whose chronic suicidality derived from a delusional merger with a deceased brother. Although her manifest symptomatology would be seen as borderline to psychotic, she was nevertheless able to form a stable and analysable transference bond with her therapist.

Winnicott writes that the analyst who undertakes the analysis of a psychotic is seriously weighted by this phenomenon, and that analysis of psychotics is impossible unless the analyst's own hate is extremely well sorted-out and conscious. This is tantamount, says Winnicott, that the analyst needs to be himself analysed.

Little gives her own account of her analysis with Winnicott.

READINGS:

Etchegoyen, R.H. (1982). The Relevance of the 'Here and Now' Transference Interpretation for the Reconstruction of Early Psychic Development. *Int. J. Psycho-Anal.*, 63:65-75.

Little, M. (1985). Winnicott working in areas where Psychotic Anxieties predominate: A Personal Record. *Free Associations*, 1(3):9-42.

Stolorow, D.S. Stolorow, R.D. (1989). My Brother's Keeper: Intensive Treatment of a case of Delusional Merger. *Int. J. Psycho-Anal.*, 70:315-326.

Winnicott, D.W. (1949). Hate in the Countertransference. *Int. J. Psychoanal.*, 30:69-74.

SUGGESTED READING:

C. Brickman (2018). *Race in Psychoanalysis: Aboriginal Populations in the Mind*. New York: Routledge.

This book illuminates the manner in which our colonialists and enslaving past continues to reverberate within the construction of psychoanalytic theory and practice. She examines that the use of the idea primitivity in psychoanalysis is so ubiquitous and taken for granted that it is difficult to recognize its function as the key to the code of racial difference embedded in psychoanalytic theory. She demonstrates its psychoanalytic usage conceals within it an anthropological and racial meaning by tracing the colonialist contexts in which it had developed by the

time it had reached Freud.