

INSTITUTE OF CONTEMPORARY PSYCHOANALYSIS

BASIC CONCEPTS

Weekend Psychoanalytic Training Program 2020-21

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Time: Fridays, 11:30-2:00; Sundays, 11:30-2:00

Dates: 9/11, 9/13; 10/23, 10/25; 12/4, 12/6/20

1/29, 1/31; 3/19, 3/21; 4/30, 5/2/21

Total Hours: 2.5 hours X 12 meetings = 30 hours

COURSE DESCRIPTION:

This course seeks to demonstrate that the basic concepts of psychoanalysis are not static, obdurate ideas that once learned can guide one throughout one's life as a psychoanalytic clinician. Rather, we wish to show how concepts originating with Freud are objects that have been adopted, scrutinized, amended, rejected and intensely fought over throughout the history of our field. Basic concepts are historically situated and thus subject to change according to the needs, interests and preoccupations of the clinicians who employ them and of the patients who are subject to them. But whatever the context or theoretical orientation within which they exist, they form the background to how we listen, hear and speak in the clinical encounter. As Greenberg and Mitchell assert: "theoretical concepts. . . provide the invisible backdrop, the unseen framework, within which the analyst hears the patient's story. Thus, basic concepts within psychoanalytic theory provide interpretive possibilities for orienting the clinician toward crucial and

hidden dimensions of meaning by informing his sensibilities as a listener” (1983, pp 15-16).

OVERALL COURSE OBJECTIVES:

The overall objectives of this course are for first year candidates to learn and be able to confidently apply the basic concepts of psychoanalysis. Through investigating differing uses and interpretations of these concepts, candidates will become familiar with the major schools of psychoanalytic thinking including classical Freudian, ego psychology, Kleinian and neo-Kleinian theory, object relations, interpersonal theory, self-psychology, Relational theory, and intersubjective systems theory.

Session #1

1. Compare the roles of drives, fantasy, and real experience in Freud’s theory.
2. Contrast Freud’s conception of fantasy with the phantasy of Melanie Klein.

Session #2

3. Differentiate Klein’s conception of objects from Fairbairn’s.
4. Discuss how the Interpersonalists altered Freud’s vision of human nature.

Session #3

5. Describe how, according to ego psychology, unconscious conflict produces symptoms.
6. Explain the way in which Hartmann moved psychoanalytic theory towards an emphasis on the importance of environmental influence.

Session #4

- 7. Discuss the function of dissociation in survivors of trauma.**
- 8. Explain how working with multiple self-states can promote a feeling of wholeness in the patient.**

Session #5

- 9. Contrast three different ways of understanding countertransference.**
- 10. Evaluate the risks and benefits of using analyst countertransference as a guide.**

Session #6

- 11. Describe transference as a process of organizing experience.**
- 12. Examine two dimensions of transference in the context of working intersubjectively.**

Session #7

- 13. Describe the role of empathy in Kohut's conception of therapeutic action.**
- 14. Discuss the relationship between the holding function and intersubjectivity.**

Session #8

- 15. Give examples of ways that enactment can make the unconscious conscious.**
- 16. Discuss some pros and cons of analyst self-disclosure.**

Session #9

- 17. Compare declarative knowledge with procedural knowledge.**
- 18. Describe the role of non-interpretive mechanisms in psychoanalytic change.**

Session #10

19. Describe what it is that “mutual recognition” recognizes.
20. Discuss how the idea of an “analytic third” revises object relations theory.

Session #11

21. Compare pathological accommodation to traumatic attachment.
22. Illustrate possible effects of pathological accommodation on analytic progress.

Session #12

23. Describe which concepts from the class were most useful for you.
24. Explicate how your clinical work has been affected by what you have learned in this course.

A NOTE ON READINGS: There is a single book that needs to be purchased for the class: Jay Greenberg and Stephen Mitchell’s *Object Relations in Psychoanalytic Theory* (1983). All other readings are available on PEP WEB or as PDFs which will be emailed to you.

COURSE OUTLINE AND READINGS

Session #1: 9/11/20: Drives, Phantasy

When Freud rejected his theory of infantile seduction and childhood trauma in general, in favor of fantasy and the universality of the Oedipus complex, a dialectical tension in his theory arose between instinctual drives and our relations with other people; between fantasy and lived experience. It will be argued that this tension undergirds basic differences among various psychoanalytic schools and differing understandings of basic concepts. In this class we will explore the basic concepts of drives and phantasy life.

Readings:

Greenberg, J. and Mitchell, S. (1983). *Object Relations in Psychoanalytic Theory*. Cambridge: Harvard University Press. Chpts 1, 2 and 5.

Ogden, T. (1984). "Instinct, Phantasy, and Psychological Deep Structure in the Work of Melanie Klein," *Contemporary Psychoanalysis*, 20, pp. 500-525.

Session #2: 9/13/20: Object Relations, Interpersonalism

In response to drive theory's emphasis on libidinal pleasure seeking, drive discharge and frustration, the British middle school envisions humans as object seeking, that is, yearning for connection with others as an end in themselves. Similarly, the American school of Interpersonal psychoanalysis posits human nature as being inherently social and fundamentally avoidant of isolation from others.

Readings:

Greenberg, J. and Mitchell, S., *op cit*, Chpts 4, 6, and 7.

Fairbairn, W.R.D. (1944). "Endopsychic Structure Considered in Terms of Object Relations," *International Journal of Psychoanalysis*, 25: 70-92.

Hirsch, I. (2015). "The Interpersonal Tradition: The Origins of Psychoanalytic Subjectivity," in I. Hirsch, *The Interpersonal Tradition*. New York: Routledge; pp. 1-11. [PDF](#)

Session #3: 10/23/20: Repression, Defense, Resistance

Once Freud postulated libido as the fundamental human drive, the focus of his work turned to unconscious conflict between that drive and the reality principle. Repression emerged as the primary defense against unconscious wishes and the cause of symptom formation. Ego Psychology served as the foremost school of American psychoanalysis throughout most of the 20th

century, both preserving and expanding drive theory and its concomitant understanding of repression and the mechanisms of defense.

Readings:

Greenberg, J. and Mitchell, S., *op cit*, Chpt 8.

Gill, M. (1954). "Psychoanalysis and Exploratory Psychotherapy," *Journal of the American Psychoanalytic Association*, 2:771-797.

Hartmann, H., Kris, E. and Lowenstein, R. (1946). "Comments on the Formation of Psychic Structure," *The Psychoanalytic Study of the Child*, 2:11-38.

Session #4: 10/25/20: Trauma, Dissociation

The feminist exposure of widespread childhood sexual abuse in the latter part of the 20th century helped recuperate Freud and Breuer's initial insights into real life trauma giving rise to "the splitting of consciousness," "dissociation," and "hypnoid states." Dissociation is the means by which human beings attempt to maintain personal continuity and coherence in the face of impinging or overwhelming real life events.

Readings:

Davies, J. and Frawley, M.G. (1994). "Trauma and Childhood Sexual Abuse in Psychoanalysis," in Davies, J. and Frawley, M.G., *Treating the Adult Survivor of Childhood Sexual Abuse*. New York: Basic Books, pp 11-25. [PDF](#)

Davies, J. and Frawley, M.G. (1994). "Dissociation," in Davies and Frawley, *op cit*, pp. 62-85. [PDF](#)

Bromberg, P. (1995). "Psychoanalysis, Dissociation, and Personality Organization," *Psychoanalytic Dialogues*, 5: 511-528.

Bromberg, P. (1996). "Standing in the Spaces: The Multiplicity of Self and the Psychoanalytic Relationship," *Contemporary Psychoanalysis*, 32: 509-535.

Session #5: 12/4/20: Transference and Countertransference

At the heart of the psychoanalytic encounter is the proposition that patients relive the defining conflicts of their psychic lives with their analyst. The concept of countertransference has evolved over time from serving as an impediment to therapeutic change according to Freud to a vehicle for understanding and implementing change.

Readings:

Mitchell, S. (1997). "The Therapeutic Action: A New Look" in S Mitchell, *Influence and Autonomy in Psychoanalysis*," Hillsdale, NJ: The Analytic Press, pp. 33-62.

Ferenczi, S. (1933/1955). "Confusion of Tongues Between Adults and The Child," in M. Balint (ed) *Final Contributions to the Problems and Methods of Psychoanalysis*. New York: Basic Books, pp. 156-167. [PDF](#)

Loewald, H. (1971). "The Transference Neurosis: Comments on the Concept and Phenomenon," *Journal of the American Academy of Psychoanalysis*, 19:54-66.

Racker, H. (2007/1957). "The Meaning and Uses of Countertransference," *Psychoanalytic Quarterly*, 76:725-777.

Bollas, C. (1983). "Expressive Uses of the Countertransference," *Contemporary Psychoanalysis*, 19:1-34.

Session #6: 12/6/20: The Real Relationship, Intersubjectivity

In contradistinction to the mandate of classical psychoanalysis and Ego Psychology that the analyst remain a “blank screen,” contemporary psychoanalysis acknowledges the “real relationship,” and the analyst’s subjectivity as necessary parts of the analytic process.

Readings:

Stern, S. (1994). “Needed relationships and Repeated Relationships: An Integrated Relational Perspective,” *Psychoanalytic Dialogues*, 4:317-346.

Stolorow, R., Brandchaft, B., Atwood, G. (1995). “Transference---The Organization of Experience,” in Stolorow, Brandschaft and Atwood, *Psychoanalytic Treatment: An Intersubjective Approach*; Hillsdale, NJ: The Analytic Press; pp. 28-46. [PDF](#)

Hoffman, I. (1983). “The Patient as Interpreter of the Analyst’s Experience,” *Contemporary Psychoanalysis*, 19:389-422.

Aron, L. (1995). “The Patient’s Experience of the Analyst’s Subjectivity,” in L. Aron *A Meeting of Minds*; Hillsdale, NJ: The Analytic Press; pp. 65-91.

Session #7: 1/29/21: Therapeutic Action: Empathy, Holding

How does psychoanalysis facilitate change? What are the mechanisms, means, and processes that an analyst utilizes in the course of conducting a treatment? Traditionally, classical analysts maintained that interpretation in the service of making the unconscious conscious *was* the psychoanalytic method. While retaining the importance of insight, our contemporary and pluralistic field emphasizes offering patients new kinds of relationships. Today’s class looks at the contributions of Self Psychology and Winnicottian thinking to our understanding of therapeutic action.

Readings:

Kohut, H. (1984). "The Role of Empathy in Psychoanalytic Cure," in H. Kohut. *How Does Analysis Cure*; Chicago: University of Chicago Press; pp. 172-191.

[PDF](#)

Stolorow, R., Atwood, G. & Brandchaft, B. (1992). "Varieties of Therapeutic Alliance," in Stolorow, R. & Atwood, G., *Contexts of Being: The Intersubjective Foundations of Psychological Life*; Hillsdale, NJ: The Analytic Press; pp. 87-

102. [PDF](#)

Winnicott, D.W. (1956). "On Transference," *International Journal of Psychoanalysis*, 37:386-388.

Slochower, J. (1996). "Holding and the Fate of the Analyst's Subjectivity," *Psychoanalytic Dialogues*, 6:323-353.

Optional: Grossmark, R. (2012). "The Unobtrusive Relational Analyst," *Psychoanalytic Dialogues*, 22:629-646.

Session #8: 1/31/21: Therapeutic Action: Enactment, Self-Disclosure

If dissociation is seen as a primary defense, it follows that words alone cannot be relied upon to bring about change. Enactment, which often entails some form of self-disclosure, is now regarded as a crucial form of opening up what has remained unspoken or unseen.

Davies, J. (2004). "Whose Bad Objects Are We Anyway: Repetition and Our Elusive Love Affair with Evil," *Psychoanalytic Dialogues*, 14:711-732.

Stern, D. (2004). "The Eye Sees Itself: Dissociation, Enactment, and the Achievement of Conflict," *Contemporary Psychoanalysis*, 40:197-237.

Ehrenberg, D. (1992). "The Intimate Edge," in Ehrenberg, D. *The Intimate Edge: Extending the Reach of Psychoanalytic Interaction*; New York: Norton; pp. 33-48. [PDF](#)

Session #9: 3/21/21: Therapeutic Action: Implicit Relational Knowing

Traditionally psychoanalysis has focused almost exclusively on words, on the verbal articulation of experience. More recently, contemporary analysts are considering the implicit, procedural, affective, and right-brain dimensions of therapeutic action and how such consideration contributes to analytic change.

Readings:

Stern, D. et al (1998). "Non-interpretive Mechanisms in Psychoanalytic Therapy: The 'Something More' than Interpretation," *International Journal of Psychoanalysis*, 79:903-921.

Lyons-Ruth, K. (1999). "The Two-Person Unconscious: Intersubjective Dialogue, Enactive Relational Representation and the Emergence of New Forms of Relational Organization," *Psychoanalytic Inquiry*, 19:576-617.

Schore, A. (2011). "The Right Brain Implicit Self Lies at the Core of Psychoanalysis," *Psychoanalytic Dialogues*, 21:75-100.

Session #10: 3/19/21: Therapeutic Action: Mutual Recognition, The Third

Mutual recognition and the creation of the third in the analytic encounter provide a means of understanding how to allow for difference between two subjectivities, that of the patient and of the analyst. To be recognized and appreciated for one's difference can lead to growth and greater relational freedom.

Readings:

Benjamin, J. (1990). "An Outline of Intersubjectivity: The Development of Recognition," *Psychoanalytic Psychology*, 7:33-46.

Ogden, T. (2004). "The Analytic Third: Implications for Psychoanalytic Theory and Technique," *The Psychoanalytic Quarterly*, 73:167-195.

Aron, L. (2006). "Analytic Impasse and the Third: Clinical Implications of Intersubjectivity Theory," *The International Journal of Psychoanalysis*, 87:349-368.

Session #11: Therapeutic Action: Pathological Accommodation

Through case examples we will examine what happens when the analyst does not recognize his or her own contribution to the analytic encounter, the ways in which a patient's pathological accommodation to the influence of the analyst stands in the way of growth and change.

Readings:

Brandchaft, B. (2007). "Systems of Pathological Accommodation and Change in Analysis," *Psychoanalytic Psychology*, 24:667-687.

Fonagy, P. (2004). "Miss A," *The International Journal of Psychoanalysis*, 85:805-814.

Hoffman, I. (2004). "Commentary 2," *The International Journal of Psychoanalysis*, 85:817-822.

Weisel-Barth, J. (2003). "The Case of Patient J," *Progress in Self Psychology* 19:199-206.

Aron, L. (2003). "A Ruthless Examination of an Empathic Clinical Presentation: A Discussion of Joye Weisel-Barth's Clinical Case," *Progress in Self Psychology*, 19:207-216.

Session #12: Candidate Presentations

Our last class will consist in candidate presentation of papers that focus on an exploration and assessment of the basic concept or concepts of the candidate's choice. Creativity and/or critique are encouraged in the writing of these five page papers.