Psychoanalytic Theory I & II

Tuesdays 6:30 PM—8:00 PM

Theory I—8 Sessions 9/14,21,28; 10/5,12,19,26; 11/2—2004

Faculty: Gerald Melchiode MD, FAPA & Dale C. Godby, PhD, ABPP, CGP

Theory II—8 Sessions

Faculty: Diane Fagelman Birk MD, FAPA & Dale C. Godby, PhD, ABPP, CGP
February and March 2005

The course will survey and critique 20 psychoanalytic theorists from Freud through Fonagy. The course will be lecture and discussion. The faculty will present and critique vignettes by one another to illustrate the dual task of listening to one's patient and one's theory. The students will be asked to bring in vignettes that illustrate and question the theories under discussion.

Fonagy, P. and Target, M. (2003). *Psychoanlytic theories: Perspectives from developmental psychopathology.* New York: Brunner-Routledge.

Additional Reading

For primary readings on selected theorists see the attached syllabus.

Friedman, L. (1988). *The Anatomy of Psychotherapy.* Hillsdale, N.J.: Analytic Press.

Bornstein, M. (1996). Issue 4. *Psychoanalytic Inquiry.*

This issue contains major reviews of Friedman's above mentioned book on theory by Fred Hilkert, Theodore Jacobs, Melvin Bornstein, Robert Michaels, Howard Levine, Robert Wallerstein, and Estelle and Morton Shane. It also includes a response by Friedman.

Psychoanalytic Theory I
Course Syllabus

Tuesdays 6:30 PM—8:00 PM

Theory I—8 Sessions 9/14,21,28; 10/5,12,19,26; 11/2—2004

Faculty: Gerald Melchiode MD, FAPA & Dale C. Godby, PhD, ABPP, CGP

Week One Sept 14	Chapters 1 & 13 *	Introduction and The Practice of Psychoanalytic Theory
	Friedman, '88 **	Why bother with theory?
Week Two Sept 21	Chapter 2	Freud
	Freud, '15	Mourning and Melancholia
Week Three Sept 28	Chapter 3	Structural Model: Hartmann, Erikson, Sptiz, Jacobson, Loewald
	Jacobson, '53	Psychoanalytic Theory of Cyclothymic Depression
Week Four Oct 5	Chapter 3	Structural Model: Hartman, Erikson, Sptiz, Jacobson, Loewald
	Loewald, '60	Therapeutic Action
Week Five Oct 12	Chapter 4	Development of Structural Model: Anna Freud, Mahler, Sandler
	A. Freud, '81	Developmental Lines
Week Six Oct 19	Chapter 4	Development of Structural Model: Anna Freud, Mahler, Sandler
	Mahler, '71	Separation-Individuation of BPD
Week Seven Oct 26	Chapter 4	Development of Structural Model: Anna Freud, Mahler, Sandler
	Sandler, '90	Structure of Internal Objects
Week Eight Nov 2	Chapter 5	Object Relations: Andre Green
	Green, '83	The Dead Mother

*** Book chapters all refer to the Fonagy and Target book cited in the reference list.**

**** Primary source readings available in course packet.**

References

Fonagy, P. and Target, M. (2003). *Psychoanalytic theories: Perspectives from developmental psychopathology.* New York: Brunner-Routledge.

Friedman, L. (1988). Why bother with theory? In, *The anatomy of psychotherapy*. Hillsdale, NJ: The Analytic Press. 149-152.

Freud, A. (1981). The concept of developmental lines: Their diagnostic significance. *Psychoanalytic Study of the Child, 36,* 129-136.

Freud, S. (1915). Mourning and melancholia. *Standard Edition, 14*, London: Hogarth Press.

Green, A. (1972). The dead mother. In *On private madness*. Madison, CT: International Universities Press.

Jacobson, E. (1971). On the psychoanalytic theory of cyclothymic depression. In, *Depression: Comparative studies of normal, neurotic, and psychotic conditions*. New York: International Universities Press.

Loewald, H. W. (1980). On the therapeutic action of psychoanalysis. In, *Papers on psychoanalysis*. New Haven: International Universities Press.

Mahler, M. S. (1979). Separation-Individuation in borderline personality disorder. In, *The Selected Papers of Margaret S. Mahler, 2*, 170-181. New York: Jason Aronson.

Sandler, J. (1990). On internal object relations. *Journal of the American Psychoanalytic Association*, 859-880.

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Psychoanalytic Theory II

Tuesdays 6:30 PM—8:00 PM
February and March 2005

Faculty: Diane Fagelman Birk, MD, FAPA & Dale C. Godby, PhD, ABPP, CGP

Week One February 1	Chapter 6 *****	Klein-Bion Model
	Klein, '46 ******	Schizoid Mechanisms
Week Two February 8	Chapter 6	Klein-Bion Model
	Bion, '59	Attacks on Linking
Week Three February 15	Chapter 7	British Middle or Independent School
	Fairbairn '58&'63	Aims and Object Relations Synopsis
Week Four February 22	Chapter 7	British Middle or Independent School
	Winnicott, '69	Use of the Object
Week Five March 1	Chapter 8	North American Object Relations
	Kohut '82	Semi-Circle of Mental Health
Week Six March 8	Chapter 9	Interpersonal & Relational
	Mitchell, '81	Origin of the Object in Klein and Fairbairn
Week Seven March 15	Chapter 10	Bowlby Attachment
	Bowlby, '89	Attachment and Personality
Week Eight March 22	Chapter 11-14	Schema, Fonagy, Theory
	Horowitz, '77	Hysterical Personality and Change

*** Book chapters all refer to the Fonagy and Target book cited in the reference list.**
**** Primary source readings available in course packet.**

Psychoanalytic Theory II

Klein, M. (1946). Notes on some schizoid mechanisms. *International Journal of Psycho-Analysis, 27,* 99-110.

Bion, W. R. (1959). Attacks on linking. *International Journal of Psycho-Analysis, 40,* 308-315.

Fairbairn, W. R. D. (1958). On the nature and aims of psycho-analytical treatment. *International Journal of Psycho-Analysis, 39,* 374-385.

Fairbairn, W. R. D. (1963). Synoposis of an object-relations theory of the personality. *International Journal of Psychoanalysis, 44,* 224-225.

Winnicott, D. W. (1969). The use of the object. *International Journal of Psycho-Analysis, 50,* 711-716.

Kohut, (1982). Introspection, empathy, and the semi-circle of mental health. *International Journal of Psych-Analysis, 63,* 395-407.

Mitchell, S. A. (1981). The origin and nature of the "Object" in the theories of Klein and Fairbairn. *Contemporary Psychoanalysis, 17,* 374-398.

Bowlby, J. (1989). The role of attachment in personality development and psychopathology [Chapter]. In S.I. Greenspan & G. H. Pollock (Eds) *The course of life, Volume 1: Infancy,* 229-270. Macison, CT: International Universities Press.

Horowitz, M. J. (1977). Hysterical personality: Cognitive structure and the processes of change. *International Review of Psycho-Analysis, 4,* 23-49.

TEACHING AND LEARNING BY DISCUSSION

Dale C. Godby, PhD., ABPP, CGP

How often in hearing a lecture or participating in a discussion is our thinking really challenged or significantly developed? Not often enough, yet we continue to attend lectures. Why do we do this? Ann Applebaum (1972) in her provocative paper, "On hearing, presenting and discussing scientific papers," suggests the reasons range from the superficial to the unconscious and from the infantile to the mature. On the more primitive level, she says we attend lectures to see the speaker (an outsider) injured by one of us (the discussant). We may attend out of curiosity or to see someone we have read for years in the flesh. We may go to see some one we think badly of confirm our low opinion by doing a poor job. On a more mature level we may go to learn or exchange views with a colleague to our mutual enrichment. We go to pursue a journey that Whitehead (1933) calls the adventure of ideas, and if we are wise we heed his admonition to: “seek simplicity and distrust it.” On the deepest of levels we go to participate in what Adler refers to as the “Great Conversation”, which has occurred across the millennia. A careful reading of Applebaum’s article will offer you a rich reward in that most of us have many lectures and discussions ahead. Her paper helps to clarify the purpose of different formats, thus increasing the likelihood of benefit. The format we will be using in this class will be lecture and discussion. In order to get the most from the class I have outlined the following ideas about discussion.

Discussion Leaders

The primary goal in our discussions is to learn from one another. In order to do this best we need to create an atmosphere that promotes free discussion and facilitates "two way talk". We are interested in discussions that will promote an enlarged understanding of ideas and values rather than discussions that simply increase our knowledge or develop our skills. For a discussion to work well, a group needs to develop something akin to a therapeutic alliance. We need to develop a "discussion alliance" or a discipline of discussion. I will summarize some points that I hope will enhance our discussions further. I will be quoting and adapting freely from Dr. Mortimer J. Adler's book, *How To Speak And Listen* (1983). Dr. Adler is well suited to write about how best to conduct intellectual discussions. He led seminars at the Aspen Institute for Humanistic Studies for over thirty years. He was Chairman of the Board of Editors of the Encyclopedia Britannica, editor of Great Books of the Western World and author of numerous books, the most successful of which is *How To Read A Book* (1940), written over sixty years ago and selling more than 8 million copies. If you haven't read it, may I suggest it to you. Perhaps because I am still learning to read, I will include another work on reading by Harold Bloom, a leading literary critic of our time and a Shakespeare scholar. In his *How to Read and Why* (1999) he inspires one to read deeply and read well, arguing that "ultimately we read to strengthen the self, and learn its authentic interests."

For our meetings to be successful, they are best considered as a discussion among equals with the leaders or moderators superior only in the sense that they have done more

reading and thinking on the issues at hand. Socrates provides a good example in which he saw himself simply as the principal inquirer, "the first among equals".

As lecturers and discussion leaders we will we will assume that the students have read the assigned readings. We will carefully select and examine one article on the topic for the week and raise a series of questions that will be used to give direction to our discussion. Sometimes just one question will be enough; sometimes three or four will be needed. We will use questions that raise issues. The best questions are ones that occur to after a thorough study of the article. These questions are ones that we frequently can not adequately answer. They should be questions that will raise further questions when first answers are given. It is likely that the questions raised by the moderator will lead the discussants to raise further and perhaps more focused questions of their own. They will be questions that can seldom be answered yes or no, and may be hypothetical questions that present suppositions, the implications of which will be examined. It may be useful for the moderator or discussants to use clinical vignettes to illustrate or clarify their responses to the questions at hand. These vignettes when offered are best prepared according to the format given by Tuckett (1993) and summarized at the end of this paper.

Secondly, our discussion leaders will examine the answers given to the questions by trying to evoke the reasons for the answers and the implications they have. If the question being answered is not understood, the discussion leader may need to repeat the question in a number of different ways using a variety of concrete examples to get the question clear.

Thirdly, our moderators will engage the participants in "two way talk" with one another when the views they have advanced appear to be in conflict. To perform the second and third tasks, the moderator must be as active in listening as in questioning. Adler says that from his long experience, this is the moderator's most important obligation and the one most difficult to discharge well. The energy required to listen to each participant is very tiring. Adler says it is possible to give two or three good lectures (one way talk, teaching by telling) in one day, but he doubts if anyone has the energy to conduct more than one good seminar in a day.

The purpose of our discussions will not be to reach conclusions about which we all agree. Rather, it should leave us with an understanding of the questions to be answered and the problems to be solved. In the succession of discussions that we have planned, whatever understanding has been achieved in the earlier meetings should be used in dealing with questions or issues raised in later meetings. If this is what we hope for from our discussion leaders, what is necessary on the part of our discussion participants.

Discussion Participants

The state of mind we bring to the meeting is of primary importance. First of all the participants need to come prepared to discuss. To do this well the article that is chosen by

the discussion leader should be read TWO TIMES and you should raise some questions of your own as well as think about the questions that the leader has raised. All participants, including the moderator, should come with open minds and be prepared to change their mind as a result of the discussion. We should be open to views that are new, neither stubbornly resistant nor passively submissive. Adler points out the fact that although many educated people have had courses in reading, writing and speaking that few, if any, have ever had courses in listening. To listen and understand what our colleagues are saying will perhaps be our most difficult task. You might say that this shouldn't be that difficult for a group of therapists who have been trained to listen, but the type of listening most of us have been trained to do differs markedly from the type that makes for good discussion. In fact, listening for unconscious meanings may at times interfere with what can make for good discussion.

The first rule to be followed is: do not agree or disagree until you are sure you understand the position the other person is taking. "To disagree before you understand is impertinent. To agree is inane". To insure we understand one another before agreeing or disagreeing is often time consuming and requires patience and persistence, but it is necessary if we seek to have a genuine meeting of minds.

Adler suggests that if you find yourself in genuine disagreement that you should be able to explain the grounds of your disagreement by saying one of the following things. I will quote Adler directly:

"I think you hold that position because you are **uninformed** about certain facts or reasons that have a critical bearing on it". Then be prepared to point out the information you think the other lacks and which, if possessed, would result in a change of mind.

"I think you hold that position because you are **misinformed** about matters that are critically relevant". Then be prepared to indicate the mistakes the other has made, which, if corrected, would lead the other to abandon the position taken.

"I think you are sufficiently well informed and have a firm grasp of the evidence and reasons that support your position, but you have drawn the wrong conclusions from your premises because you have made **mistakes in reasoning**. You have made fallacious inferences". Then be ready to point out those logical errors, which if corrected, would bring the other person to a different conclusion.

"I think you have made none of the foregoing errors and that you have proceeded by sound reasoning from adequate grounds for the conclusion you have reached, but I also think that your **thinking about the subject is incomplete**. You should have gone further than you did and reached other conclusions that somewhat alter or qualify the one you did reach". Then be able to point out what these other conclusions are and how they alter or qualify the position taken by the person with whom you disagree.

Let me finish by further quoting what Adler says seminar teaching by questioning and discussion is not:

> It is not a quiz session in which a teacher asks Yes or No questions and says right or wrong to the answers.It is not a lecture in disguise in which the teacher asks questions and, after a brief pause or after listening to one or two unsatisfactory responses, then proceeds to answer his own questions at length, thus in effect giving a lecture that is punctuated by the questions asked.It is not a glorified "bull session" in which everyone feels equally free to express opinions on the level of personal prejudices or to recount experiences that the narrator of them regards as highly significant of something or other.

None of the foregoing counterfeits of the seminar provides the kind of learning that a seminar should afford when it is properly conducted by questions and answers and by the discussions of their significance.

REFERENCES

Adler, M. J. & Van Doren, C. (1972) *How to read a book.* (rev. ed.) New York: Simon & Schuster. (Original work published 1940).

Adler, M. J. (1983). *How to speak and listen*. New York: MacMillan.

Applebaum, A. (1972). On hearing, presenting and discussing scientific papers. *Bulletin of the Menninger Clinic*, *35*, 546-550.

Bloom, H. (1999). *How to read and why*. New York: Scribner

Tuckett, D. (1993) Some thoughts on the presentation and discussion of the clinical material of psychoanalysis. *International Journal of Psycho-Analysis, 74*, 1175-1189.

Whitehead, A. N. (1933). Adventure of ideas. New York: MacMillan.

Presentation of Clinical Material

1. What model of listening and cure is the therapist working from.

2. Distinguish between: “What the patient said.”

3. “What the therapist felt.”

4. “What the therapist thought about this.”

5. “What the therapist said.”

6. ”What the patient said after the therapist spoke.”

References

Tuckett, D. (1993) Some thoughts on the presentation and discussion of the clinical material of psychoanalysis. *International Journal of Psycho-Analysis, 74,* 1175-1189.

Wyman, H.M. & Rittenberg, S. (1992)Reflections on the written presentation of psychoanalytic clinical data: Necessary source and perennial problem. *Journal of Clinical Psychoanalysis, 1,* 323-331.