



**CLEVELAND PSYCHOANALYTIC CENTER
PSYCHOANALYTIC PSYCHOTHERAPY PROGRAM**
Semester I
Psychodynamic Theory & Its Application to Clinical Practice
Fall 2019
Tuesdays 6:30-8:30 p.m.

Instructors:

Patrick Enders, M.D. & Richard Grossberg, M.D.
Vera Camden, PhD
Kim Thompson-Schinagle, PhD
Kimberly Bell, PhD

Ego Psychology: September 10, 17, 24 and October 15

Instructors: Patrick Enders, M.D., Richard Grossberg, M.D.

With the publication of “The Ego and the Id” Freud in 1923 introduced his tripartite structural theory of the ego, id, and superego; from which ego psychology has flourished. Students will learn why and how Freud went from the brain to the mind and from the topographic to the structural model. Students will understand the importance of the early discoveries of free association, resistance, transference, dreams and the beginning of the talking cure first described as “chimney sweeping”. Students will marvel, as we all have, at how Freud could turn setbacks into opportunities; as when his theory of infant seduction collapsed which was replaced by his theory of infantile sexuality. At the time a radical and controversial idea given the broadly held belief that children were sexually innocent. As the seminar unfolds the students will see how ego psychology became the dominant paradigm of the psychoanalytic technique in the 20th century, as defense mechanisms took their rightful place in the structural model thanks largely to the contributions of Anna Freud. Finally the student will understand how ego psychology has continued to evolve becoming more comprehensive and refined, now being able to explain not only abnormal behavior but normal behavior as well.

Most importantly the student’s psychotherapy practice should benefit from their understanding of ego psychology. Clinical materials should become more organized and the hypotheses more readily generated. Clinical questions will hopefully be more easily answered by the student with the perspective of ego psychology and the structural model- Which childhood calamity is reverberating in my patient’s unfolding story? What are the

core conflicts in my patient? How do I work with parapraxes? When might the topographic model be useful when working with my patient? How can identifying a patient's defenses help determine whether I work more supportively or take a more uncovering approach with my patient? How does one interpret a patient's dream? Etc.

Session 1: September 10

From Brain to Mind, From Topographic to Structural- An Introduction to Psychoanalytic Theory

Freud, S. (1923), The Ego and the Id. SE XIX (pp. 12-39) London: Hogarth Press

Mitchell, S., Black M. (1995) Sigmund Freud and the Classical Psychoanalytic Tradition. In Freud and Beyond: A History of Psychoanalytic Thought, Ch.1 (pp. 1-22). New York: Basic Books

Session 2: September 17

Ego Psychology and the Development of Defense Analysis

Freud, A. (1962) The Ego and Mechanisms of Defense, London: Hogarth Press
Chapter 1: The Ego and the Seat of Observation (pp.3-10)
Chapter 3: The Ego's Defensive Operations as an Object of Analysis (pp. 30-44).

Mitchell, S., Black, M. Op cit. Ego Psychology Ch. 2 (pp 25-59).

Session 3: September 24

Redefining Ego Psychology Towards Modern Conflict Theory

Brenner, C. (1982), The Mind in Conflict Madison, CT: IUP

Ch. 4: Affect and Psychic Conflict (pp55-71)

Ch. 6: The Calamities of Childhood (pp 93-108)

Ch. 7: Compromise Formation (pp. 109-119)

Session 4: October 15

Developmental Lines and A Hierarchy of Defense Mechanisms

Freud, A. (1963). The Concept of Developmental Lines, Psychoanalytic Study of the Child, Vol. 18 (pp 245- 265). New York : IUP

Freud A., (1981) Op. cit. The Concept of Developmental Lines- There Diagnostic Significance, Vol. 36 (pp.129-136)

Gabbard, G. (2010) Long Term Psychotherapy: A Basic Text, 2nd Edition, A hierarchy of defense mechanisms, (pp 34-36) Washington, DC: American Psychiatric Publishing, Inc.

Grossberg, R. (2008) Psychoanalytic Contributions of the Care of Medically Fragile Children. Journal of Psychiatric Practice, Vol. 16, #6 (pp. 307-311)

Object Relations & Winnicott: October 22 and 29
Instructor: Vera Camden, Ph.D.

These classes will introduce students to one of the most influential essays in contemporary psychoanalysis: it is the most often searched article, for instance, on the PEP data base. Yet this article is deceptively simple in its conception of the developmental significance of the “transitional object” in the development of the infant’s sense of self, creativity and very humanity. We will read closely this essay and correlate its thesis with another one of Winnicott’s later essays on the “location of cultural experience.” In an effort to bring these concepts “home” through an experience of popular culture students will view PRIOR to class meetings the film “Lars and the Real Girl. Class discussion will revolve in the first session around mapping the two theoretical and clinical essays and then in the second session around applying theoretical concepts from Winnicott’s essays to the very odd yet moving depiction of a young man’s recovery from a constrained and inhibited existence in this film. It is highly recommended that students write a brief summary of the main points of the two essays and any questions or observations to share with the class. Have fun!

Sessions 5 & 6: October 22 & October 29

Winnicott, D.W.(1953). Transitional Objects and Transitional Phenomena-A Study of the First Not-Me Possession. *Int. J. of Psycho-Anal.*, 34: 89-97

Winnicott, D.W. (1967). The Location of Cultural Experience. *Int. J. of Psycho-Anal.*, 48: 368-372.

Watch the movie, *Lars and The Real Girl*. (can be found on YouTube or Amazon)

The Relational Turn in Psychoanalysis: November 5, 12 and 19
Instructor: Kim Thompson-Schinagle, PhD

The following three classes will introduce participants to contemporary relational psychoanalysis. We will explore the historical progression that led to the relational turn, and begin to understand how the therapeutic relationship is conceptualized in this way of working.

Session 7: November 5 **The Relational Turn**

Mitchell, S. (1984). Object Relations Theories and the Developmental Tilt. *Contemporary Psychoanalysis*, V 20(4) p472-498

Harris, A. (2011). The Relational Tradition: Landscape and Cannon. *Journal of the American Psychoanalytic Association*. 59/4/701-727

Session 8: November 12

The Relational Turn

Aron, L. (1999) The patient's experience of the analyst's subjectivity. In *Relational Psychoanalysis. The emergence of a tradition*. pp243-268

Bromberg, P. (1993). Shadow and substance: A relational perspective on clinical process. *Psychoanalytic Psychology*. 10:147-168.

Session 9: November 19

The Relational Turn

Benjamin, J. (2009). A relational psychoanalysis perspective on the necessity of acknowledging failure in order to restore the facilitating and containing features of the intersubjective relationship (the shared third). *International Journal of Psychoanalysis* 90:441-450.

Davies, J.M. (2004). Whose bad objects are we anyway? Repetition and our elusive love affair with evil. *Psychoanalytic Dialogues* 14:6, 711-732

Child Development & Attachment Theory: November 26, December 3, 10 and 17

Instructor: Kimberly Bell, PhD

Session 10: November 26

Infancy and Developmental Phase of Parenthood

Students will develop a proficiency in identifying the emotional developmental tasks of children birth to 24 months. Students will also identify the impact that disruption during the phase of infancy may have on psychopathology in adults. Students will explore the impact early childhood development has on psychotherapeutic technique.

In addition, we will examine ways parental investment and parental self-esteem can affect the outcome and/or resolution of the developmental phase of infancy. We will also explore ways to help the mothering person recognize normal infant development.

Brazelton, T. Berry and Cramer, Bertrand G. (1990), *The Earliest Relationship*, pp. 133-184.

Furman, Erna (1987), *Helping Young Children Grow*, pp. 207-227.

Session 11: December 3

Toddlerhood (two to four years)

Students will gain an understanding of the developmental task of toddlerhood. They will be able to translate developmental theory into understanding of adult pathology and appreciate the impact of early childhood development on technique in psychotherapy.

Furman, E. (1992), *Toddlers and Their Mothers: A Study in Early Personality Development*, pp. 219-240 and pp. 265-298.

Session 12: December 10
Phallic & Oedipal Phases of Development

Participants will gain an understanding of the strivings and conflicts typical of the phallic and oedipal phases of child development, generally occurring at 3-5 years of age. They will be able to identify ways in which disruptions in this phase impact adult psychopathology.

Furman, Erna , (1987) Part I Relationships in Helping Young Children Grow. pp. 63 - 82

Tyson, P. & Tyson, R., (1990) Psychosexual Development, Psychoanalytic Theories of Development: an integration, New Haven: Yale Universities Press, Part two, pp.57-60 – read up to the section on Latency.

Edgumbe, B.A., M.S. and Burgner, B.A. (1975) The Phallic-Narcissistic Phase. The Psychoanalytic Study of the Child (30) pp. 163-179

**** Read only the pages indicated in the bibliography above which in most cases is not the entire article or chapter. I also recommend reading them in the order they are listed to maximize understanding of the material.**

Session 13: December 17
Latency and Adolescence

Students will develop a proficiency in identifying the emotional developmental tasks Children age 6 to adolescence. They will learn about the possible impact of disruptions during the latency phase on psychopathology in adults.

Students will develop a proficiency in understanding the emotional developmental tasks of adolescence. They will identify the impact of early childhood conflicts on the adolescent phase. Additionally students will be exposed the relationship between working with adolescents and working with adults in psychoanalytic psychotherapy.

Bornstein, B., On Latency. PSC, 6:279-285

Kestenburg, J., The Effect on Parents of the Child's Transition into and out of Latency. in: Children and Parents, 1975 pgs. 267-281

Freud, A., Adolescence. PSC 13: 1958 pgs. 255-277

PSYCHOANALYTIC PSYCHOTHERAPY PROGRAM
Semester II
Psychodynamic Theory & Its Application to Clinical Practice
2019-2020
Tuesdays 6:30-8:30 p.m.

AMENDED SYLLABUS-REVISED

Instructors:

Janet Sharp, LPCC-S
Anna Janicki, M.D.
Vera Camden, Ph.D.
Tracie Luther, M.D.
Joanne Naegele, LPCC-S & Rimvydas Augis, Ph.D.
Catherine Sullivan
Patrick Enders, M.D.
Yael Greenberg, Psy.D.
Kim Thompson-Schinagle, PhD

January 7, 2020

The Beginning Phase of Treatment: The Evaluation

Janet Sharp, M. A. LPCC-S.

This class will address the key concepts of the evaluation phase, including how to assess the patient, formulate the case and recommend treatment using the Problem-Person-Goals-Resources model.

Learning Objectives:

1. Describe a safe therapeutic space
2. Describe important elements of the initial clinical formulation
3. Recognize differences between psychodynamic and supportive approaches

Readings

1. Cabannis, D. (2011). *Psychodynamic Psychotherapy, A Clinical Manual*, Chapters 3-6, pp. 13-60. John Wiley & Sons Ltd, West Sussex.

January 14, 2020

The Beginning Phase of Treatment: Beginning the Treatment

Janet Sharp, M.A. LPCC-S.

This class will address the goals of beginning a psychoanalytic psychotherapy, including setting goals, setting the frame, establishing boundaries and developing a therapeutic alliance. We will discuss the key concepts of empathic listening and that thoughts and feelings have meaning.

Learning Objectives:

1. Describe the process of giving recommendations for treatment
2. Describe the purpose and components of the frame
3. Define therapeutic alliance

Reading

1. Cabannis, D, (2011). *Psychodynamic Psychotherapy, A Clinical Manual*, Chapters 7-14, pp. 61-129. John Wiley & Sons Ltd, West Sussex.

January 21, 2020

Psychodynamic Understanding of Mourning: Loss and Bereavement

Anna Janicki, M.D.

In this seminar we will compare and contrast healthy and morbid grief. We are also going to learn the link between morbid grief and depression.

Learning objectives:

1. Participants will be able to define healthy and morbid grief
2. Participants will be able to identify classical theories of dynamics of depression

Readings

1. [Alvarez, A. \(2009\). The Case of Luisa. *Psychoanal. Inq.*, 29\(4\):304-313. \[...\]](#)
2. Freud, S. Mourning and melancholia 1917 Standard Edition 14 237-260
3. CPC Blog Healthy Bereavement, Anna J. Janicki, M.D. Posted on October 5, 2010

January 28, 2020

Trauma and the Complex PTSD

Anna Janicki, M.D.

In this seminar discussion will focus on the linking of concept of trauma from neuroscience perspective with psychoanalytic view. Trauma affects neurochemical changes in the brain and the body, and, traumatic memory formation. Introduction of the memories threatening survival activates amygdala system. This will help us to understand of how trauma affects personality, emotional suffering, and psychoanalytic psychotherapy as means of recovery. We will review very briefly history of psychology of trauma: Charcot, Janet, Freud as well as the different names for it like shell shock, traumatic neurosis, hysteria, borderline states and PTSD. There will be brief review of anatomy: roles of hippocampus and amygdala and of neurochemical changes; HPA axis, steroids, nor-epinephrine, etc. Yovell's paper introduces clinical usefulness of meanings of traumatic memory through discovery of its unconscious meaning. Coates' explores in the clinical case basics of transformation of these memories.

Learning objectives:

1. Describe how trauma affects explicit and implicit functioning;
2. Apply understanding of functioning of traumatic memory in clinical situations;
3. Review the history of the psychology of trauma.

Readings

1. Yovell, Yorem. (2000). "From Hysteria to Post Traumatic Stress Disorder: Psychoanalysis and the Neurobiology of Traumatic Memories." *J. Neuro-psychoanalysis*, Vol. 2: 171-181.
[PEP Web Link](#).
2. Coates, S. (1997). "The Complexity of Early Trauma: Representation and Transformation." *Psychoanalytic Inquiry*, 17(3): 286-311. [PEP Web Link](#).

February 4th, 2020

Transference

Vera Camden, Ph.D.

Learning Objectives for February 4 and February 18, 2020:

1. To define in their clinical work in terms of unconscious conflict, transference love and hate as Winnicott defines these states
2. Understand transference and counter-transference relationally and not as a something mustered for psychoanalytic evidence
3. Use transference interpretations of unconscious conflict to enable patients and clients to diminish destructive acting out behaviors

Readings

1. Freud, Sigmund. "The dynamics of transference." In *The standard edition of the complete psychological works of Sigmund Freud, Volume XII (1911-1913): The case of Schreber, papers on technique and other works*, pp. 97-108. 1958.
2. Freud, Sigmund. "Remembering, repeating and working-through (Further recommendations on the technique of psycho-analysis II)." In *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XII (1911-1913): The Case of Schreber, Papers on Technique and Other Works*, pp. 145-156. 1958.
3. Winnicott, D. W. "On transference." *International Journal of Psycho-Analysis* 37 (1956): 386-388.

February 11, 2020

Case Presentation

Tracie Luther, M.D.

February 18, 2020 RESCHEDULED FOR MARCH 10th at 7:00 p.m.

Counter-Transference

Vera Camden, Ph.D.

February 25, 2020

Resistance

Ms. Joanne Naegele, M.A., LPCC-S and Rimvydas Augis, Ph.D.

In 1912 S. Freud wrote: “resistance/.../represent a compromise between the forces that are striving towards recovery and the opposing ones.”

In the Gabbard article we will initially “cover the waterfront” and look at the topic broadly.

In the second article we will look at clinical examples of resistance.

Learning Objectives:

1. To become familiar with the forms which resistance can take.
2. To understand the multifaceted purposes of resistance.
3. To learn to work with the psychodynamics of resistance to uncover the internal life of the patient.

Readings

1. Gabbard, G. (2004). Long Term Psychodynamic Psychotherapy, A Basic Text. Chpt. 6: “Working with Resistance,” 99-116. Comment: We will carefully go over this text in the first hour
2. Greenson, R. The Technique and Practice of Psychoanalysis. Vol 1. pp101-124, RESISTANCE. IUP, New York, 1967.

March 3, 2020

Projective Identification

Ms. Joanne Naegele, M.A., LPCC-S and Rimvydas Augis, Ph.D.

In the first hour we will read Betty Joseph’s paper and begin to understand how this contemporary Kleinian analyst understands this concept and uses it clinically.

In the second hour we will use Ogden and his thinking to clarify what projective identification is and how it is clinically used in his own and in Betty Joseph’s examples.

“...one can think of projective identification as a process involving the following sequence: first, there is the fantasy of projecting a part of oneself into another person and of that part taking over the person from within; then there is a pressure expected via the interpersonal interaction such that the ‘recipient’ of the projection experiences pressure to think, feel and behave in a manner congruent with the projection; finally, the projected feelings, after being psychologically processed by the recipient, are re-internalized by the projector.” Ogden (1979) p. 357.

Learning objectives:

1. You will become familiar with the concept of projective identification.
2. You will understand how patients use projective identification to master their anxiety.
3. You will learn how to interpret projective identifications to the patient.

Readings

1. Schafer, R., Ed., (1997) Contemporary Kleinians of London, IUP.
 - a) Editor’s Introduction to Projective Identification: Some Clinical Aspects: 97-99.
 - b) Joseph, B. “Projective Identification: Some Clinical Aspects”, Chapter 4, pp 100-116.
2. Ogden, T.H. (1979). On Projective Identification. Int. J. Psycho-Anal., 60:357-373.

March 10, 2020

Counter-Transference

Vera Camden, Ph.D.

Readings

1. Winnicott, D, W. "Hate in the counter-transference." *International journal of psycho-analysis* 30 (1949): 69-74.
2. Winnicott, D, W. "The use of an object." *International Journal of Psycho-Analysis* 50 (1969): 711-716.
3. Dimen, M. "A Last-Minute Breakthrough." *The New York Times*, November 3, 2015. <https://opinionator.blogs.nytimes.com/2015/11/03/a-last-minute-breakthrough/>

March 17, 2020

Ethics in Psychoanalytic Psychotherapy

Catherine P. Sullivan L.I.S.W.

This class will address two important ethical issues -confidentiality and the avoidance of exploitation. Two cases and a variety of vignettes will be presented for discussion.

Learning Objectives:

1. To understand the ethics concepts of confidentiality and avoidance of exploitation
2. To appreciate the importance of ethics in the therapeutic relationship
3. To consider the applicability of ethical concepts in clinical work

Readings

1. Confidentiality (2008). In *Ethics Case Book of the American Psychoanalytic Association*, eds. P.A. Dewald and R. W. Clark, New York: American Psychoanalytic Association, pp. 21-41.
2. Avoiding Exploitation (2008). In *Ethics Case Book of the American Psychoanalytic Association*, eds. P.A. Dewald and R. W. Clark, New York: American Psychoanalytic Association, pp. 43-66.

March 24, 2020

Case Presentation

Patrick Enders. M.D.

March 31, 2020

Enactments

Yael Greenberg Psy.D.

Learning Objectives:

1. Participants will understand the concept of enactment as an interaction between analyst and patient. Both unconsciously enact and role play something together.
2. Participants will be able to grasp the therapeutic potential of enactments.
3. Participants will be able to identify and utilize enactments in their work with their patients.

Readings

1. Wachtel L. P. (2008). *Relational Theory and Practice of Psychotherapy*. New York: Guilford Press. Enactment and its Vicissitudes P. 230-238
2. Theodore J. Jacobs, M.D. (1986). On Countertransference Enactments. *Journal of the American Psychoanalytic Association*, 34:289-307.
3. Bass, A. (2003). "E" enactments in Psychoanalysis. *Psychoanalytic Dialogues*, 13:657-675

NO CLASSES: APRIL 7th and 14th

April 21, 2020

Challenges to the Frame

Yael Greenberg Psy.D.

Learning Objectives:

1. Participants will understand the concept of the frame.
2. Participants will be able to understand the situations in which it is challenged.
3. Participants will be able to identify and utilize these challenges in their work with patients.

Readings

1. McWilliams, N. (2004) *Psychoanalytic Psychotherapy: A Practitioner's Guide*, The Guilford Press. Chapter 5, Boundaries I: The Frame. p. 99-132.
2. Bass A. (2007) When the Frame Doesn't Fit the Picture. *Psychoanalytic Dialogues*, 17,(1):1-27

Optional Reading:

1. McWilliams, N. (2004) *Psychoanalytic Psychotherapy: A Practitioner's Guide*, The Guilford Press. Chapter 7, Boundaries II: Quandaries. p. 163-197.

April 28, 2020

Impasses

Yael Greenberg Psy.D.

Learning Objectives:

1. Participants will understand the concept of Impasse.
2. Participants will be able to identify an impasse in a work with a patient.
3. Participants will have the tools to deal with therapeutically approaching an impasse, i.e., through use of the therapist's countertransference feelings and interpretation.

Readings

1. Gabbard O. Glen. (2004). Long-Term Psychodynamic Psychotherapy, A Basic text. American Psychiatric Publishing, Inc, London. Impasse, p.158-162.
2. *Gabbard's section on Impasse comes in the midst of his Working Through and Termination chapter, p.153-171.
3. Elkind N. Sue. (1992). Resolving Impasses in Therapeutic Relationships. The Guilford Press, New York. Chapter 2; Impasses, p. 36-51

Optional readings:

1. Rosenfeld, Herbert (1987). Impasse and Interpretation: Therapeutic and Anti-therapeutic Factors in the Psychoanalytic Treatment of Psychotic, Borderline, and Neurotic Patients. Chpt 7: 133-156. "The Problem of impasse in psychoanalytic treatment."

See page 139: Diagnosing Impasse:

"Counter-transference problems in a long analysis frequently occur when the analysis is not making progress and an impasse is threatening. Impasses, however, are of different kinds, and it is important to try to differentiate them. One type occurs during the final stages of an analysis when some of the patient's symptoms which have been analyzed before appear again in an exaggerated form." (This is a positive development and represents an opportunity to look at something that one has looked at before, and perhaps find more meaning.) A second type of impasse occurs when a patient has made particularly good progress but suddenly exhibits a negative reaction....(It is likely that hidden envy has been mobilized and is being acted out through destructive behavior aimed against the analytic progress.—such as a wish to defeat the analyst.)

These impasses are different from a third type, one in which "severe negative reactions to analysis do not follow real progress." (Example would be one in which the patient and analyst collude with the idea that no analysis is really going on. "The analyst is out of touch with what is going on in the patient. Patient feels rejected and still more frightened to express his criticism, because he feels the analyst will not listen. In these cases there is a severe deterioration of the relationship between analyst and patient and a gradual worsening of the patient's mental and physical state are invariable...an important source of such an impasse is some difficulty in the counter-transference.")

2. Jeremy D. Safran, Ph.D., J. Christopher Muran, Ph.D. and Alexandra Shaker, M.A.(2014). Research on Therapeutic Impasses and Ruptures in the Therapeutic Alliance. Contemporary Psychoanalysis, 50(1-2):211-232

May 5, 2020

Case Presentation

Catherine P. Sullivan, L.I.S.W.

May 12 & 19, 2020

Working Through and Ending

Kim Thompson-Schinagle, Ph.D.

These two classes will explore issues related to the ending of a psychodynamically informed treatment relationship.

Learning Objectives:

- 1.To acquire a beginning knowledge of issues related to the ending phase of treatment.
- 2.To develop an initial understanding of the complexity embedded in endings and breaks in treatment and how these may be connected to or informed by the process of mourning.
- 3.To consider the importance of context and use of self in the clinical encounter in this phase of the work.

Readings 5/12/20

1. Freud, (1937) Analysis Terminable and Interminable
2. Freud, (1917) Mourning and Melancholia
3. Kenafo, (2017). Beginnings and Endings: Time and Termination in Psychoanalysis

Readings 5/19/20

1. Kantrowitz (2015) Myths of Termination, Ch. 1&2