

Seattle Psychoanalytic Society and Institute  
**CONTINUATION OF OPENING PHASE**  
Year One Psychoanalytic Training  
Instructors: Ron Furedy, MD and Gina Ballí, MSW  
Second Trimester 2016-17: January 6, 2017 - March 24, 2017

**Course Overview:**

In this course we will address issues you will encounter as you start your first control cases. We have tried to select clinically relevant, thought-provoking papers. We hope you will find them interesting, and they will stimulate you to think about your own cases. Please come to class with questions about the readings as well as clinical examples from your work in psychoanalysis and psychoanalytic psychotherapy.

**Learning Objectives:**

Clinical Associates taking this course will:

1. Understand the major issues that arise during the opening phase of analysis and learn ways to engage the analysand in the treatment alliance and create a background of safety thus facilitating the beginning of analysis.
2. Understand the different theoretical perspectives and use these different theoretical models to facilitate a flexible approach to establishing the analytic process.
3. Be able to use the concepts in these papers to identify and manage early resistance and regression in the analysand and in the analyst so that intense affect is analyzed and contained and the analysand is able to remain in treatment.

**Week 1: January 6, 2017 (45 pp.)**

**Classical Views of the Opening Phase:**

We begin at the beginning with Sigmund Freud, and look at some of the fundamental characteristics associated with conducting an analysis: abstinence, neutrality, and free association. While reading these papers please keep in mind that they formed the structure for the beginning of psychoanalysis and that many shifts have occurred in thinking since then. You may want to think about which of these ideas seem relevant for your practice. We urge you to think about what it means to create an analytic atmosphere.

The concept of neutrality has become quite controversial in the last few decades and whole schools of thought differ significantly with some of the basic tenets. We offer these classical readings as a jumping off point to begin the discussion. How do you view neutrality? Is it still a useful concept, and if so, how?

Freud, S. (1913). On beginning the treatment (Further recommendations on the technique of psychoanalysis I). *Standard Edition* 12:121-144 (23 pp.) [PEPWeb](#)

Dewald, P. (1992). The "Rule" and Role of Abstinence in Psychoanalysis, pp. 135-157, in *The Technique and Practice of Psychoanalysis Vol 2*. Ed. Sugarman, A., Nemiroff, R.A., and Greenson, D.P. CT:IUP (22 pp.) [Article provided](#)

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**Week 2: January 13, 2017** (49 pp.)

**Holding, Safety and the Frame:**

Analysts invite analysands to enter into an intensely intimate relationship. In what ways does setting up the frame contribute to the safety necessary for analysand and analyst to create and analysis?

Schafer, R. (1983). The Analytic Attitude: An Introduction and The Atmosphere of Safety: Freud's "Papers on Technique," p. 3-33, *The Analytic Attitude*. NY: Basic Books, Inc. (30 pp.) [Article provided](#)

Busch, F. (1995). Beginning a psychoanalytic treatment: Establishing an analytic Frame, *JAPA*, 43:449-468 (19 pp.) [PEPWeb](#)

**Week 3: January 27, 2017** (29 pp.)

**Barriers to Recommending Analysis and to Patients Accepting Analysis:**

We will consider and discuss the process of offering analysis to a patient. Clinical associates sometimes vacillate between feeling they are offering a valuable—even life-saving—treatment to someone but then worrying that they are trying to influence their patient in response to their educational requirements. Notice the cases you are considering for analysis. What do you think makes you consider offering analysis? What makes you hesitate?

Ehrlich, T.L. (2016). Finding Control Cases and Maintaining Immersion: Challenges and Opportunities. *JAPA*, 64/5:983-1012 [Article provided](#)

**Week 4: February 3, 2017** (35 pp.)

**Working with Defense and Resistance:**

Classical analysis is based on the concepts of unconscious conflict, defense, and resistance. These classical readings cover the basics and offer some "how to" techniques on dealing with resistance. Brenner is optional but very readable and worth knowing.

Identifying and interpreting early resistance to the analytic process, and identifying and managing early regression, in response to the analytic situation, are essential in the opening phase of analysis.

Schafer, R. (1983). Resisting and Empathizing (pp. 66-81) and The Analysis of Resisting (pp. 162-182), *The Analytic Attitude*. NY: Basic Books, Inc. (35 pp.) [Articles provided](#)

Optional:

Brenner, C. (1976). Psychoanalytic Technique and Psychic Conflict. NY: IUP, pp. 8-34 (26 pp.) [Article provided](#)

**Week 5: February 10, 2017** (37 pp.)

**The Inevitability of Transference/Countertransference Enactments:**

Transference countertransference enactments are inevitable and ubiquitous. They can shake an

analyst's confidence unless they can be understood, emotionally metabolized and used as valuable learning experiences about the patient, your-self and the analytic process. Have you had experience with enactments and what are your present thoughts about this enactment?

Sandler, J. (1976). Countertransference and Role Responsiveness, *IJP*, 3:43-47 (4 pp.) [PEPWeb](#)

Maenchen, A. (1970). On the Technique of Child Analysis in Relation to Stages of Development, *Psychoanalytic Study of the Child*, 25:175-208 (33 pp.) [PEPWeb](#)

**Week 6: February 17, 2017 (44 pp.)**

**Psychopharmacology:**

Drugs and medicines have always been with us. Where there were plants with psychoactive properties, there were people willing to use them, for pleasure or relief. In the next two classes we will be looking at the intersection of drugs and psychoanalysis as ways of providing relief for psychic distress. Tutter addresses the issue of people experiencing and treating medication as though it were a person, an object and how to work with this in psychoanalytic cases. Purcell discusses transference and countertransference enactments related to the use of medications in psychoanalytic treatment...he cautions us to think carefully about the defensive uses of combining medication with psychoanalysis so that they can be successfully addressed in the treatment.

Tutter, A. (2006). Medication as Object, *JAPA*, 54:781-804 (23 pp.) [PEPWeb](#)

Purcell, S.D., (2008). The Analyst's Attitude toward Pharmacotherapy, *JAPA*, 56:913-934 (21 pp.) [PEPWeb](#)

**Week 7: February 24, 2017 (43 pp.)**

**Psychopharmacology:**

We continue looking at the intersection of psychopharmacology and psychoanalysis. In her 2009 article, Tutter raises the topic of patients who object to and refuse psychotropic medications due to concerns that taking medications will mean they're "mad." She points out that analysts, as well as patients, may be vulnerable to defensive objections to medication. Wing Li's article presents a framework for understanding the psychodynamic issues pertaining to psychopharmacology. It examines the treatment situation for three perspectives: the self-in-relation-to-others, the patient-prescriber relationship and cultural attitudes. It also discusses psychodynamic factors involved in clinical improvement and deterioration and contrasts those with a biomedical model of mental illness.

Tutter, A. (2009). Romantic Fantasies of Madness and Objections to Psychotropic Medication, *JAPA*, 57:631-655 (24 pp.) [PEPWeb](#)

Wing Li, T.C. (2010). Psychodynamic Aspects of Psychopharmacology, *Journal of the American Academy*

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of *Psychoanalysis and Dynamic Psychiatry*, 38:655-674 (19 pp.) [PEPWeb](#)

**Week 8: March 3, 2017** (38 pp.)

**The intersection of adult and child/adolescent psychoanalysis:**

We will look at the ways in which adult and child psychoanalysis are different and similar with regard to object relations.

Pick, I.B. (1995). Analyzing real issues in the analysand's life. *Scand. Psychoanal. Rev.*, 18:131-145 (14 pp.) (Kleinian perspective) [PEPWeb](#)

Sugarman, A. (2003). Dimensions of the Child Analyst's Role as a Developmental Object, *Psychoanalytic Study of the Child*, 58:189-213 (24 pp.) [PEPWeb](#)

**Week 9: March 10, 2017** (29 pp.)

**Beyond Technique:**

Staying with the affect and the transference in the moment and why it can be challenging. What challenges do you notice about staying "in the moment" with patients?

Schwaber, E.A. (1992). Countertransference: The Analyst's Retreat from the Patient's Vantage Point. *IJP*, 73:349-361 (12 pp.) [PEPWeb](#)

Greenberg, J. (2015). Therapeutic Action and the Analyst's Responsibility. *JAPA*, 63/1:15-32 (17 pp.) [Article provided](#)

**Week 10: March 17, 2017** (56 pp.)

**Working With Dreams:**

Freud saw dreams as "the royal road to the unconscious." However, it should be noted that he came to this conclusion based largely on his own self-analysis and not within the context of an analytic relationship. More current thoughts on dreams are that they are viewed within the context of the analytic relationship, most notably the transference. How do you think about dreams that your patients bring and how do you work with them?

Gary Grenell, a SPSI graduate, speaks to the concepts that dreams provide a psychological space wherein overwhelming, contradictory or highly complex affects that, under waking conditions, are subject to dissociative splitting or disavowal may be brought together for observation by the dreaming ego. The me/not me quality of the dream contributes to the creation of the dream space where play, creativity and self-analysis can develop. New self and object representations and new relational scenarios may be revealed in dreams, demonstrating the developmental, integrative, creative aspects of the dreaming process

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Grenell, G. (2008). Affect Integration in Dreams and Dreaming. *JAPA*, 56:223-251 (28 pp.) [PEPWeb](#)

Lansky, M. (1992). The Legacy of the Interpretation of Dreams in Lansky, M, (Ed.), *Essential Papers on Dreams*, New York University Press, 3-31 (28 pp.) [Article provided](#)

Optional:

Ross, J.M. (1999) Once More onto the Couch: consciousness and Preconscious Defenses in Psychoanalysis. *JAPA*, 47:91-111 (20 pp.) (This article has very interesting cases about dreams) [PEPWeb](#)

Freud, S. (1900) The Interpretation of Dreams, Standard Edition, Vol. VII, (Chapter 7) 509-631. (122 pp.) (A really interesting read and where it all began...) [PEPWeb](#)

**Week 11: March 24, 2017** (45 pp.)

**The Impact of Being in Consultation and Training Analysis for Control Cases:**

While you are in training you meet with a “consultant” for each of your control cases and you meet regularly with your training analyst. Who do you take into the treatment room with you? In what ways does having a consultant impact the way you conduct the case?

Jaffe, L. (2001). Countertransference, Supervised Analysis, and Psychoanalytic Training Requirements. *JAPA*, 49:831-853 (22 pp.) [PEPWeb](#)

Ehrlich, J. (2003). Being a Candidate: Its Impact on Analytic Process. *JAPA*, 51:177-200 (23 pp.) [PEPWeb](#)