Seattle Psychoanalytic Society and Institute
FUNCTIONAL STRUCTURE OF THE BRAIN, EARLY DEVELOPMENTAL PATHOLOGY, PSYCHOANALYTIC PROCESS
Year Three Psychoanalytic Training
Instructors: Ronald Levin, MD and Paul Roberts, MD
Third Trimester 2016-17: March 31, 2017 - June 9, 2017

INTRODUCTION

The core of psychoanalytic treatment is the transference, counter-transference, and reality-influenced relationship between you and your patient. Participating in, conceptualizing, and interpreting that relationship provides a major impetus for an individual's development and ability to resolve internal conflict. But in those people who suffered loss and trauma early in life, subjective reality and transference are often difficult to discern, not only because of defenses but also because of primitive modes of organizing internal and external reality as well as the use of non-symbolic communication to express those realities, even as what is communicated appears to be a symbolic level.

To facilitate effective treatment of patients with these kinds of problems, it is helpful to understand how early loss and trauma affect brain functioning and the formation of a patient's subjective experience. Knowledge of the brain's global dynamics, its physical and functional structures, and how these structures developed in response to evolutionary pressures will help you decipher what goes on between you and your patient in your office.

While we will begin by discussing individuals with physical brain problems and, in addition, will spend some time discussing basic physiologic mechanisms occurring in the brain, this will serve as a template for understanding how the dynamic hierarchical structure of the brain affects communication, including transference and counter-transference. This effect is particularly significant in those individuals with difficulties stemming from early developmental difficulties.

When you are treating a patient with psychological complaints – a patient whose anger gets in the way of staying in a relationship or advancing at work or a patient whose emotional deficits get in the way of taking good care of a child – you are dealing with the brain, an organ system just as limited by its functional structure as the kidney or liver is. The effect of any intervention you make with your patient is limited by the way the brain developed in response to evolutionary pressures and the way the brain functions at this stage of its evolutionary development. Your ability to hear your patient and conceptualize what your patient is communicating is similarly limited by these factors.

The goal of this course is to learn how the brain's various ways of organizing stimuli interact within the brain and how the integration or non-integration of these various organizations shape the individual's inner world and affect his or her interactions with the external world. The brain is an organ system that functions according to laws of physics, which have been in operation since the beginning of the universe – long before brains appeared on the scene. Since these laws governed the brain's very evolution and development, it pays to understand how evolutionary pressures shaped the brain.

For one, the brain can never fully turn off to eliminate primordial ways of organizing data, it develops by adding more advanced ways of organizing data on top of older still dynamically active primitive organizations of reality, hence its hierarchical functional organization. This organization reflects the history of the brain's evolutionary development and the history of an individual's development. Since the brain is a totally interconnected system, both primitive and more developed organizations of reality are present in some form in every communication an individual may make. Individuals communicate in a multi-modal fashion from different organizations of reality at the same time all the time.

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We can start with what we share.

We all listen to our patients and rely on theories we have been exposed to in training to sort out what we hear. We also make assumptions about our patients based on homemade theories about how the world works. Our homemade theories provide the foundational milieu through which we hear our patients; our learned theories help us sort out the details of cause and effect.

We all also share an assumption that what is apparent in another's communications is not the entire story. There is a deeper, more binding, reality than what appears on the surface. Finally, we also share the assumption that conceptualizing and articulating that deeper reality will help our patients and will do something to their brain that improves functioning.

Our patients expect to hear from us what they have heard from others in the past. But with knowledge of the brain's ability to communicate in different modes simultaneously and an awareness that the brain organizes reality in different modes simultaneously, we can create and communicate more inclusive conceptualizations of what is dynamically active in our patient's mind.

This facilitates development.

Specific course goals include developing:

1. ***the capacity to hear the totality of your patient's communications whether it be in abstract, symbolic, concrete, affective, psycho-physiologic, or action modes***
2. ***the ability to attune to your patient's various developmentally organized and hierarchically structured internal realities***
3. ***the ability to attune to your patient's different modes of reality - affect dominated, object dominated, or integrated***
4. ***the ability to recognize which developmental level is most pertinent to your patient's overall state of mind and good functioning***
5. ***comfort with the natural history of development and an ability to recognize developmentally appropriate confirmations of your interventions.***
6. ***a sense of the anatomic and functional connections within the brain so that you understand that just like a kidney or liver, the brain is an organ system with its own mode of functioning and its own internal organized reality. Just as the kidney and liver filter blood, metabolize and detoxify the chemicals in it, and either produce important proteins or excrete waste products; the brain metabolizes stimuli, integrates various hetero-modal stimuli into conceptualized modulated and modulating products – an image or a thought - and then "excretes" the stimuli through muscular activity and/or integrates the stimuli into the brain's internal functional structures.***

SECTION I – SOME ESSENTIALS IN TREATING PROBLEMS RELATED TO EARLY DEVELOPMENT

CLASS 1: March 31, 2017

THE BRAIN'S PLASTIC, HIERARCHICAL STRUCTURE

Carey "Blind, Yet Seeing: The Brain's Subconscious Visual Sense" NYT 12/23/08 *- not on PEPWeb*

https://www.youtube.com/watch?v=GwGmWqX0MnM
Another way to "see" when blind:
https://www.youtube.com/watch?v=qLziFMF4DHA
https://www.youtube.com/watch?v=G1QaCeosUmw

What is going on within the brains of these two individuals that allowed them to compensate for the loss of typical visual pathways?

Did Ben's mother play a role in the development of Ben's alternative way of seeing?

These individuals had to compensate for organic deficits in their brain; can we learn anything from these compensations to apply to understanding how trauma experienced early in life affects the subjective reality of individuals?

CLASS 2: April 7, 2017

BRAIN DEVELOPMENT AND TRAUMA

Coates "Can Babies Remember Trauma? Symbolic Forms of Representation in Traumatized Infants" JAPA 64:751-776 (2016) *- not on PEPWeb*

Carneiro "Light and Color in a Void: The Analysis of a Special Needs Child" IJP 97:333-356 (2016) *- not on PEPWeb*

CLASS 3: April 14, 2017

LISTENING

Joseph "Transference: the total situation" IJP 66:447-454 (1985) *- on PEPWeb*

Joseph "The Patient who is Difficult to Reach" pp. 73-82 in Psychic Equilibrium and Psychic Change: Selected Papers of Betty Joseph Michael Feldman, editor New Library of Psychoanalysis (1989) *- not on PEPWeb*

CLASS 4: April 21, 2017

FUNCTIONAL INTEGRATION

Stern, et al "Non-Interpretive Mechanisms in Psychoanalytic Therapy" IJP 79:903-921 (1998) *- on PEPWeb*

Siegel "Emotion as Integration: A Possible Answer to the Question: What is Emotion" Chapter 6, pages 145-171 The Healing Power of Emotion Norton (2009) *- not on PEPWeb*

April 28, 2017 NO CLASS

CLASS 5: May 5, 2017

ENACTMENT

Cassorla "What happens before and after acute enactments? An exercise in clinical validation and the broadening hypotheses" IJP 93:53-80 (2012) *- on PEPWeb*

Nahum "Enactment and the Emergence of New Relational Organization" JAPA 61:727-749 (2013) *- on PEPWeb*

CLASS 6: May 12, 2017

THE BRAIN'S FUNCTIONAL STRUCTURE AND PATHOLOGY

Mancia "Implicit memory and early unrepressed unconscious: Their role in the therapeutic process" IJP 87:83-103 (2006) *- on PEPWeb*

De Masi "The unconscious and psychosis: Some considerations on the Psychoanalytic theory of psychosis" IJP 81:1-20 (2000) *- on PEPWeb*

SECTION 2 – CLINICAL SYNDROMES AND THE STRUCTURE OF THE BRAIN

CLASS 7: May 19, 2017

DREAMS AND DYNAMIC FORMULATION

Andrade "Dreaming as a primordial state of mind" IJP 88:55-74 (2007) *- on PEPWeb*

Levy, et al "A Clinical Case Presentation: Understanding and Interpreting Dreams While Working through Developmental Trauma JAPA 64:13-44 (2016) *- not on PEPWeb*

Dunn, Ferro, Friedman "Commentary on Levy and Finnegan" JAPA 64:47-69 (2016) *- not on PEPWeb*

CLASS 8: May 26, 2017

NEGLECT

Fonagy "Psychic reality and the Nature of Consciousness" IJP 97:5-24 (2016) *- not on PEPWeb*

Fowler, et al "Risk Factors for Medically Serious Suicide Attempts: Evidence for a Psychodynamic Formulation of Suicidal Crisis" JAPA 60:555-576 (2012) *- on PEPWeb*

Tillman "The Intergenerational Transmission of Suicide: Moral Injury and the Mysterious Object in the Work of Walker Percy" JAPA 64:541-552 (top), 562 (middle)-564 (2016) *- not on PEPWeb*

CLASS 9: June 2, 2017

SOMATIC SYNDROMES

Winnicott "Psychosomatic Illness in its Positive and Negative Aspects" IJP 47:510-516 (1966) *- on PEPWeb*

Magnenat "Psychosomatic breast and alexithymic breast: A Bionian psychosomatic perspective" IJP 97:41-63 (2016) *- not on PEPWeb*

CLASS 10: June 9, 2017

PERVERSE PERSONALITY STRUCTURE

Purcell "The analyst's excitement in the analysis of perversion" IJP 87:105-124 (2006) *- on PEPWeb*

Bonner "A servant's bargain: Perversion as survival" IJP 87:1549-568 (2006) *- on PEPWeb*