

THE MIDDLE PHASE OF ANALYSIS

Year Two Psychoanalytic Training

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Second Trimester 2017-2018: January 5, 2018 – March 23, 2018

It is hard to define the middle phase of psychoanalysis since it encompasses virtually everything except for the opening phase and termination. The middle phase involves long, hard, repetitious work that can produce opportunities for change and growth for patients. CAs will be reading seminal papers that address many of the processes that occur and dynamics that erupt between patients and psychoanalysts during this phase of treatment.

At the end of this course, CAs will be able to:

- Recognize how transference and countertransference intensify during the middle phase of analysis and manifest in enactments.
- Develop an understanding of how enactments enable psychoanalysts to be more affectively attuned to their patients' felt experiences.
- Identify clinical examples of working through therapeutic impasses that can facilitate movement forward for patients and lead to greater closeness in the analytic relationship.

CLASS #1: January 5, 2018 – Transference

Freud, S. (1914). Remembering, Repeating and Working-Through. 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, 12:145-156. **PEPWeb**

Varga, M.P. (2005). Analysis of Transference as Transformation of Enactment. *Psychoanalytic Review*, 97:659-674. **PEPWeb**

At the end of this session, CAs will be able to:

- Define the terms *compulsion to repeat*, *transference neurosis*, and *working-through* as they relate to Freud's theory of psychoanalysis.
- Trace the evolution of thought about the therapeutic action of psychoanalysis, from Freud's analysis of the transference as an intrapsychic projection to the more contemporary transformation or re-working of a patient's pathogenic enactment.
- Give an example of an analyst serving as a transformational object through their co-participation in their patient's pathogenic ways of relating via unconscious enactment.

Come to class prepared to describe a clinical example of a transference neurosis and your conceptualization of it as an intrapsychic projection, developmental deficit, and pathogenic enactment.

CLASS #2: January 12, 2018 – Countertransference

Gabbard, G. (1995). Countertransference: The Emerging Common Ground. *IJP*, 76:475-485. **PEPWeb**

Sands, S.H. (1995). Self Psychology and Projective Identification—Whither Shall They Meet? *Psychoanalytic Dialogues*, 7(5):651-668. **PEPWeb**

At the end of this session, CAs will be able to:

- Assess the expansion of the Freudian notion of countertransference comprising *only* the analyst's transference onto the patient to one that recognizes countertransference as a joint creation involving contributions from both the analyst and patient.
- Contrast the terms *projective identification* and *countertransference enactment* as they have been distinguished by various theoretical schools of psychoanalytic thought.

Come to class prepared to provide a clinical example from your practice where a patient's projected contents felt

“sticky” (or had a “goodness of fit”) to your own subjectivity/internal world and a clinical example where it felt “ego-alien.”

CLASS #3: January 19, 2018 – Implicit Affective Processes

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

At the end of this session, CAs will be able to:

- Distinguish implicit experiential learning from explicit conceptual learning.
- Identify the right brain processes activated in non-verbal affect-laden communications between patients and analysts.
- Recognize how the analyst acts as “an implicit regulator of the patient’s conscious and dissociated unconscious affective states” during an enactment.

Come to class with an example of a “safe surprise” that you have experienced as either the analyst or analysand and be prepared to discuss whether the novelty was an explicit conceptual communication or an implicit nonverbal affect-laden communication.

Class #4: January 26, 2018 – Enactments

Searles, H. (1982). The Role of the Analyst’s Facial Expressions in Psychoanalysis and Psychoanalytic Therapy. 47-73. **Pdf**

Ginot, E. (2007). Intersubjectivity and Neuroscience: Understanding Enactments and Their Therapeutic Significance Within Emerging Paradigms. *Psychoanalytic Psychology*, 24:317-332. **PEPWeb**

At the end of this session, CAs will be able to:

- Discuss how enactments enable the analyst to authentically experience and understand a patient’s unconscious dissociated self-states, defenses, and attachment patterns that have not yet been verbally symbolized and integrated.
- Recognize how the analyst’s facial expressions can help the patient gain access to their own dissociated and projected emotions.
- Determine how they feel about the notion that an analyst’s self-disclosure of their affective embodied experience of these unconscious communications can have “transformational power” to their patient.

Come to class with a clinical example from this week in which you caught yourself making a facial expression or another non-verbal communication to a patient and observe their response (verbal or non-verbal).

Class #5: February 2, 2018 – Enactments with Impasses & Silences

Moltu, C et al. (2010). Commitment under pressure: Experienced therapists’ inner work surfacing difficult therapeutic impasses. *Psychotherapy Research*, 20: 309-320. **Pdf**

Gabbard, G. (1989). On 'Doing Nothing' in the Psychoanalytic Treatment of the Refractory Borderline Patient. *IJP*, 70:527-534. **PEPWeb**

Cooper, S. (2012). Exploring a Patient's Shift from Relative Silence to Verbal Expressiveness: Observations on an Element of the Analyst's Participation. *IJP*, 93:897-916. **PEPWeb**

At the end of this session, CAs will be able to:

- Empathize with the inner experience of seasoned therapists in the face of therapeutic impasses and the inner work required of them to make reparations.
- Evaluate the design of a qualitative research study on psychotherapy.
- Recognize different forms and functions of silence in a psychotherapeutic setting.

Come to class with a clinical example of a silent patient and how you managed this experience.

Class #6: February 9, 2018 – Enactments with Bad Objects

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

At the end of this session, CAs will be able to:

- Trace how a patient's toxic introject can awaken the analyst's through projective-introjective processes.
- Recognize how "loving that which is bad in others keeps the self innocent, good and sane."

Come to class with a clinical example in which one of your "bad" selves ("needy, greedy, envious, hateful, manipulative, entitled") emerged and contributed to the creation of an intolerable therapeutic impasse.

NO CLASS: February 16, 2018

Class #7: February 23, 2018 – Childhood; How Modes of Communication and the use of Aggression are the same and different in working with children and adults

Rudolph, J. (1981). Aggression in the Service of the Ego and the Self. *JAPA*, 29:559-579. **PEPWeb**

Wolman, D. (2015) Case history of Mike, a young man with developmental delays stemming from early childhood trauma associated with hospitalization at 18 months. (SPSI Continuing Education: Nathan Kravis; "Embedded and Couched: The Function and meaning of Recumbent Speech.") (We will hand out)

At the end of this session, CAs will be able to:

- Discuss the similarities and differences in how analytic treatments progress into and through Middle Phase with children, adolescents and adults.
- Recognize the importance of how patients communicate with us and we with them, particularly when trauma has occurred prior to the formation of language.

Please bring an example of a case where you had a visceral response to the patient's material that was a response not just to the explicit content of what was being said, but to the patient's demeanor, physical being and/or other non-verbal communication.

Class #8: March 2, 2018 – Enactments with Sexual Excitement

Celenza, A. (2010). The Guilty Pleasure of Erotic Countertransference: Searching for Radial True. *Gender and Sexuality*, 11:175-183. **PEPWeb**

Celenza, A. (2007). Analytic Love and Power: Responsiveness and Responsibility. *Psychoanalytic Inquiry*, 27:287-301. **PEPWeb**

Gabbard, G.O. (1994). Sexual Excitement and Countertransference Love in the Analyst. *JAPA*, 42:1083-1106. **PEPWeb**

At the end of this session, CAs will be able to:

- Recognize how the structure of the psychoanalytic situation can stimulate intense longings for sexual closeness in patients, while at the same time frustrating those desires.
- Consider how sexualization can function defensively, in particular to avoid feelings of grief and loss in both analyst and patient.
- Discuss how the analyst's countertransference with regard to sexual feelings and fantasies about patients can function as an important indicator of the patients' vitality and strength as well as how they are progressing in treatment.

Come to class prepared with a case example of how your sexual feelings (or lack of sexual feelings) contributed to your understanding of the patient.

Class #9: March 9, 2018 – Enactments with Dreams

Sands, S.H. (2010). On the Royal Road Together: The Analytic Function of Dreams in Activating Dissociative Unconscious Communication. *Psychoanalytic Dialogues*, 20:357-373. **PEPWeb**

Fosshage, J. (1997). The organizing functions of dream mentation. *Contemporary Psychoanalysis*, 33:429-458. **PEPWeb**

At the end of this session, CAs will be able to:

- Understand the communicative function of dreams as they allow the patient to communicate to the analyst the patient's dissociated unconscious.
- Better work with their patients' dreams in a way that furthers the connection between the analytic pair, helping them to work through enactments.

Come to class prepared to take part in an exercise in which you pair off and share your thoughts and feelings about symbols. This exercise will provide an experience that will allow you to be better attuned to what your patients are communicating with dream material.

Class #10: March 16, 2018 – Enactments with Omnipotence

Novick, J and Novick, K.K. (1991). Some Comments on Masochism and the Delusion of Omnipotence from a Developmental Perspective. *JAPA*, 39:307-331. **PEPWeb**

At the end of this session, CAs will be able to:

- Consider what Freud meant when he wrote Jung in 1909, "In my practice, I am chiefly concerned with the problem of repressed sadism in my patients; I regard it as the most frequent cause of the failure of therapy."
- Discuss the relationship between masochistic thought processes and omnipotent fantasies.
- Recognize how competence and pleasure threaten the omnipotent system, which helps explain why some patients may hold onto painful behaviors, fear getting well, and involve us in sado-masochistic transference/countertransference enactments.

Be prepared to give an example of a case where a patient appears to be involving you in enactments that involve sadism and/or masochism and discuss what you discovered about the patient from these difficult interactions.

Class #11: March 23, 2018 – Enactments with Money

Myers, K. (2008) Show Me the Money: (The Problem of) the Therapist's Desire, Subjectivity and Relationship to the Fee. *Contemporary Psychoanalysis*, 44:118-140. **PEPWeb**

Bandini, C. (2011). The Good Job: Financial Anxiety, Class Envy and Drudgery in Beginning a Private Analytic Practice. *Contemporary Psychoanalysis*, 47:101-117. **PEPWeb**

At the end of this session, CAs will be able to:

- Explore the multiple meanings of money between the analytic pair and why it is important to address financial issues openly rather than avoid this "hot" topic.
- Recognize Myer's point that productive fee negotiations can expand intimacy between patient and analyst and open up a treatment that has been stagnating.
- Share their own experiences in dealing with the financial relationship between themselves and their patients to come away with a better understanding of what may have contributed to their own resistance to discussing money.
- Consider issues of diversity with regard to financial status of patients and analysts.

Be prepared to give an example of a clinical situation (either as analyst or analysand) in which the way that money was handled felt thorny.