An Evolutionary, Developmental View of the Brain and Pre-Oedipal Pathology
(Psychosis, Primitive Transferences, Addictions, Organic States)
Seattle Psychoanalytic Society and Institute
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If one understands psychoanalytic treatment as a method to resolve intra-psychic conflict specifically related to separation-individuation issues or Oedipal issues, then diagnosis is a prelude to determining if a patient can be treated analytically. A psychotic, paranoid, or addicted individual** would be considered unanalyzable because of the dominance of primitive object relations, the use of other than symbolic communication modes, a tendency to regressive modes of functioning, and a predominance of primitive transference. Such patients are felt to have difficulty containing affect and conflict; hence they are thought to have a reduced ability to be self-aware.

> **For a critique of current psychiatric nosology (DSM IV and V) see Mayes and Horwitz "DSM-III and the Revolution in the Classification of Mental Illness" Journal of the History of Behavioral Science 4:249-267 (2005), which describes the dynamic pressures – political, entrepreneurial, legal, theoretical, scientific, and clinical – that influenced the development of the more recent DSM nosology.

However, it is a different ball park if one conceives of psychoanalytic treatment, not solely as a way of resolving conflict but rather a way to further brain development. A developmental approach to psychoanalytic treatment includes exploration of the patient's internalized universe and an integrative approach to its various developmental levels and its various modes of communication.

To remind you; the brain developed under evolutionary pressures and has no way to "turn off" functional structures once they have developed. Modes of organization and communication appearing early in evolution or early in individual human development remain active, even if they appear to be superseded by more complex organizational and communicative modes.

As a result, functional psychological structures, evolving at different stages of one's development, constantly contribute to a blend expressed in the associations and actions of the patient. Dissecting different modes of communication in this blend, determining which level of developmental expression has affective relevance, and defining the relationships between different developmental levels often takes precedence over interpretations of symbolic communications. Attuning in this way to the brain's functional organization leads to more of a developmental result in treatment. This is also an effective way to enlist THE SEEKING SYSTEM (see Panksepp) in you and your patients.

Patients diagnosed with psychotic, paranoid, perverse, or primitive transferences function and communicate in ways that we consider out of the norm. People with these diagnoses have "modern" Homo sapiens brains but they utilize modes of integration and communication that tend to be easily covered over in individuals with less primitive pathology.

The "primitive" transference expressions we will read about are not rare, but they usually remain "below the surface." They are comprised of early, now super-ceded solutions to developmental issues experienced early in life. Given the massively connected and synthesizing nature of the brain; primitive, complex transferences surface as patients regress under the empathic impact of treatment. Recognizing these phenomena can influence how the analyst listens and can minimize sudden, powerfully rationalized ruptures in treatment enacted through reductions in appointment frequency or sudden termination mid-treatment.

One goal of this course is to understand what is "modern" in our "modern" brains and how our "modern" mental abilities interact with more primitive organizations within our brains. A second goal is to acquaint each of you with the natural history of the consequences of early development and the

ubiquitous presence of primitive mechanisms. Thirdly, this course will broaden your ability to recognize and respond to mental organizations stemming from early evolutionary and early developmental periods.

Learning Objectives

EVOLUTION, DEVELOPMENT, PRIMITIVE PSYCHOPATHOLOGY

By understanding evolution and the developmental processes of the brain, students will be able to:

1. identify specific evolutionary pressures and their consequences on the human experience,
2. identify autonomous functional structures in the brain that have developed over eons,
3. understand the source of structural redundancy within the brain and its clinical impact,
4. identify environmental factors and psychoanalytic interventions that stimulate brain complexity and increase processing power, and
5. better align psychoanalytic interventions with evolutionary pressures, functional structures of the brain, and global brain dynamics.

This knowledge will enable students to refine their analytic approach to patients, maintain analytic session frequency, and minimize premature analytic terminations.

SECTION I – INNATE MECHANISMS OF THE MODERN MIND

CLASS #1 1/5/18 @ 3:30pm – in the beginning…..

https://www.youtube.com/watch?v=6RbPQG9WTZM ←the primitive roots of brain function (9½ minutes)

– epigenetic mechanisms…..

https://www.youtube.com/watch?v=Esdvv5LmTwI ←the "big 'evolutionary' bang" and transfer of information: theory of mind, language, and memes (51 minutes) (skip the intro and all the ads)

How are modern neuronal synapses related to primitive unicellular organisms?
What is the mind's "Big Bang?"
What epigenetic mechanisms of evolution developed after the "Big Bang?"
How is psychoanalytic treatment related to evolution?

– the current state….

Cornelius "The hippocampus facilitates integration within a symbolic field" IJP, 98:1333-1357 (2017)
– NOT on PEPWeb ←very highly relevant clinically

Define – in psychological terms and in physical terms – psychic field, first person integrative symbolization of thought, and symbolic field.
Can you relate hippocampal function as described in this article to Bion's notion of alpha function and Winnicott's notion of transitional space?
How can hippocampal function as described in this article be applied clinically?

CLASS #2 1/12/18 @ 3:30pm – sub-cortical systems and cortical organizations

Sub-cortical (Jaak Panksepp):

https://www.youtube.com/watch?v=M_YqvtJIRtY ← 26 minutes
https://www.youtube.com/watch?v=zRMGj8QiVCk ← 35 minutes

Cortical:

Kounios, Beeman "The Box" chapter 3, pages 40-43;
"The Best of Both Worlds" chapter 6, pages 72-82;
"Tuning Out and Gearing Up" chapter 7, pages 83-91;
"The Insightful and the Analyst" chapter 11, pages 153-173;
"The State" chapter 14, pages 195-218

In The Eureka Factor Random House (2015)
– NOT on PEPWeb ←VERY EASY READING

What role do Panksepp's sub-cortical modules play in clinical work?
If Panksepp is correct about the role of molecules in treating depression, what is the role of psychoanalytic treatment in depressed individuals?
How do left cortical organization and right cortical organization differ?
How should one listen to associations dominated by right cortical organization?
How should one listen to associations dominated by left cortical organization?

CLASS #3 1/19/18 @ 3:30pm – the global structure of the brain:
a revised view of the functional structure of the brain

NOTE: you might want to listen to the Introduction to Mark Solms early in the week and then space out listening to parts of "The Conscious Id" over 2 or 3 days (or evenings).

TOTALLY ELECTIVE → Mark Solms, Solms's Winery, and Apartheid ←15 minutes
https://video.search.yahoo.com/yhs/search?fr=yhs-iry-fullyhosted_003&hsimp=yhs-fullyhosted_003&hspart=iry&p=mark+solms+videos#id=7&vid=2a0694ac5ea11ff7188bc78f7af2fbf3&action=view

NOT ELECTIVE → YOU CAN SKIM THIS ARTICLE FIRST:
Solms "The Conscious Id" Neuropsychoanalysis, 15(1):5-19 (2013) – PEPWeb
THEN LISTEN TO THIS TALK (or just listen to the talk):
Mark Solms "The Conscious Id" (skip the intro; Solms begins 5 minutes 47 seconds into the video)
https://video.search.yahoo.com/yhs/search?fr=yhs-iry-fullyhosted_003&hsimp=yhs-fullyhosted_003&hspart=iry&p=mark+solms+videos#id=8&vid=515b88c4c560cab7a7ef56840ea3376c&action=view ← 1 hour 15 minutes – **click the icon "Conscious Id - part I"**

According to Solms, what role do sub-cortical functional structures play in the evolution of consciousness?
How does Solms understanding of the structure of consciousness differ from and fit with more cortically oriented understandings of consciousness?
What are the clinical implications of the conscious id?

CLINICAL SYDROMES

SECTION II: THE PSYCHOTIC TRANSFERENCE

CLASS #4 1/26/18 @ 3:30pm – mechanisms of psychosis
Freud, S. "The Loss of Reality in Neurosis and Psychosis" XIX:183-186 SE (1924) – PEPWeb
Bion "Differentiation of the psychotic from the non-psychotic personalities" IJP, 38:266-275 (1957) – PEPWeb
Arlow, Brenner "The psychopathology of the psychoses: A proposed revision" IJP, 50:5-14 (1969) – PEPWeb
Rosenfeld "A Psychoanalytic Approach to the Treatment of Psychosis" pages 3-27
Impasse and Interpretation Brunner- Routledge (2002) – NOT on PEPWeb

How do Bion's and Rosenfeld's understanding of the functional structure of the brain differ from that of Freud, Arlow, and Brenner?
What are the treatment implications of Freud's, Arlow's, and Brenner's understanding of psychotic symptoms and how do they contrast with Bion's and Rosenfeld's understanding of psychotic symptoms?
How do Arlow and Brenner achieve such good results with psychotic patients without the minute dissection of projective identifications as described by Bion and Rosenfeld?

Bion's thinking about psychotic process is complex and dense; how is it of practical use?

CLASS #5 2/2/18 @ 3:30pm – primitive organization and object relations
Winnicott "Primitive emotional development" IJP, 26:137-143 (1945) – PEPWeb
Rosenfeld, H. "Primitive object relations and mechanisms" IJP, 64:261-267 (1983) – PEPWeb
Robbins "The Mental Organization of Primitive Personalities and Its Treatment Implications" JAPA, 44:425-454 (1996) – PEPWeb

What are the psychological developmental tasks of the first six months of life?
What role does envy play in different types of projective identification and in different types of oneness fantasies?
The relevant conceptual unit in more disturbed patients is the dyad; what clinical consequences flow from this basic element?

SECTION III: APPROACH TO PSYCHOTIC MECHANISMS

CLASS #6 2/9/18 @ 3:30pm – calibration
Alvarez "Levels of analytic work and levels of pathology: The work of calibration" IJP, 91:859-878 (2010) – PEPWeb
Lombardi, Pola "The body, adolescence, and psychosis" IJP, 91:1419-1444 (2010) – PEPWeb

How do patients with ego impairment differ from patients with deficits in self and object representation?
What techniques are helpful to patients who because of profound states of emptiness cannot gain access to feeling?
What is catastrophic change?
In an adolescent crisis, how does the therapist support mind-body dialogue and the elaboration of an intra-subjective relationship?

FEBRUARY 16, 2018 – Winter APsaA MEETINGS – NO CLASS

CLASS #7 2/23/18 @ 3:30pm – psychosis and iatrogenic symptoms
Winnicott "Hate in the counter-transference" IJP, 30:69-74 (1949) – PEPWeb
Rosenfeld "Some therapeutic and anti-therapeutic factors in the functioning of the analyst" pages 31-44 Impasse and Interpretation Brunner- Routledge (2002, 1st published 1987) – NOT on PEP Web
Rosenfeld "Breakdown in communication between patient and analyst" pages 45-60 Impasse and Interpretation Brunner Routledge (2002, 1st published 1987) – NOT on PEP Web

How are love, hate, and splitting related in the analytic treatment of psychotic individuals?
What does Winnicott mean by "healing dream?"
How are psychotic anxieties communicated in analytic treatments?
Patients with psychotic processes attempt to function despite a fragmented sense of self and object; what type of intervention is most helpful for people with this inner experience?

SECTION IV: PRIMITIVE FACTORS IN TREATMENT

CLASS #8 3/2/18 @ 3:30pm – complex and primitive factors in treatment stalemate
Chaplan "How to Help Get Stuck Analyses Unstuck" JAPA, 61:591-604 (2013) – PEPWeb
Williams "Orientations of psychotic activity in defensive pathological organizations" IJP, 95:423-440 (2014) – PEPWeb
Hermon "On becoming a child: Reverie in the psychotherapy of children" IJP, 97:1591-1608 (2016) – NOT on PEP Web

What is "therapeutic symbiosis" and what is a "symbiotic therapist"?

When you are dealing with more primitive modes of communication and conceptualization, what do you rely on to confirm the productivity of your interventions?

When you are dealing with patients who are chaotic and confused at the core, what do you utilize to provide psychological holding – both for yourself and your patient?

SECTION V: ADDICTION

CLASS #9 3/9/18 @ 3:30pm – drugs

Daniels "Clinical Communications Turning Points in the Analysis of a Case of Alcoholism" PQ, 2:123 -130 (1933) – PEPWeb

Rosenfeld "On drug addiction" IJP, 41:467-475 (1960) – PEPWeb

Savitt "Psychoanalytic studies on addiction: ego structure in narcotic addiction" PQ, 32:43-57 (1963) – PEPWeb

CLASS #10 3/16/18 @ 3:30pm – addictive states

Meers "A Child Analyst Looks at Addictive Behavior" in The Psychology and Treatment of Addictive Behavior Chapter 8, pages 147-162 (1995) – PEPWeb

Waska "Addictions and the Quest to Control the Object" Am J Psychoanalysis, 66:43-62 (2006) – PEPWeb

SECTION VI: UNDERSTANDING AND RESPONDING TO ORGANIC FACTORS IN TREATMENT

CLASS #11 3/23/18 @ 3:30pm – unusual transference relationships

Aisenstein "Conceptual Framework from the Paris Psychosomatic School: A Clinical Psychoanalytic Approach to Oncology" IJP, 91:621-640 (2010) – PEPWeb

Kantrowitz "Reflections on Mortality: A Patient Faces Death" JAPA, 65:673-686 (2017) – NOT on PEP Web

How does the analyst approach primordial layers of the mind?

What are the differences between Aisenstein's and Kantrowitz's psychoanalytic approach to malignant disease?

How would you approach a psychoanalytic patient who has a malignant process?

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