OREGON PSYCHOANALYTIC CENTER
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2023-24 OPC Continuing Education Program

Course:	Comparative Clinical Methods: A Training and Clinical Experience
Instructor:	Abbot A. Bronstein, PhD - abbot.bronstein@gmail.com
Date:	Saturday, 9/30/23
# Sessions:	1 (4 CME hours)
Time:	9:00-2:00 PM

Course Description

The Comparative Clinical Methods Working Party Group started by David Tuckett and a group of European Psychoanalysts and brought to APsaA and NapSac IPA institutes by Abbot Bronstein about 17 years ago, is a way to explore and study the implicit and explicit clinical methods psychoanalysts use in doing clinical psychoanalysis. The project has collected over 200 clinical cases in North America, Europe and South America. The groups consist of 15 psychoanalysts listening over 2 days to a colleague present detailed clinical sessions. The group uses a 2 step model to first describe the ways an analyst intervenes and then uses that material to describe the analysts theory of clinical work along a number of variables, from their theory of 'what is wrong' (descriptive diagnosis) to 'what furthers the process" (their theory of therapeutic action). The project also looks at how analysts have conceptualized such analytic concerns like how they use and define 'transference', the "here and now", the 'analyst as a good or new object".

This workshop will introduce participants to the research, the concepts and the method of descriptive study using vignettes from established cases.

Learning Objectives

In this 4 hour training and clinical presentation the participants will:

1. Learn about the 2 step CCM research model.
2. Learn how to describe the clinical method an analyst uses, both implicit and explicit theories, that govern their interventions.
3. Work together on presented clinical vignettes to develop ideas about how analysts use the concept of the here and now, transference and also the unconscious, as explored through the analyst's interventions.
4. Discuss elements of the CCM model that relate to how an analyst thinks analysis works, what interventions further that process and how the definitions of transference and interaction differs across theories and clinicians.
5. Discuss the 'cinema' model that is being developed in the newest publications of the CCM group.

Course Readings: None

Course:	The Musical Foundation of Being Human: A Psychoanalytic Perspective
Instructor:	Duane Dale, MD
Dates:	9/13, 10/11, 11/8, 12/13/23, 1/10, 2/14, 3/13, 4/10, 5/8/24
# Sessions:	9 - Virtual
Time:	Wednesdays, 7:00-8:30 PM

Course Description

In these nine monthly seminars, we will be discussing the book, *Here I'm Alive: The Spirit of Music in Psychoanalysis,* written by Adam Blum, Peter Goldberg, and Michael Levin. In my reading of this book, much of the exciting growth in psychoanalytic perspectives is captured and synthesized. The musical experience, those times that stay with us and continue to have an impact, is used as a powerful metaphor for furthering the understanding of the clinical experience and with an emphasis on the importance of connecting with aliveness in our work.

To give a sense of the book and what we will be discussing, here are excerpts from the preface:
"Our project explores ways that this Enlightenment (i.e., thinking over being) paradigm has permeated the history of psychoanalytic theory and practice as we endeavor to unearth an older substratum of experience that has remained present but obscured." The authors then go on to list thinkers in the Romantic movement bringing in different perspectives than from Enlightenment, that included "psychoanalytic theorists like Donald Winnicott, Marion Milner, Jean Laplanche, Thomas Ogden, and Adam Phillips. With different emphases, all of these thinkers and artists have worked out accounts of how it is that culture shapes human perception, thought, and comportment on the deepest levels of embodiment. We extend this account by proposing that the interface of psyche and culture is fundamentally musical."
"The work of psychoanalysis, in this view, is to facilitate fuller and freer vibration…, cultivating and amplifying the idiomatic freedom of each instrument to sing through the chorus of *musica humana,* to resound the psyche-somatic energies of being human, to surf the waves of the weave."

And a final quote from the end of the book: "Like the best psychoanalysis, music reminds us, as Freud intimated in his late paper "Finite and Infinite Analysis," that we have to stop, so that we can go on. It never ends, Winnicott added, because we're never gonna get it, as Phillips put it. But, as Bion believed, we *feel more* because we *know less* at the end than we did at the beginning. We are able to enter different frames that are not fantasies. Because they are actually here." Hence the title, *Here I'm Alive.* We will be reading from the book and participants will be asked to purchase it.

Learning Objectives

Following this course, participants will be able to:

1. Understand the concept of locating music at the center of human existence.
2. Discuss the impact of bringing the musical dimension of human experience into psychoanalytic thinking and work.
3. Reflect on the experience of reading this book together.

Course Readings

Blum, A., Goldberg, P. & Levin, M. (2023) *Here I'm Alive: The Spirit of Music in Psychoanalysis.* Columbia University Press

Session 1: October 4, 2023
Preface, "Liner Notes" (xi-xix) and Chapter 1, "The Body's Way of Dreaming," pp.3-26

Session 2: November 1, 2023
Chapter 2, "The Rhythm of the Heat," pp.27-54

Session 3: December 6, 2023
Chapter 3, "Mind Waves," pp.55-87

Session 4: January 3, 2024
Chapter 4, "Learning to Live Together," pp.88-116

Session 5: February 7, 2024
Chapter 5, "The Living Frame," pp.117-144

Session 6: March 6, 2024
Chapter 6, "Re-Membering, Re-Beating, and Worlding Through," pp.145-171

Session 7: April 3, 2024
Chapter 7, "Strange Loop," pp.172-197

Session 8: May 1, 2024
Chapter 8, "This is How We Do It," pp.198-216

Session 9: June 5, 2024
Chapter 9, "The Art Teacher," pp.217-250
Chapter 10, "Old Foundations in Psychoanalysis," pp.251-269

Course:	Psychic Trauma and 'Un-Thinking' the Technique of Treating Trauma-related Pathology
Instructor:	Steve Purcell, MD
Dates:	10/4, 11/1, 12/6/23, 1/3, 1/31, 3/6, 4/3, 5/1/24
# Sessions:	8
Time:	Wednesdays, 7:00-8:30 PM

Course Description

Early relational trauma and dissociation are increasingly being recognized as important etiological factors in common presentations of psychopathology. Traditional clinical theories emphasize techniques based on foundational concepts of repression and symbolic psychic contents and processes—techniques not well-suited to dealing with dissociation and unsymbolized mental contents. This course will "re-think" technique with an emphasis on the "not-thought" and the "not-spoken" in both patient and therapist. Recent contributions to our literature dealing with unformulated experience, trauma, dissociation, direct brain-to-brain communication, embodiment, intercorporeity, etc. will be considered.

Learning Objectives

Following this course, participants will be able to:

1. Recognize the more subtle clinical manifestations of dissociation and to understand differences in repression and dissociation, including an appreciation of the neuropathology of dissociation.
2. Appreciate the importance of communication through action as contrasted with verbal, symbolic communication.
3. Articulate differences between dissociation and hypnoid phenomena, with which dissociation is sometimes conflated, and to appreciate a view of dissociation in clinical process as an intersubjective phenomenon.

The establishment of an analytically potent relationship by means of verbal communication thus seemed to be impossible… In this phase my employment of verbal communication was felt by the patient to be a mutilating attack on his methods of communication (Bion, 1958. p.146).

We do sometimes collude with patients for years by dealing with their verbal communications and failing to see that they are telling us quite other things by non-verbal method (Winnicott, 1962).

The very nature of the defenses used in the paranoid-schizoid position in itself mitigates against understanding… [which is not always] …what these patients want. … {V}erbal communication, therefore, has to be listened to, not only or even primarily as to its content, but in terms of what is being acted in the transference (Joseph, 1988, p.140, 142).

Summer Reading [1]

- McGilchrist, I. (2009) "Introduction" and "Chapter Five: The Primacy of the Right Hemisphere" in *The Master and His Emissary: The Divided Brain and the Making of the Western World*. Yale University Press. MRL
- Schore, A. (2011) Forward, in *The Shadow of the Tsunami* by Philip Bromberg, pp.ix-xxxvii MRL

My interest in the non-verbal processes embedded in therapeutic intercourse and process—i.e., "un-thought" and unspoken factors--stems from my gradual realization that many of my patients were suffering not from neuroses but, rather, from the effects of trauma. Sometimes a "Capital T"—event--trauma was known about; but most frequently it was "small t," early relational (developmental, attachment, strain) trauma. Simultaneous with this change in my thinking about the prevalence of trauma, traditional psychoanalytic technique — emphasizing unconscious meaning, conflict, and repression—came to seem increasingly mismatched with these "un-neurotic" people. In traumatized patients, the problem is not so much about *Unconscious psychic contents*; rather, the overwhelming quantity of affect (somatosensory stimulation) comprising traumatic experience is dissociated (not repressed) — i.e., made *not-conscious,* by a process that has been likened to amputation and autotomy. The neurological sequelae — the brain damage — of pathological dissociation appeared to me to be an important underlying dimension determining the manifest psychological dysfunctions our patients bring to us: self and object pathology, inability to have relationships, deficits in emotional regulation and symbolizing abilities. The characterological defenses (somatization, sexualization, perversion, schizoid structures, etc.) erected against "the return of the dissociated" seemed not, in and of themselves, to be the foundational problems; but their failure to function adequately was closely related to the specific, conscious complaints these patients often bring — emotional isolation, panic attacks, hypochondria, repetitive traumatic experiences in relationships, anhedonia, low self-esteem, etc.

Reading McGilchrist, coincidentally, had a big impact on how I was thinking about processes of psychic change — i.e., it led me to realize how useful brain as metaphor for mind might be in clinical theory. McGilchrist's view of hemispheric specialization is not the simplistic cliché of left brain/right brain that many of us have been exposed to historically — i.e., rational v. emotional. It incorporates some of that, but it is also an elegant, complex, and much more nuanced view of the functions of and the interaction (opposition and cooperation) between the hemispheres. In his view, the two hemispheres do many of the same things, only they do them very differently in ways that are complementary and amazingly adaptive when all is functioning normally. He cites mountains of evidence to support his belief that changes in Western culture — e.g., the Enlightenment — have fostered a reversal of how the brain/mind is "supposed" to work: borrowing from Nietzsche, that the "emissary" (left brain) of the "master" (right brain) has taken over and dislodged the "master" from its rightful position in brain/mind functioning.

[1] With these "summer readings" I do not intend to imply that our focus will be on the brain. Our focus, broadly speaking, will be on the clinical theory of treating trauma-related problems. These readings are entirely optional. I include them because they have been important background factors in my increasing interest in and understanding of both the nature of brain/mind trauma itself as well as of the implications for non-verbal and "un-thinking" aspects of clinical "technique." If you do read them (i.e., plow through them, if you have no preexisting interest in such things) I think you will find them to be useful adjuncts to the assigned readings and, possibly, germinators of new ways of thinking about the clinical problems we will be addressing.

From McGilchrist's perspective, many aspects of psychopathology, as well as of the Western mind more generally, might be viewed as products of *unbalanced* interaction between, and deficits in one or the other, hemispheres. For example, if right brain functions (e.g., modes of regulating affect) are anatomically/physiologically compromised (as they are in trauma — e.g., see Schore), what we see clinically is a compensatory primacy and inappropriate dominance of left-brain functions (e.g., verbal reasoning). Among many other evocative suggestions about brain/mind functioning, McGilchrist suggests that pathological (trauma-related) dissociation results in a "functional commissurotomy" in which communication, cooperation, interaction between the hemispheres is impaired as a result. This is in line with how several clinicians have described dissociation as a kind of psychic "amputation." For example, the extreme automaton-like quality conveyed dramatically by severely traumatized people (and ubiquitously, if more subtly, by people suffering lesser degrees or developmentally later-occurring forms of trauma) suggests deficiencies in right brain functioning (affect regulation and symbolization of affect) and, consequently, a kind of "hypertrophy" of left-brain ways of perceiving and being (problem solving, objectification). One implication of concern to me is that the centrality of *verbal processes* (reasoning, explanation, interpretation) in our traditional clinical theories (based in verbal/symbolic processes) might strengthen the dominance of the "left-brain" ways of being, while tacitly overlooking the fundamental problems related to/originating in the right hemisphere dysfunction. Stated in more psychological terms, a clinical theory that emphasizes symbolic (verbal) processes might strengthen various "False Self" (left brain) ways of being while, paradoxically, leaving the relatively emotionless person vulnerable to violent eruptions of affect and/or to the psychic energy "drain" (and resulting "deadness") of shoring up defenses against such eruptions.

When I read McGilchrist, I was surprised to see many relevant connections between his understanding of hemispheric specialization in the brain and the psychological phenomena I was observing in my patients. When later I read Schore--with his emphasis on the effects of trauma on the *right* brain, the right brain *damage* of trauma--it seemed clear to me that somehow our therapies, when effective in any fundamental way, were likely to be effecting change directly in the right brain, not by way of left brain processes — i.e., through left brain modalities underlying verbalization, interpretation, understanding, and "insight." Another way of stating this oversimplified perspective is that "talk therapy," as practiced and understood by many, relies on verbal (symbolic) re-presentations, explanations, and reasoning — in my view, often appealing to/reinforcing the role of the "left hemisphere" which is already "too dominant." In other words, what I had been taught about the technique of therapy and the fundamentals of psychopathology must only be a part, the verbal/representational part, of what is going on in an effective therapy. The other part of what is going on — again, very simply put — Is the non-verbal, the "un-thought." The more I puzzled about it, the more it seemed to me that the non-verbal processes of a helpful therapy were likely those that were ameliorating the "right brain" damage characteristic of trauma; thus, my interest in "un-thinking" technique — in part, paying less attention to symbolized *content* and more attention to non-verbal *process.*

But the implications go beyond a more refined understanding of psychopathology: to the extent that the *analyst's* mind/brain and state of mind/brain are important parts of therapeutic intercourse, there are also many implications in McGilchrist's and Schore's perspectives about the state of mind (we'll consider this explicitly and clinically by way of several papers we will read) that seems desirable in therapists: the left hemisphere is where things are denatured ("analyzed") and made into relatively lifeless *parts*, while the right hemisphere, according to McGilchrist, is responsible for *wholeness* and *lifefulness*, contributing essential qualities to "beingness." For example, right hemisphere structures and processes are highly

involved in intuition, a neglected aspect of what the analyst brings to the relationship. If he is correct, we therapists need to bring our "right brains" into our work in ways that traditional technique doesn't preclude but also doesn't encourage or support. Our clinical theories mainly highlight verbal/symbolic mechanisms, and it is hard to think "out of that box." It isn't required that we have knowledge of neuroscience to think our way into better clinical theory; but, at least for me, it seems easier to do using a "brain as metaphor for mind" approach.

In this course, we will NOT be *focusing* on brain function or hemispheric differences—thus, the reason I'm suggesting "summer reading," not making these readings from McGilchrist and Schore required reading. But if the brain is a useful metaphor for the mind, then it might be supportive and possibly generative of useful ideas about pathology — and, therefore, about psychoanalytic "technique"— to know something about the relevance of neuroscientific data that are rapidly accumulating. With all of this in mind, I wish everyone could (pre-)read McGilchrist's entire 2009 book *The Master and His Emissary;* but it is long and dense and, I know, not of great interest to everyone. So, I am suggesting that you read the "Introduction" to this book as well as the chapter on "The Primacy of the Right Hemisphere" for optional summer reading. It's not exactly stuff to read on the beach (though I did read it on the beach one summer!), but maybe you will find the time and mental space during the summer "break" to take a look at it.

I am also providing a chapter by Schore (the "Forward" to *The Shadow of the Tsunami* by Bromberg), which is most assuredly not for reading on the beach; but it is very much about the underlying brain correlations/manifestations of the pathology that we associate with trauma. And if you do read McGilchrist and find it interesting, Schore is a very useful supplement and extension (and vice versa). This "Forward" details what I believe to be crucial contributions to the neuropsychoanalytic perspective on dissociation and dissociative (trauma-related) psychopathology. Schore can be highly detailed and somewhat repetitive in the way he writes about this; but please do not get "bogged down" in the minutiae of his neurobiology. Do notice, however, the impairment of vertical pathways functioning in the right hemisphere and the right brain-left brain distinctions (they have potential clinical relevance). In essence, he is describing the "brain damage" and its consequences that are *imprinted* in the brain/mind in early trauma and dissociation. (And please forgive all the personal notations in the copies I've provided — they reflect my enthusiasm when I was first reading each of them.)

Course Readings

Session 1: Sept. 6, 2023 – Introduction

In this first class the focus is on what I believe to be central issues — well described by Donnel Stern — related to two essential perspectives supporting our considerations regarding "un-thinking" technique. The 1985 paper by Stern addresses problems embedded in an epistemological psychoanalysis and the shift in psychoanalytic thinking from epistemology to constructivism — i.e., to an ontological and, implicitly, developmental orientation. The 1983 paper is perhaps more important for our purposes because it lays out his (preliminary) theory of unformulated experience. Stern believes that unformulated experience is the bedrock of psychic life in everyone, but we will use the ideas most directly as they relate to the dissociated, raw (unformulated), affective experiences characteristic of

trauma-related psychopathology.[2] These perspectives address crucial building blocks — both theoretical and clinical — of much that we will think about together in the rest of the course.

Historically, some of our epistemologically oriented analytic ancestors, from Freud to Betty Joseph, have made note of the relative importance of non-verbal communications and "processing" in conducting psychoanalysis; but, for most, the conceptual and technical orientation has remained faithfully one of privileging verbal communications and the uncovering of symbolized psychic contents. The optional readings are intended to recognize the "foresight" of some of these psychoanalysts who were in the vanguard of thinking beyond an epistemological approach to therapy. In my view, the Winnicott paper is the most salient for our purposes.

- Stern, D. (1985) Psychoanalysis and truth: Current issues (a symposium) – Introduction to some controversies regarding constructivism and psychoanalysis. Contemp. Psych., 21, pp.201-207 **PEP, MRL**

- Stern, D. (1983) Unformulated experience – from familiar chaos to creative disorder. Contemp. Psychoanal., (19): 71-99 **PEP, MRL**
- Levine, H. (2023) A metapsychology of the unrepresented. *Psa. Q.* (XCII): 11-25. **MRL**

Optional reading:

- Bion, W. (1958) On Arrogance. International Journal of Psychoanalysis, Vol.39, pp.144-146 **PEP**
- Winnicott, D. (1963) Dependence in infant-care, in child-care, and in the psychoanalytical setting, International Journal of Psychoanalysis, XILV: 339-344 **PEP, MRL**
- Ogden, T. (2001) Reading Winnicott, In Psychoanal. Quarterly, (70)(2), pp.299-323 **PEP, MRL**
- Joseph, B. (1989) On understanding and not understanding: some technical issues. In Psychic Equilibrium and Psychic Change, Chapter 10, pp.139-150
  Also in *Int. J. Psycho-anal,* 64: 291-298. **PEP**

Ogden's perspective on Winnicott's writing (about primitive experience) and our reading of it are directly and implicitly illustrative of non-verbal processes which are also highly relevant to analytic process. Joseph's focus is on patients with whom interpretation doesn't work or is not enough. Her sensitivity to the importance and ubiquity of the clinical problem is complicated by her reliance on a concept — projective identification — that is based on implicit notions of representation and psychic agency, a concept that I intend to bring into question throughout the course with regard to pathological dissociation and the implications for the clinical theory we turn to in treating many primitive and/ or traumatized patients.

[2] The 1983 paper is a "classic" but is also incomplete in terms of how it explicates Stern's eventual—I think, revolutionary—theory of psychic life. For those who might be interested, his 2019 book *The Infinity of the Unsaid* summarizes and explicates his more complete theory, which takes account of unformulated experience that can be symbolized ("articulated") and unformulated experience, which by its essential nature, cannot be symbolized and is only amenable to "realization." In the complete version of his theory the two types of unformulated experience are in a constant dynamic interplay with each other. It is very interesting.

Session 2: Oct. 4, 2023 - Essential concepts

The papers by Stern and Bromberg, here, are meant to illustrate two points of view — not part of an epistemological framework — with important clinical implications. Bromberg's paper is representative of a shift in psychoanalysis away from the uncovering of meaning (repressed and split-off psychic representations) and takes up the clinical problem of "unsymbolized affect"; it will also serve to illustrate the use of some of the data from neuroscience that we will read about in more detail later. It is in this area of "neuroscience meets psychoanalysis" that I think exist many prompts toward techniques that are "un-thinking"— i.e., not about thought nor mediated by thought in either person of the analytic couple. Stern's paper builds on his theory of unformulated experience as it is relevant to clinical work and emphasizes the analyst's private activity in formulating experience; it touches on many clinical and "technical" aspects of doing psychoanalysis including intuition and creative and artistic dimensions of the analyst's participation.

- Bromberg, P. (2003) Something wicked this way comes: trauma, dissociation, and conflict: the space where psychoanalysis, cognitive science, and neuroscience overlap. Psychoanal. Psychol., (20)(3): 558-574 **PEP**
- Stern, D. (2022) On coming into possession of oneself: witnessing and the formulation of experience. Psychoanalytic Quarterly, XCI:4, pp.639-667 **PEP, MRL**

Session 3: Nov. 1, 2023 - Trauma and dissociation — Clinical perspectives

In recent years, psychoanalysis has paid increasing attention to the role of trauma in life and in psychopathology, and along with this there has been a parallel decrease in the clinical relevance of technique stemming from a theory of conflict and repression. As a result, in our clinical theories, there is an increased reliance on the notion of dissociation (as contrasted with repression) to explain the genesis of psychopathology, and there are implications for how we approach the treatment of traumatized people. In my view, dissociated affect as a consequence of trauma (event trauma, but more ubiquitously early relational trauma), along with the psychic (characterological) adaptations meant to prevent "the return of the dissociated," is one of the most —the most?— common and difficult clinical constellations that we deal with in our day-to-day work. In this class, we will continue to consider some basic ideas about trauma and dissociation.

- Ferenczi, S. (1949) Confusion of the tongues between the adults and the child — (the language of tenderness and of passion), International Journal of psychoanalysis, 30:225-230 **PEP**
- Winnicott, D. (1971) p.97 (Trauma) – ***and*** – pp.27-33 (Dissociation) in Playing and Reality.
- Tronick, E. - https://youtu.be/f1Jw0-LExyc
- Gurevich, H. (2014) The return of dissociation as absence within absence, Am. J. Psychoanal., (74)(4): 313-321 **PEP**

The Ferenczi paper is a crucial perspective on early relational trauma and seminal to what follows him. Winnicott wrote very little about "trauma" and "dissociation" using those terms, though the two perspectives implicitly run throughout much of what he did write. "Trauma" is a much-overused term, which for our purposes I would like to define more narrowly than simply a bad experience; and the

definition I find most useful is explained very succinctly by Winnicott on p. 97 of Playing and Reality. In the same book on pp.27-32, he illustrates how he thinks about dissociation without clearly defining it. By the way, he uses here the word "fantasy" (to contrast with real or "alive" internal experience) in a manner that conflicts with how the word is often used. He is writing about a kind of "frozen" mentation that is disconnected form one's life source, from one's "True Self."

Please watch the video (link above) demonstrating Tronick's still face experiment.

The Gurevich paper applies the concepts of Winnicott and Ferenczi (consistent with those of Roussillon, below) to the clinical situation. Her notion of "double absence" incorporates both the trauma of impingement (absence of protection) and lack of external response to the traumatized state (absence of containment).

Optional:

- Roussillon, R. (2011) Introduction in Primitive Agony and Symbolization, pp.1-26.

Roussillon, while being firmly rooted in Freud, describes very well a more modern view of the "primitive agony" of trauma and the various characterological structures that arise in its wake as attempts to prevent the return of the dissociated—i.e., the re-experiencing of trauma, the return of "primitive agony." Note that he uses the term "splitting" in multiple ways, though he is emphasizing the "splitting" of subjectivity in trauma — i.e., the role of dissociation. For reasons that will become apparent, I think it is more useful to distinguish "splitting" from "dissociation." Don't be distracted by theoretical language that seems unfamiliar or, in some instances, archaic; his basic perspective, not necessarily the detail, is the potential value to us of this reading.

Session 4: Dec. 6, 2023 — Trauma and dissociation: Dissociative Mechanisms and Psychotherapy

- Goldberg, P. (2020) Body-mind dissociation, altered states, and alter worlds. JAPA, 68(5): pp.769-806
- Gurevich, H. (2015). The language of absence and the language of tenderness: Therapeutic transformation of early psychic trauma and dissociation as resolution of the "Identification with the aggressor." Fort Da, 21(1): 45-65 PEP

The Goldberg paper is very comprehensive and brings a lot of clarity to a traditionally muddled discourse about dissociation. Among many other useful points, he distinguishes autohypnotic activities from dissociation proper, something that most authors are not so clear about. I think it is a crucial distinction in thinking about clinical theory. The Gurevich paper will help us think and talk about various clinical aspects of dealing with dissociation.

Session 5: Jan. 3, 2024 - Trauma and dissociation: Trauma-related psychopathology and psychotherapy technique

Obviously, pathological (trauma-related) dissociation serves extremely important protective/survival functions and might be called a "defense." But for me, a central question here—not clearly addressed in the historical, muddled approaches to dissociation-- has to do with whether dissociation is a defense mechanism--i.e., interpretable and depending on psychic agency and motivation—or, alternatively, is a

kind of automatic protection, perhaps a neurological reflex. How one answers this question is crucial in developing a rationally based technique for working with the unsymbolized affects, which are essential elements in the therapy of trauma-related problems.

- Diamond, M. (2020) Return of the repressed: Revisiting dissociation and the psychoanalysis of the traumatized mind. J. Amer. Psychoanal. Ass., 68 (5): pp.839-874
- Purcell, S. (2020) Dissociation: dissemblance or dis-assembly? Commentary on Diamond. J. Amer. Psychoanal. Ass., 68(5): pp.889-906
- Lombardi, R. (2020) Focusing on the patient's body-mind relationship in the treatment of severe dissociation: Commentary on Diamond. J. Amer. Psychoanal. Ass., 68(5) pp.875-887

Diamond's paper and my response to it are focused on clinical theory and technique. It is always risky to assign one's own paper, but I hope you will feel free to be critical of it—I will appreciate it!

Lombardi's paper, while less clear to me about technique, illustrates the "deepest" view of dissociation (compatible with some aspects of my view but drastically different from Diamond's) that we will consider. In general, he is very concerned about "the tendency toward overwhelming intellectualization in psychoanalysis, that implies a dissociation from the patient's emotional basis."

Session 6: **Jan. 31, 2024 - Interpersonal Neuroscience: Some contributions to psychoanalytic technique**

- McGilchrist, I. (2009) pp.235-237 in The Master and His Emissary: The Divided Brain and the Making of the Western World, Yale University Press. (Note: In the download I provided, this is pp.337-339)
- McGilchrist, I. (2021) Intuition's claims on truth, Chapter 17 in The Matter with Things: Our Brains, Our Delusions and the Unmaking of the World, Perspectiva Press.
- Schore, A. (2019) The right brain is dominant in psychotherapy, Ch 2 in Right Brain Psychotherapy, W.W. Norton & Company, New York, pp.16-43
- Schore, A. (2019) The growth-promoting role of mutual regressions in deep psychotherapy: Part two, Ch 4 in Right Brain Psychotherapy, W.W. Norton & Company, New York, pp.94-156

This is a lot of reading, some of it not easy. So, I apologize for the amount but believe it is worth the effort. If you cannot read it all, privilege Schore (Chapter 2) and also McGilchrist on intuition. For our purposes, the neuroscience that we will read is meant largely to provide a metaphor for mind — I think a very useful one.

Despite its firm grounding in and emphasis on neuroscience and philosophy (and as you have undoubtedly noticed by now), the McGilchrist books have influenced my clinical thinking as much as or more than anything else I have read in recent years. The more recent book is a tour de force elaboration of the first one. His subject in both books is the differences in hemispheric functioning, approached both in terms of the nuance of what each hemisphere does preferentially (along the lines familiar from less nuanced traditional accounts of hemispheric specialization) and also from a perspective that emphasizes a dynamic relationship of the hemispheres to each other and — most importantly--to our lived

experience. From this overarching point of view, he sees dissociation as creating a "functional commissurotomy" separating the two hemispheres and contributing to —among other things — a kind of "left hemispheric," machine-like quality seen in some traumatized people.

McGilchrist's books provide useful context for everything we are thinking about in this course, but they are so detailed and lengthy and "scientific" that they don't lend themselves well to reading "bits" of them — each chapter builds on the preceding ones. Nonetheless, I have provided a three-page segment of the 2009 book where the author focuses on dissociation and Chapter 17 in the 2021 book which is devoted to the topic of intuition--an essential, "un-thought" element in psychotherapy.

The two readings by Schore overlap a bit — are a little repetitive — but both are needed to grasp his perspective, which in my opinion has a lot to say about non-verbal processes and a lot to offer us as clinicians that is related to technique.

Session 7: March 6, 2024 - More about technique

These clinical papers are, of course, different from but also consistent with the interpersonal neurobiology we have read. If it is too much to read, I suggest eliminating my paper.

- Ferenczi, S. (1931) Child-analysis in the analysis of adults. IJP, 12: 468-482 **PEP**
- Grossmark, R. (2012) The unobtrusive relational analyst. Psychoanal. Dial., 22(6): 629-646 **PEP**
- Grossmark, R. (2016) Psychoanalytic Companioning. Psychoanal. Dial., 26(6): 698-712 **PEP**
- Purcell, S. (2019). Psychic song and dance: Dissociation and duets in the analysis of trauma. Psychoanal. Q., 88: 2, pp.315-347 **PEP**

Optional:

- Grier, F. (2019) Musicality in the consulting room. International Journal of Psychoanalysis, 100(5): 827-851 **PEP**

Session 8: April 3, 2024 - The therapist's participation

- Levy, D. and Shalgi, B. (2022) Imagination and fantasy: the dialectic nature of the encounter with trauma and dissociation, Psychoanalytic Dialogues, 32: pp.54-69
- Schore, A. (2011) The right brain implicit self lies at the core of psychoanalysis. Psychoanal. Dial., (21)(1): 75-100 **PEP**

Anonymous in PQ on intercorporeality to be assigned after appearing in publication.

The paper by Levy and Shalgi is one of the clearest and most incisive things I have read about aspects of therapeutic process in treating trauma and dissociation. It is implicitly consistent with the importance of non-verbal factors in therapeutic process while also addressing some verbal aspects of treatment. I find Schore's paper to be rich with implication for thinking about the analyst's way of being with traumatized

patients. And the paper by anonymous introduces us to an important perspective having to do with communications between bodies, obviously an un-thought dimension of clinical work.

Course:	Lost Classics "Living Psychoanalysis: From Theory to Experience" by Michael Parsons
Instructor:	Garrick Duckler, LMFT - garrickld@gmail.com
Date:	10/5, 10/12, 10/19, 10/26/2024
# Sessions:	4
Time:	7:00 – 8:30 PM

Course Description

What does it mean to be alive in analytic therapy? What does it mean for our institutions to be alive or dead or dying? What does it mean for an idea or a feeling to be alive or dead or living or dying? In the sixth installment of the "Lost Classics" courses, we will be reading Michael Parson's "Living Psychoanalysis: from theory to experience". Imbued with what Bollas calls the "lyricism" of the middle-school, Parson's essays introduce an evocative set of new concepts (avant coup, au nom du fils, a nom de la filles) and address some of the great paradoxes of the profession ("keeping death alive"). This compilation of Parson's work, which includes the widely read essay, "Raiding the Inarticulate," pursues questions about what we talk about when we talk about the goal of treatment as finding more access to being alive by way of finding something (or someone) or some part ourselves in the moment more alive.

Learning Objectives

Members of the class should be able to:

1. Identify and describe Parson's view of what he means by being fully and creatively alive as a clinician.
2. Articulate the idea of avant-coup and how it might be found in the analytic setting.
3. Formulate how Parson sees various concepts (such as narcissism, the Oedipus complex and countertransference) are continuing to evolve.

Course Readings:

Michael Parson's "Living Psychoanalysis: From Theory to Experience"

Course:	So What Is Psychoanalysis, And How Do I Do It?
Instructor:	Alice Huang, MD - alice.huang.md@gmail.com
Date:	2/5/24, 3/4/24 (evening workshops)
# of Sessions:	2
Time:	6:30 – 8:00 PM

Course Description

What is psychoanalysis and what does it mean to practice psychoanalytically? This course is meant to introduce the basic concepts of psychoanalysis and situate its place (and role in genesis) in the world of mental healthcare and beyond. What does a psychoanalysis do? How is it different from other forms of treatment (such as CBT, ACT, psychiatry)? There will be a question and answer format driven by participants. The course is meant for non-psychoanalytic practitioners and early career clinicians to understand more about the psychoanalytic approach and how it can be developed in their clinical practice.

Learning Objectives

Members of the class should be able to:

1. Name and define the core elements of psychoanalytic/psychodynamic practice.
2. Compare and contrast psychoanalytic approaches with other clinical approaches.
3. Understand ways, practices, and opportunities to develop their own psychoanalytic practice.

Course Readings:

TBD - Will be a short PDF reading provided by instructor

Session 1: February — So…what exactly is psychoanalysis?

Session 2: March — Starting a psychoanalytic private practice

Course: Working with Parents of Child Patients

Instructor: Michael Weiner, LCSW - michaeloweiner@gmail.com

Dates: 2/15, 2/22, 2/29, 3/7, 3/14/24

 # Sessions: 5

Time: Thursdays, 7:00-8:30 PM

Course Description

This series of five meetings is designed to meet the needs of clinicians interested in incorporating psychodynamic concepts and techniques into their clinical practice with parents of child patients. This course will have a clinical focus and will provide an opportunity for participants to hear and discuss case material.

Learning Objectives

Following this course, participants will be able to:

1. Apply the concepts of transference and countertransference to collateral clinical work with parent(s).
2. Learn how to construct a psychodynamic and holistic understanding of an individual as parent from developmental, experiential, societal and cultural points of view.
3. Learn how to formulate individualized psychodynamic interventions with parent(s).

Course Readings

Session 1: **Transference and Countertransference within the Clinician-Parent Dyad and Family System**

- Meschiany, A. (1994) Countertransference to parents in child psychotherapy. The Israel journal of psychiatry and related sciences. 31. pp.28-36
- Hall, C.S. & Nordby, V.J. (1973) A Primer of Jungian Psychology. New York: Meridian. Ch 2, 38-43

Session 2: **Parenting Characteristics A: Temperament and Ways of Responding**

- Puff, J. & Renk, K. (2015) Mothers' Temperament and Personality: Their Relationship to Parenting Behaviors, Locus of Control, and Young Children's Functioning. Child psychiatry and human development. 47. 10.1007/s10578-015-0613-4
- Ricks, M. (1985) The Social Transmission of Parental Behavior: Attachment across Generations. Monographs of the Society for Research in Child Development, 50(1/2), 211-227 doi:10.2307/3333834

Session 3: **Parenting Characteristics B: Worldview and Time Orientation**

- Guasto, G. (2013) Trauma and the Loss of Basic Trust. International Forum of Psychoanalysis. 23. pp.44-49. 10.1080/0803706X.2012.762551

- Horney, K. (1945) Our Inner Conflicts. New York: W.W. Norton & Company. Ch 2, 34-47

Session 4: **Parenting Roles A: Balancing as Intervention, Captain, Protector, Educator, Nurturer and Jester**

- Bay-Cheng, L. (2012) Ethical parenting of sexually active youth: Ensuring safety while enabling development. Sex Education. 13. pp.1-13. 10.1080/14681811.2012.700280

Session 5: **Case Presentation & Discussion**

Neurodiversity, Maltreatment, Family Transition, Virtual vs. In-Person treatment

Course:	Bridging Community & Psychoanalysis - Virtual
Instructor:	Thomas Veeder, MD - veederta@gmail.com
Dates:	4/25, 5/2, 5/9, 5/16, 5/23, 5/30, 6/6, 6/13/24
# Sessions:	8
Time:	7:00 – 8:30 PM

Course Description

This course will offer an introduction to Community Psychoanalysis, with a focus on the experiences of clinicians working in community settings in the midst of sociocultural changes. The course aims to foster mutual dialogue and learning between community-based clinicians and leaders and members of the psychoanalytic community.

The basic premise of the course is that, while there is ample evidence and literature supporting the use/practice of community psychoanalysis, individual communities have specific needs, concerns, and issues. Each community defines community psychoanalysis and so, the goal of bringing together community-based clinicians and psychoanalysts is to work towards a specified and individual understanding of community psychoanalysis. Through group process, course readings, and didactic experiences, the learners will begin to think together to make meaning of the course experience.

By the end of the class we aim to demonstrate how a psychoanalytic understanding of individual, organizational, and social experiences of trauma, grief, and loss and their manifestations in transference/countertransference dynamics deepen clinical work in the community and enhance its effectiveness, as well as how the experiences of clinicians in the community can broaden and enrich the scope and applicability of psychoanalysis.

NOTE: This course will bring in a host of instructor/facilitators from all over the country. Two group facilitators will present throughout the course to assist as a link to the instructors/facilitators and learners.

Learning Objectives
Members of the class should be able to:

1. Use concepts of transference and countertransference to describe one difficult community- based clinical experience.
2. List several community settings in which psychoanalysis has traditionally informed clinical work.
3. Describe one example of a case in which psychoanalytic and systemic approaches were both used.
4. Describe how the psychoanalytic concept of defense can be useful in understanding the functioning of an institution.
5. Describe dilemmas that arise in establishing a frame and boundaries in clinical work in schools and other community settings.
6. Describe one instance in which racial and cultural differences were the basis for psychoanalytic therapeutic work.
7. Describe a community intervention in which a psychoanalytic approach was useful in crisis intervention.
8. Describe ways in which community-based interventions can draw on psychoanalytic theory and/or technique and how community interventions expand psychoanalytic thinking.

Course Readings:

Class 1: 4/25/24 — Introductions and Introduction to the Course

- Slome L. (2021). The Core Seminar Diaries: Wild Rides, Echoing Groups, and Explorations in Humanity. Psychoanalytic Dialogues, 31:4, pp.428-438

Class 2: 5/2/24 — History of Psychoanalysis in the Community

- Koh E, Twemlow S. (2016). Towards a Psychoanalytic Concept of Community (II): Relevant Psychoanalytic Principles. Int. J. Appl. Psychoanal. Stud., 13(2):124-141

Class 3: 5/9/24 — Field of Forces: Working in Complex Systems in the Community

- Petriglieri G, & Petriglieri J. L. (2020). The return of the oppressed: A systems psychodynamic approach to organization studies. Academy of Management Annals, 14(1), pp.411-449
- Christian-Kliger Paula. (1999). Apartheid Thinking: Inside South Africa and Psychoanalysis – Human rights (rites) and their role in development and change. American Psychological Association, Division 39, Psychoanalytic Psychology Conference. Produced and published by APA on tape. pp.1-4, 13-21

Class 4: 5/16/24 — The Social Unconscious

- Dajani K. (2022) The social unconscious: Then and now. Int J Appl Psychoanal Studies, 19:179–186.

Class 5: 5/23/24 — Race & Culture

- Stoute B. (2019). Racial Socialization and Thwarted Mentalization: Psychoanalytic Reflections from the Lived Experience of James Baldwin's America. American Imago, Volume 76, Number 3, Fall 2019, pp.335-357

Class 6: 5/30/24 — Gender & Sexuality

- TBD

Class 7: 6/6/24 — Psychoanalytic Groups

- TBD

Class 8: 6/13/24

Group reflection on the learning experience

Course:	Lost Classics "Primitive Agony and Symbolization" by Rene Roussou
Instructor:	Garrick Duckler, LMFT - garrickld@gmail.com
Date:	5/2, 5/9, 5/16, 5/23, 5/30/24
# Sessions:	5
Time:	7:00 – 8:30 PM

Course Description

In the seventh installment of "Lost Classics," we will be taking a close look at Rene Roussou's "Primitive Agony and Symbolization." How are archaic experiences present in the adolescent and adult mind? What role does "interpretation" play in making contact with these primitive parts of ourselves? Does symbolization help? How might we think about symbolizing what has not yet or can't be symbolized? What role does the body play in the revealing, discovering or even constructing archaic aspects of self? These are only a few of the important questions in this provocative, insightful contemporary re-examination on how analytic work helps facilitate change in which archaic aspects of self are intertwined within our adult experience of ourselves and the world.

Learning Objectives

Members of the class should be able to:

1. Identify and describe Roussou's view of narcissistic disturbances in regard to a person's sense of identity.
2. Articulate Roussou's concept of primary trauma and agonizing experience.
3. Formulate how Roussou's model compares with the traditional Freudian model in terms of repression, transference and the role of the analyst in the course of treatment.

Course Readings

Rene Roussou's "Primitive Agony and Symbolization"

Continuing Medical Education: This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint providership of the American Psychoanalytic Association and the Oregon Psychoanalytic Center. The American Psychoanalytic Association is accredited by the ACCME to provide continuing medical education for physicians.

The American Psychoanalytic Association designates this Live Activity for a maximum of 15.0 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

IMPORTANT DISCLOSURE INFORMATION FOR ALL LEARNERS: None of the planners and presenters of this CME program have any relevant financial relationships to disclose.