

3 days

THE FUNDAMENTALS OF PSYCHOANALYTIC THEORY AND THERAPY

Day 1

9:00 a.m. – 12 p.m.

Fundamental Concepts of Psychodynamic Theory and Therapy

1. Psychodynamic Sensibility & Psychoanalytic Listening
2. The Therapeutic Relationship: The Setting and Frame
3. Clinical Applications

Day 1

2:00 p.m. – 4:30 p.m.

Transference and Countertransference

1. Theoretical Discussion
2. Clinical Applications

Day 2

9:00 a.m. – 12 p.m.

Developmental Models of the Mind

1. Modes of Structuring Psychic Experience
2. Clinical Applications

Day 2

2:00 p.m. – 4:30 p.m.

Consultation to Participants' Cases

Day 3

9:00 a.m. – 12 p.m.

Dreams, Fantasies and Other Portals to the Unconscious

1. Working with Dreams & the Ucs
2. Clinical Application

Day 3

2:00 p.m. – 4:30 p.m.

Psychic Transformations: Theory & Technique, Then and Now

Psychoanalytic Theory and Therapy: *Fundamental Concepts*

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Psychoanalytic Viewpoints

- Genetic Reconstruction
- Developmental Orientation

Developmental Orientation

- Frames approach to psychoanalytic therapy
- New connections are made
- Adaptive possibilities emerge
- A forward looking emphasis to the use of the past

Use of Past in the Developmental Present

- To understand unconscious conflict & fantasy
- To understand past & current influences
- Transference as a potent therapeutic tool to unleash new possibilities
- Internalized relationship patterns are repeated in the context of analytic relationship

Psychoanalytic Process

“The problematic ghosts of one’s represented past can be converted to useful ancestors for the present.”

Fraiberg (1975); Loewald, (1960)

Psychoanalytic Process

The analytic patient at any age is still developing, and does not just possess a past that influences his present-day conscious and unconscious life.

adapted from Shane, (1977)

PSYCHIC TRANSFORMATION

FREUD ---- emphasized the *content*
over process



PRESENT ---- greater focus on
psychic process
& T-CT play

Unique Features of Psychodynamic Therapy

- Focuses on emotion & its expression
- A study of attempts to avoid distressing thoughts and feelings
- Identifies recurrent themes & patterns
- Discusses past experience
- In-depth look at interpersonal relationships
- Analyses the therapy relationship
- Explores wishes and unconscious fantasies

Aims of a Psychodynamic Therapist

- To promote an unstructured, open-ended dialogue
- To link patient's feelings and perceptions to past experiences
- To identify recurrent themes
- To draw attention to feelings disowned by the patient

Aims of a Psychodynamic Therapist (continued)

- To point out defensive maneuvers
- To interpret unconscious wishes, feelings & thoughts
- To study the therapy relationship
- To connect phenomena in therapy relationship to other relationships

Creating a Holding Environment

- Establish the frame
- Cultivate the psychological space
- Listen analytically
- Provide containment

Setting the Frame

- Conditions of Work
 - Business Agreement
 - Psychological Contract
- Compliance & Testing of Limits
- During Assessment & Therapy

Cultivate the Psychological Space

- Reflective functioning
- Process-and-review orientation
- Extended assessment –
capacity for delay

Analytic Sensibility

- Opening ourselves to whatever comes to mind in our interpersonal conscious and unconscious communication
- We welcome the possibility of surprise
- We reflect on our “blindspots”, and obstacles that impede the unforeseen from emerging

Baranger, M. and Baranger, W.
(2009)

Analytic Listening

- Distinguishing feature
 - Listening for the whisperings of the unconscious
- The Unconscious (Ucs)
 - Latent content: "*behind*" the conscious, manifest content (Freud)
 - An ever present and active collection of archaic Ucs fantasies (Klein)
 - a new center and meaning that is "*elsewhere*" (Baranger)

Analytic Listening

- Listening with a "*state of evenly suspended attention*" (Freud, 1912)
- Without prejudice and without seeking confirmation of theory or ideas
- "*Beyond memory or desire*" (Bion)

Analytic Listening

- Verbal Discourse
- Non-verbal communications
 - Rhythm, pace, tone of speech
 - Facial expressions
 - Body movements & postures

Analytic Listening

- To patient's explicit discourse
- To unconscious fantasy of the field (T-CT)
- To unconscious in the patient awaiting interpretation

Empathic Stance

*"Empathy has a key role to play in the analyst's functioning and area of expertise, for **analysis is not only the science of the deep, but also the science of the deeply shared path to the deep**It constitutes a progressive, shared and deep contact with the complementarity of the object, with the others' defensive ego and split off parts, no less than the other's ego-syntonic subjectivity."*

Psychological Birth & Psychic Development

- The individual cannot develop in isolation
- Initially
 - *“There is no such thing as a baby” without a mother (Winnicott)*
 - *“There is no such thing as infant ‘thought’ without maternal alpha-function” (Bion)*
- Later
 - Baby becomes a going concern

Psychic Development

"The mother has a delicate task to accomplish in her primitive communication with her baby. Not only must she represent all the valuable qualities of the 'breast-universe' – food, warmth, tenderness, liveliness and so on – She must, at the same time, be the one who helps her infant get rid of the persecuting and hated breast that the baby cannot eject alone without great psychic damage."

(McDougall, 1986)

Containment of patient's experience

- Therapist = a containing person with whom patient can identify
- Processing function
- Maternal reverie
 - Give form to the infant's unthinkable anxiety
(Bion 1967)
- Anxiety returned in a metabolized and thinkable form

Containment

- *Maternal Reverie*: Mother unconsciously receives baby's projective identifications & unthought anxieties
- *Transformation* - Mother uses her alpha function (dreams, symbolizes, thinks about, contains) & feeds back altered mental contents to her baby
- *Mental growth*: Continuous cycles lead to *alpha function* developing in baby
- Neurobiology research (Schore, 2003)

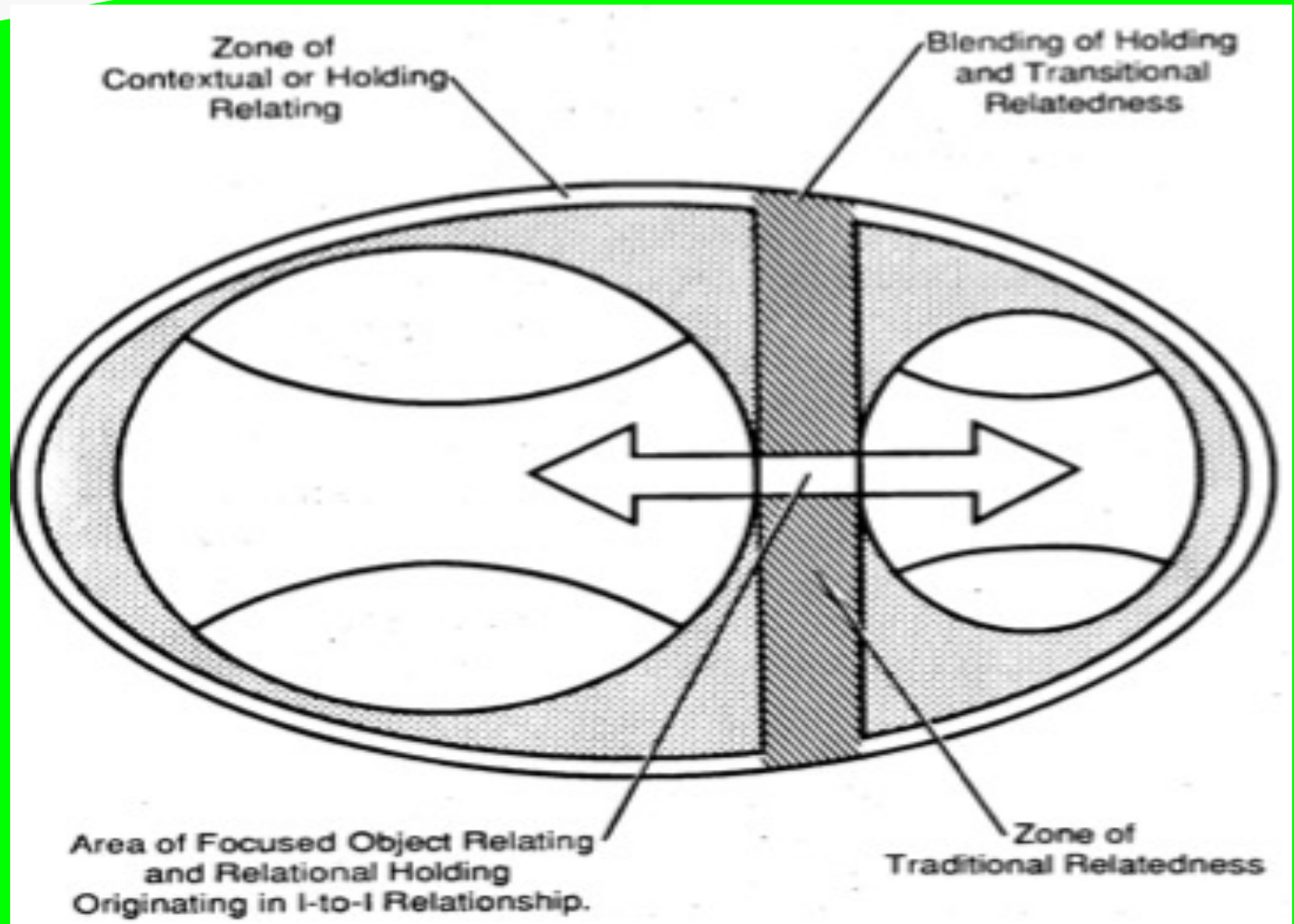
Containment

- We take it in
- We feel affected by it
- We reflect upon it
- We find words to communicate our understanding back to the patient

Psychological Holding

- The contextual relationship
 - An envelope of safety
 - The “*holding environment*” (Winnicott)
- The focused relationship

Winnicott's Organization of the Mother-Infant Relationship



References Page 1

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