

THE BOSTON PSYCHOANALYTIC SOCIETY AND INSTITUTE, INC.

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Theory I: Basic Concepts Seminar Year I

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Welcome to Year 1 “Basic Concepts”! The course is designed to introduce and engage with the development of psychoanalytic theory over the last century, to prepare you for more in depth learning throughout your psychoanalytic training. Together we will examine several basic concepts of psychoanalysis, including transference, defense, object, self, attachment, relationality, and therapeutic action, as we consider the major schools of psychoanalytic thought—classical, ego psychology, object relations, self psychology, attachment, relational, and intersubjective theory – and how they evolved and influenced one another. We’ll briefly consider the historical, political, and cultural contexts in which psychoanalytic theories develop, and ask how each new model sought to address gaps in earlier theory. How does the new theory affect clinical technique? What can we say about models of therapeutic action? Readings are chosen from select classic and contemporary papers from multiple perspectives.

I: September 17 - Framing Context and Development of Psychoanalytic Theory

As we explore the development of psychoanalytic theories over the last century, we hope to explore the explicit and implicit models of therapeutic action that underlie each theory. Between 1904 and 1919, Freud published a series of papers on Technique, establishing his recommendations for practice based on his experience and implicit models of therapeutic action of psychoanalysis. Freud’s technical recommendations in his short 1912 paper define the tasks of analytic treatment of the time, including “uncovering what is unconscious” and “resolution of the transference”. Greenberg, in his probing paper, asks again: “What are the goals of psychoanalytic treatment?” and articulates the inherent dilemma of contemporary psychoanalysis, that there is not one unitary conceptual structure to explain the workings of psychoanalysis and what is therapeutic. Greenberg raises the value of holding and understanding multiple perspectives, a view we hope will form the basis of the course as well as the development of your own training.

Freud, S. (1912). Recommendations to Physicians Practicing Psycho-Analysis. 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, 109-120. [PEP Web Link](#)

Greenberg, J. (2002). Psychoanalytic Goals, Therapeutic Action, and the Analyst's Tension. 71:651-678. [PEP Web Link](#)

Learning Objective:

1. Candidates will be able to describe two major trends and tensions in the evolution of psychoanalytic theory over the past century and how this has influenced practice.

II. Sept 24 - Freud: Transference

Managing the transference may yet be considered our most difficult clinical responsibility and the aspect of treatment that may have the most mutative impact on our patients. Freud’s classic paper conceptualizes

transference as a resistance to remembering difficult aspects of the patient's erotic inner life. He considers it a resistance to treatment like no other that must be worked through with the analyst in order for neurotic strivings to be resolved. Almond re-looks at the paper with updated translations of some of the key phrases, which he feels have helped miscast our view of transference for a hundred years as a more rigid and less flexibly creative form of engagement by our patients. He details the complex nature of transference as influenced by the analytic dyad.

Freud, S. (1912). The Dynamics of Transference. 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, 97-108. [PEP Web Link](#)

Almond, R. (2011). Freud's "The Dynamics of Transference" One Hundred Years Later. *J. Amer. Psychoanal. Assn.*, 59:1129-1156. [PEP Web Link](#)

Learning Objectives:

1. Candidates will be able to describe two features of Almond's updated examination of transference, as a more nuanced outgrowth of the patient's past as well as a dyadic, intersubjective phenomenon.

III. Oct 1 – Ego Psychology and Defense

In 1923 with "The Ego and the Id" Freud introduced the Structural Theory, and the idea of the "ego" shifted the clinical focus of psychoanalysis, to the analysis of the ego, and defenses, what was kept out of consciousness and why: defenses against wishes, anxiety, fears. This gave way to the rise of the era of Hartmann, Kris, and Loewenstein, and Modern Ego Psychology. Our focus starts with a remarkably forward thinking 1950's paper by Ernst Kris in which he considers how the phrasing and timing of interpretations of impulses and their defenses is complicated for each dyad and at each point in an analysis. Decisions as to how aggressively to link surface and depth with an interpretation can involve the analysts preconscious or "intuition". Wallerstein takes us beyond the initial era of Ego Psychology to see how these ideas have influenced psychoanalytic thinking into the modern era.

Kris, E. (1951). Ego Psychology and Interpretation in Psychoanalytic Therapy. *Psychoanal. Q.*, 20:15-30. [PEP Web Link](#)

Wallerstein, R.S. (2002). The Growth and Transformation of American Ego Psychology. *Journal of the American Psychoanalytic Association* 50: 135-168. [PEP Web Link](#)

Learning Objective:

1. Candidates will be able to articulate one example of how tact and timing in interpretation of defenses varies with the stage of analysis.

IV. Oct 8 - Object

We begin our class on the nature of the object in psychoanalytic thought by reading Winnicott's classic re-interpretation of Klein's views on psychological development, which include her concept of the paranoid-schizoid and depressive positions. This introduces us to Kleinian thinking about the baby's (and by analogy our patients') dependence on the caregiver, how its instinctual demands cause anxiety, and the important areas of guilt and reparation spurred by these demands. We will then contrast how Winnicott both follows and diverges from Kleinian thinking in his own far reaching view of the mother-baby dyad. We finish with a modern paper by Ogden, a neo-Kleinian, who finds the significance of Winnicottian

thinking as the creative act that we as analysts perform with our patients as we help them relate in less stereotyped ways towards their objects and gain authentic voices. As Ogden concludes: “To be alive (in more than an operational sense) is to be forever in the process of making things of one's own.”

Winnicott, D.W. The Depressive Position in Normal Emotional Development in: DW Winnicott (1975) Through Pediatrics to Psychoanalysis. London, The Hogarth Press: pp. 262-277. [Available in [Library](#)]

Ogden, T.H. (2001). Reading Winnicott. *Psychoanal. Q.*, 70:299-323. [PEP Web Link](#)

Learning Objective:

1. Candidates will describe one way in which Winnicott's conceptualization of the infant-mother dyad and the infant's development differs from Klein's.

V. October 15 - Self

In the 60's and 70's Heinz Kohut created a new metapsychology called self psychology in order to understand patients characterized by narcissistic vulnerability. He maintained that these patients could not be understood or treated successfully through the lens of classic theory. He theorized several new transference types that develop in treatment including the self-object transference and twinship, which emphasize the need for close listening and empathy as therapeutic techniques needed for all patients. We begin with an overview of self psychology concepts by Kohut and his colleague Wolf. We then look at Kohut's famous (and later controversial) detailed case example of “Mr. Z” which contrasts classical and self psychological approaches.

Kohut, H. and Wolf, E. (1978). Disorders of the Self and Their Treatment: An Outline. *International Journal of Psychoanalysis* 59: 413-425. [PEP Web Link](#)

Kohut, H. (1979). The Two Analyses of Mr. Z. *International Journal of Psychoanalysis* 60: 3-27. [PEP Web Link](#)

Learning Objectives:

1. Candidates will define the self psychological concepts of empathy, the self object, and transmuting internalization.

VI. Oct 22 – Attachment Theory

Studying patterns of attachment between child and caregiver began formally with John Bowlby, who was part of the post-war “Middle Group” of British analysts. He had a rift with the British Society in his attempt to link psychoanalytic object relations with more biologically seeming theories of attachment. But considering the patterns of relating and affect regulation that get laid down early and reinforced during childhood have become increasingly studied via infant observation research, and included in modern clinical approaches, as in Fonagy's ubiquitous concept of “mentalization”. We start with Mary Main's summary of her findings of child and adult styles of attachment. We conclude with Slade's review of the literature with examples of how these concepts are useful clinically.

Main, M. (2000). The Organized Categories of Infant, Child, and Adult Attachment. *J. Amer. Psychoanal. Assn.*, 48:1055-1095. [PEP Web Link](#)

Slade, A. (2000). The Development and Organization of Attachment. *J. Amer. Psychoanal. Assn.*, 48:1147-1174. [PEP Web Link](#)

Learning Objective:

1. Candidates will be able to articulate one example each of secure and insecure patterns of attachment in adult patients.

VII. Oct 29 - Relationality and Intersubjectivity

The American Relational movement developed from Mitchell and Greenberg's ideas in the 80's and came to encompass a radically broadened sense of the analyst's involvement in the process. Rather than a focus on the intrapsychic world of the patient's mind, relational approaches privilege a factoring in of the analyst's contributions, from countertransference to the ubiquity of enactment between analysts and patient in the usual course of treatment. Intersubjectivity places an emphasis on the shared emotional space co-created by analyst and patient. The first paper is Renik's oft-cited paper in which he posits that establishing an objective view of what is happening in the consulting room is not only difficult but, theoretically, not even possible. He then derives a new theory of technique and therapeutic change based on this assumption. Greenberg's paper is a look back at the development of relational thinking within psychoanalysis, as well as a caution against what he views as its excesses. He remarks on what is gained with a relational perspective as well as what we risk leaving behind.

Renik, O. (1993). Analytic Interaction: Conceptualizing Technique in Light of the Analyst's Irreducible Subjectivity. *Psychoanal Q.*, 62:553-571. [PEP Web Link](#)

Greenberg, J. (2001). The Analyst's Participation: A New Look. *J. Amer. Psychoanal. Assn.*, 49:359-38. [PEP Web Link](#)

Learning Objective:

1. Candidates will be able to list four principles Greenberg uses to describe relational psychoanalysis.

VIII. November 5 - How Does Psychoanalysis Lead to Change? Concepts of Therapeutic Action

In the current "pluralistic" era of psychoanalysis, there are multiple theories of "therapeutic action". Many of the schools of thought we have reviewed have implied mechanisms of change built into their theories. In this set of readings, we will look at two contrasting models of change which both emphasize intrapsychic change as brought out through the transference. Loewald's paper, written in a classical ego psychological vernacular, nevertheless has a modern sensibility. The Boston Change Study Group's ideas on non-linear processes of change, surface and depth, and technical choices also claim to integrate old and new ways of approaching the clinical encounter.

Loewald, H.W. (1960). On the Therapeutic Action of Psycho-Analysis. *Int. J. Psycho-Anal.*, 41:16-33. [PEP Web Link](#)

Stern, D.N., Sander, L.W., Nahum, J.P., Harrison, A.M., Lyons-Ruth, K., Morgan, A.C., Bruschiweilerstern, N. and Tronick, E.Z. (1998). Non-Interpretive Mechanisms in Psychoanalytic Therapy: The 'Something More' Than Interpretation. *Int. J. Psycho-Anal.*, 79:903-921. [PEP Web Link](#)

Learning Objective:

1. Candidates will articulate two non-linear processes of change and how they manifest clinically within the analytic dyad.