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Ten Lessons from Contemporary Psychoanalysis That Inform Psychotherapy Practice: Part I

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Introduction:
Core psychoanalytic ideas have endured; are reflected in human experience and culture; are corroborated in the humanities and sciences; and permeate clinical practice.

- *"The heart has its reasons which reason knows nothing of. We know the truth not only by the reason, but by the heart." - Blaise Pascal, 17th Century Physicist; Mathematician; Philosopher*

- *Do I contradict myself?*
  Very well then I contradict myself,
  (I am large, I contain multitudes.)
  -Walt Whitman, 19th Century Poet; Humanist

- *"It is much more important to know what sort of a patient has a disease than what sort of a disease a patient has."--William Osler, 19th Century Physician; Founding Professor, Johns Hopkins Hospital*

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- Psychoanalytic theory, research, and practice exhibit consilience:
  - Independent, unrelated disciplines "converge" upon related information and make similar conclusions. When multiple sources of evidence agree, conclusions are further strengthened.
- Psychoanalysis addresses what is quintessentially human inside and outside of the clinical setting.
- The roots of psychoanalysis originated primarily from medicine by practitioners immersed in daily, clinical experience—its clinical relevancy continues.
- Psychoanalysis articulates the most developed theories of consciousness, development, and human behavior.
- Human behaviors, thoughts, and feelings are:
  - the interplay of conscious and unconscious processes
  - often complex, multi-determined, contradictory, paradoxical, irrational
  - meaningful and purposeful
- The human condition is conflicted. Conflict is indispensable to human life.
- Humans develop and are shaped by experiential and developmental factors throughout life.
- Humans are unique in their ability to symbolize. The capacity for symbolization is a developmental and psychological achievement.

Course Concepts

- Values, Beliefs, Epistemology in Contemporary Psychoanalysis
- Listening Perspectives
- Philosophical Hermeneutics
- Symbol Formation
- Existential Concepts: Authenticity, Death, Responsibility, Meaninglessness, Isolation

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Lesson One:
Contemporary Psychoanalysis Provides a Sophisticated Understanding of Consciousness that Guides Clinical Practice

The conscious and unconscious mind work differently and influence distinct cognitive, social, and emotional processes. A sophisticated understanding of the conscious and unconscious mind significantly shapes clinical practice.

The mind includes the conscious; preconscious; and unconscious.

- "The kind of attention we pay actually alters the world: we are, literally, partners in creation" (McGilchrist, 2009, p. 5).
- Affect, proprioceptive, kinesthetic, somatosensory, and autonomic experiences are integrated into an early sense of self. Integration of these elements constitutes the development of primary consciousness (Edelman & Tononi, 2000).
- The unconscious acts as "a cohesive, active mental structure that continuously appraises life's experiences and responds according to its scheme of interpretation" (Schore, 2003).

- ***A majority of brain activity occurs unconsciously, outside of awareness.***
  - "It is incredibly naïve….to take conscious verbal communications as the primary way that people respond to each other" (Buchanan, 2009, Nature).
  - "It is now widely accepted that cognitive, affective, and behavioral processes often unfold unconsciously and that this unconscious processing is adaptive and frees up limited processing resources" (Cacioppo & Decety, 2009, Perpsect. Psychol. Sci.).
  - One hundred twenty-nine women with previously documented histories of sexual victimization in childhood were interviewed about their abuse histories. A large proportion of the women (38%) did not recall the abuse that had been reported 17 years earlier. Women who were younger at the time of the abuse and those who were molested by someone they knew were more likely to have no recall of the abuse (Williams, 1994).

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- ***Unconscious brain activity differs from conscious brain activity and is predominantly mediated by the right hemisphere which responds more quickly than the left hemisphere.***
  - "In most people, the verbal, conscious and serial information processing takes place in the left hemisphere, while the unconscious, nonverbal and emotional information processing mainly takes place in the right hemisphere" (Larsen, 2003, J Psychosom. Res.)
  - Unconscious processing of emotional stimuli activates right and not left hemisphere. "The left side of the brain is involved with conscious response and the right side with the unconscious mind" (Mlot, 1998, Science).
  - "The right hemisphere…performs simultaneous analysis of stimuli…the more 'diffuse' organization of the right hemisphere has the effect that it responds to any stimulus, even speech stimuli, more quickly and, thus, earlier…The left hemisphere is activated after this and performs the slower semantic analysis and synthesis" (Buklina, 2005, Neuroscience Behav. Physiology).
  - "The brain has to attend to the world in two completely different ways, and in so doing to bring two different worlds into being. In the one [mediated by the right hemisphere] we experience—the live, complex, embodied, world of individual, always unique beings, forever in flux, a net of interdependencies, forming and reforming wholes, a world with which we are deeply connected. In the other [mediated by the left hemisphere] we experience our experience in a special way: a "re-presented' version of it, containing now static, separable, bounded but essentially fragmented entities, grouped into classes, on which predictions can be based. This kind of attention isolates, fixes and makes each living thing explicit by bringing it under the spotlight of attention (McGilchrist, 2009, p. 31)

- **Conscious Mind:** Primarily left hemisphere
  - Conscious experience; explicit material
  - Linear
  - Rational/logical/analytical
  - Literal
  - Linguistic/verbal
  - Symbolic
  - Cause and effect
  - Syllogistic/deductive reasoning
  - "Right versus wrong"
  - Awareness
  - Complex reasoning; problem solving

  (Schore, 2000; Siegel & Hartznell 2003)

- **Unconscious Mind**: Primarily right hemisphere
  - Unconscious experience; implicit material
  - Emotions; affective material: prosody; tone, etc.
  - Somatic, sensory, and gestural information
  - Social emotional tasks
  - Incongruent; "irrational" relationships/material
  - Nonverbals; facial expressions; body language;
  - Understanding others—interpreting mental states in self and others
  - Process metaphor; non-literal (idiomatic) language; thematic inferences; abstractions; context; patterns
  - Humor
  - Holistic
  - Musical
  - Nonlinear
  - Visual-spatial
  - Kinesthetic

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Course Concepts

- Structure of Psyche: Models of the Unconscious: Freud; Jung; Object Relations; Humanistic-Existential; Self; Relational; Developmental
- Dynamic UC
- Libido
- Levels of Consciousness: Conscious; Preconscious; Unconscious
- Unconscious: Personal; Collective;
- Positions: Paranoid-Schizoid; Depressive; Autistic-Contiguous
- Alpha and Beta Elements

Lesson Two:

Contemporary Psychoanalysis Offers an Elaborated Understanding of the Psyche or "Mind" and its Mental Contents and Offers Ways of Working with Mental Contents:

The psyche or mind consists of a variety of mental contents which are shaped primarily from developmental influences, relationships, and experiences and which transform from analytic interventions.

- *"And in my memory too I meet myself." St. Augustine, Confessions*
- **Psyche or Mind is distinct from brain and refers to** (Gabbard, 2005; Siegel, 2011):
  - **An emergent, self-organizing process, mediated by relationships, that give rise to mental activities including emotions, thoughts, and memories.**
    - A core aspect of mind is an embodied, relational process directing the flow of energy, information, and responsiveness to inner and outer experience.
  - **Conscious awareness**
    - Current awareness. Known feelings, thoughts, ideas, memories.
  - **Inner subjective experience**
    - "Mind" contains conscious and unconscious psychological processes: intrapsychic, interpersonal, and somatic experiences. Houses memories, thoughts, dreams, associations, fantasies, images, sensations, introjects, inner figures, inner messages, self-states.

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- **Mind is emergent, associational, and relational.**
  - **Emergent**: Complex associations and patterns arise from a multiplicity of simple interactions.
  - **Associational**: Mind is primed to link stimuli which create associations that may develop into patterns linked through memory. Thoughts, affects, and behaviors are connected by associations.
  - **Relational**: Mind is wired to relate to stimuli and people and develops from human interactions.
    - The right hemisphere develops from interaction with human relationships. It is related to the quality of parent-child bonding and relational experiences in contrast to the left hemisphere which develops more through interaction with objects (Schore, 2011).
- **Mental contents emerge from the "Mind," and may be pre-symbolic (lacking reflection; nonverbal) or symbolic (demonstrating reflection; verbal).**
- **Mental contents can be expressed as sensation, somatic experience, affect, behavior, image, word, or narration. The form guides the intervention:**
  - Proto-emotions and proto-sense impressions are transformed into visual pictograms which carry the emotional qualities of primitive feelings. Such elements then 'undergo further operations on order to attain the status of thought and narrative image' (Ferro, 2005, 15).
  - Mental activity of mental contents is: "emergent, situated, contextual, and historical, with patterns forming contingently, and softly assembled." (Thelen & Smith, 1994).

- **"Contents of Mind" or mental contents include:**
  - behaviors -memory: implicit and explicit -imagery
  - affects/feelings -dreams/daydreams -internal voices
  - thoughts -fantasies -inner figures
  - sensations -somatic experiences -identifications
  - Introjections -perceptions -meanings
  - wishes -hopes -fears/anxieties
- **Explicit and Implicit Memory**: Significant forms of mental contents. Two different forms of memory that correspond to conscious and unconscious material respectively.

"That explicit and implicit aspects of the self exist is not a particularly novel idea. It is closely related to Freud's partition of the mind into conscious, preconscious (accessible but not currently accessed), and unconscious (inaccessible) levels" (LeDoux, 2002, Science).

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- **Implicit Memory**: More dominant in infants/children; and in emotional, social, interpersonal, and stressful situations in adulthood. Unconscious material may be stored as implicit memories.
  - Individuals unconsciously react to an implicit memory and operate from this unconsciously recalled emotional state which impacts the capacity for developed, conscious, thought, feeling, imagination, and relating.

- **Characteristics of implicit memory** (Siegel & Hartznell, 2003):
  - Present at birth (non-verbal; pre-symbolic form of memory)
  - No internal sense of recollection when recalled
  - Non-intentional memory
  - Has a felt sense of spontaneous emergence
  - Nonverbal; procedural; non-declarative form of memory
  - Previous experiences influence current experiences
  - Stores "mental models:" Generalizations of repeated relational/social/emotional experiences
  - Experienced as a "feeling" or behavioral, emotional, or bodily memory
  - Conscious attention is not required for encoding—bypasses hippocampus.
  - The primary memory system for the right hemisphere and its major functions.

- **Explicit Memory**: Develops later in infancy; is necessary for adaptation and functioning; dominant in tasks requiring conscious attention and problem solving.
  - Explicit memory is more operative in daily tasks, problem solving.

- **Characteristics of explicit memory** (Siegel & Hartznell, 2003):
  - Develops during second year of life and beyond (verbal; symbolic)
  - Internal sense of recollection experienced when recalled
  - Deliberate, intentional recollecting
  - Declarative form of memory
  - Includes factual (semantic) and autobiographical (episodic) forms of memory
  - Autobiographical memory involves sense of self and time; involves prefrontal cortex/frontal lobes (develops later)
  - Requires conscious attention for encoding
  - Involves the hippocampus--primary memory system for the left hemisphere

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Course Concepts

- Conflict — Repetition Compulsion
- Complex — Persona
- Ego — Shadow
- Self — Objects: Good/bad; Whole/part
- Archetypes — Representation
- Fantasy — Internalization: Identification,
- Imagination — Incorporation, etc.
- Symbol — Self-states; Self-objects

Lesson Three:

Contemporary Psychoanalysis is Informed by Developmental Theory and Research which is Integrated in Clinical Practice:

Development unfolds in predictable yet non-linear ways. Infancy and early childhood is a time of profound growth yet development occurs throughout the lifespan. Experiences and relationships are internalized, develop into patterns, and impact development. A healthy and creative multiplicity of the self exists.

- *"In every adult there lurks a child–an eternal child, something that is becoming, is never completed, and calls for unceasing care, attention and education. That is the part of the human personality which wants to develop and become whole."* (Jung,1954:para 286)
- **General developmental considerations:**
  - Development is an interactional process co-constructed by the participants.
    - Zone of Proximal Development: The span between what one can accomplish without assistance and what one can accomplish with assistance (Vygotsky, 1935)
  - Development is life-long consisting of non-linear; dynamic; irregular; emergent processes.
  - Regression and progression exists on a continuum from typical/normal to pathological/destructive.

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- **General developmental considerations:**
  - Dynamic Systems Theory: "…development does not unfold according to a predetermined, linear plan" but rather "emerges from relations, not from design" (Thelen & Smith, 1994, xix).
  - Equifinality: There are many possible pathways towards one outcome (Cicchetti, 1996).
  - Multifinality: The same factors may result in a variety of outcomes (Cicchetti, 1996).
  - Role of "Deferred Action": Reciprocal relationship between developmental event and later investment with new meaning
  - The Centrality and Multiplicity of the Self: Emphasis on self development. Variant self states and multiple expressions of the self exist (Bromberg, 1996). Disruptions in the self and the capacity for self regulation constitute forms of psychopathology.
  - Individuation: The life-long, active growth of the personality
    - The goal of the individuation process is the synthesis of the self…the process by which individual beings are formed and differentiated; in particular, it is the development of the psychological individual as a being distinct from the general, collective psychology [Jung, "The Psychology of the Child Archetype," CW 9i, par. 278; par. 757}.

- **Attachment Theory:** The secure or insecure nature of a child's attachment relationship to primary caregivers significantly shapes development.
  - Individuals develop "Internal Working Models," from attachment experiences-- mental models derived from experiences of repeated interactions with attachment figure.
  - "Attachment trauma is encoded in right brain/implicit/procedural memory; later expressed in unconscious insecure internal working models" (Schore, 2000).
  - Attachment Styles
- **Attuned Attachment**: Relationship is synchronized, resonates with person's rhythms, expressed verbally and non-verbally, attends to and repairs disruptions, includes positive affective states (play and humor).
  - In nonverbal right brain-to-right brain visual-facial, auditory-prosodic, and tactile-gestural emotional communications, caregiver regulates infant's arousal & affective states" (Schore, 2009).
  - "Attachment communications are accompanied by the strongest of feelings and emotions, and occur within a context of facial expression, posture, tone of voice, physiological changes, tempo of movement, and incipient action" (Bowlby, 1969).

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Course Concepts

- Container/Contained/Reverie
- Internal Working Model/Representations of Interactions that have Generalized (RIGS)
- Development: Preoedipal and Oedipal
- Infantile Sexuality
- Individuation
- Margaret Mahler: Separation-Individuation
- Attachment
- Daniel Stern: Sense of Self
- Self-states

Lesson Four:

Contemporary Psychoanalysis Affirms the Power of Relationship and Engages with Relational Material Verbally and Experientially:

Non-verbal and verbal experiences of relationships manifest, implicitly and explicitly. Patterns related to experiences of self/other are internalized and form the basis of relating. Numerous relational variables, such as attunement, self and interactive regulation, contingent communication, and reflective function influence relationships and are integrated into analytic work.

- *"It is unfair to judge of anybody's conflict without an intimate knowledge of their situation. Nobody, who has not been in the interior of a family, can say what the difficulties of any individual of that family may be." (Jane Austen, Emma, 1815-1816.)*
- **"Relationship" experiences have objective and subjective dimensions. They are co-constructed and internalized in real and imagined ways and impact behavior, thoughts, and feelings, implicitly and explicitly.**
  - "Representations of Interactions that have been Generalized (RIGS):" Beginning in infancy, interpersonal interactions are averaged and represented pre-verbally and develop with cognitive and emotional development. RIGS are cognitive-affective-motivational schemata with distinct "organizing principles" built from experiences in one's interpersonal world.
  - The organization of a relational dyad is an **emergent, concurrent**, **reciprocal**, and **interactive** process where each person influences the other person moment-by-moment (Beebe, Lachmann, & Jaffe, 1997).

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- "**Self-Regulation**:" Individuals are affected by, and respond to, their own behavior. Includes capacities for regulating own inner state.
- "**Interactive regulation**:" Individuals are affected by, and respond to, their partner's behavior. Includes capacities for monitoring partner's behaviors.
  - Differences in self regulatory capacities affect the success of interactive regulation; conversely, differences in the nature of interactive regulation can facilitate or interfere with self regulation (Beebe & Lachmann, 1994; Tronick, 1989).
- **The "relational unconscious" refers to modes of engagement specific to each relationship with a distinct felt sense.**
  - "In contrast to a static, deeply buried storehouse of ancient memories silenced in 'infantile amnesia,' contemporary intersubjective psychoanalysis now refers to a 'relational unconscious,' whereby one unconscious mind communicates with another unconscious mind" (Schore, 2003).
  - Transference and countertransference occur within the influence of the relational unconscious

- **Implicit relational knowing:**
  - Nondeclarative; nonexplicit interpersonal patterns that shape daily life (Tronick, 2007).
  - "Pre-reflective processes that contribute to our knowledge about ways of beings with others that are not based in language…an experience of knowing something interpersonally but not being able to describe how you know it, and often not knowing you know it" (Aron & Lechich, 2012
- **Contingent Communication:**
  - Communication with another person whereby the person's communications are perceived, made sense of, and responded to timely and effectively. Dependent upon attunement, sensitivity to nonverbal behaviors, and repair of relationship ruptures (Siegel, 2011).
  - "Still face experiments::" Negative Impact on infants when caregiver does not give contingent, attuned communication. Demonstrate dysregulated affect and behavior (Tronick, 1975).
    - Findings have been associated with mothers' baseline sensitivity and interactive style, and infants' later attachment classification at age 1, capacity for internalizing (e.g. depression, anxiety) and externalizing (e.g. aggression, impulsivity) behaviors at 18 months, and behavior problems at age 3.
    - Still Face Experiment
- **Attunement:**
  - The caregiver is sensitive to the verbal and non-verbal cues of the child, responds in a timely way, and is able to put himself/herself into the mind of the child.
- **Mentalization and Reflective Function:**
  - The ability to perceive and reflect upon the mental state of the self and other

Course Concepts

- Self Regulation/Interactive Regulation
- Mother Complex Attachment
- Father Complex Archetypes
- Holding Environment
- Good Enough Mother
- Impingement
- False Self/True Self
- Mirroring
- Self-objects
- Self-states

Lesson Five:

Contemporary Psychoanalysis Asserts The Power of Experience

Experience matters. Experience is embedded into the mind; shapes humans psychologically and biologically; generates meaning; and is foundational in psychoanalytic treatment.

- **Experience matters but not necessarily in causal ways. Experience is influential independent of causality.**
- **Experience profoundly shapes development and carries objective as well as phenomenological meaning** (i.e**.** as perceived or understood in human consciousness by a particular individual).
  - And where are the great and wise men who do not merely talk about the meaning of life and of the world, but really possess it? One cannot just think up a system or truth, which would give the patient what he needs in order to live, namely faith, hope, love, and understanding. These four highest achievements…are so many gifts of grace, which are neither to be taught nor learned, neither given nor taken, neither withheld nor earned, since they come through experience… Experiences cannot be made. They happen…there are ways which bring us nearer to living experience…The way of experience, moreover, is anything but a clever trick: it is rather a venture which requires us to commit ourselves with our whole being. " (Jung, CW 11, 500-501)
- **Relational experiences:**

– The quality of relationship experiences influences development and psychopathology.
  - "Understanding is not about experience. It is itself an experience, and this experience involves the crucial presence of another person with whom one feels secure, in part by virtue of feeling understood by that person (Seligman, 1999).

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Biological experiences: Connections between brain cells are impacted by genetics and the effects of experience and learning (Siegel and Hartznell, 2003).

- **Experience-Expectant Brain Development***:* Genetics determines growth of neural connections which require "expectable" environmental stimulation.
- **Experience-Dependent Brain Development***:* Experience and learning itself determines the growth of neural connections.
- "**Apoptosis**"--diminuation or pruning of synaptic connections resulting from the absence of stimulating experience.
- "**Allostatic load**"—the physiological consequences of chronic exposure to repeated stress.
- **Neurobiological research**: Experience influences brain structure and development, hormone and neurotransmitter levels, and the immune system.

  - **Nurturing caregivers promote brain development in children**. Washington University researchers determined that **early life nurturing** is **correlated** with the **size of the hippocampus** which mediates learning, memory, and stress response. Brain scans of 92 children revealed that **those who were nurtured early in life had a hippocampus that was nearly 10% larger** compared with children who did not receive early nurturance (Luby, 2012).

- **Neuroplasticity: The way experience shapes neural structure including synaptogenesis; myelinogenesis; neurogenesis; epigenesis**
  - **Epigenetic research**: Experience can shape what gene(s) become expressed
    - **Genetic receptors are expressed differently in abused children**. Compared to the suicide only, suicide with history of child abuse, and the control group, victims of suicide who had experienced child abuse had decreased levels of glucocorticoid receptor expression, as well as increased levels of methylation specific to the gene known to regulate glucocorticoid expression. These findings translate previous results from rats to humans and suggest a common effect of parental care on the epigenetic regulation of hippocampal glucocorticoid receptor expression" (Szyf, (*Nat Neurosci, 12:342–48, 2009).*
    - **Variant gene plus abuse and violence predicted sociopathy**. Longitudinal study of 1.037 families in New Zealand with the variant gene for monoamine oxidase A (MAOA) found that children who were abused and had the variant gene were more likely to become sociopathic as adults. Children with the variant gene who did not suffer abuse or violence in the home, did not become sociopathic (Caspi and Moffitt, 2006).

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- **Psychotherapy experiences**: Psychotherapy, including psychodynamic psychotherapy, changes people psychologically and biologically.
  - "Research in brain imaging, molecular biology, and neurogenetics has shown that **psychotherapy changes brain function and structure**. Such studies have shown that psychotherapy effects regional cerebral blood flow, neurotransmitter metabolism, gene expression, and persistent modifications in synaptic plasticity" (Glass, 2008, J of American Medical Association).
  - **One year of psychodynamic psychotherapy lead to changes in gene expression** through learning, by altering the strength of synaptic connections between nerve cells and inducing morphological changes in neurons. SPECT scans found midbrain serotonin transporter density significantly increased in patients with atypical depression (Lehto SM, Tolmunen T, Joensuu M, et al., 2008, *Prog Neuropsychopharmacol Biol Psychiatry. 2008;32:229-237).*
  - PET scans found **changes** in the **5-HT1A receptor density** in the **psychodynamic psychotherapy group** compared with the Prozac group, for which no change was detected (Karlsson H, Hirvonen J, Kajander J, et al. Research letter: psychotherapy increases brain serotonin 5-HT1A receptors in patients with major depressive disorder. *Psychol Med 2010;40:523-528).*

Course Concepts

- Culture
- Development
- Attachment
- Archetypes

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Lesson Six:
Contemporary Psychoanalysis Emphasizes Affect:

Affect is fundamental in psychoanalysis; influences how mental contents are symbolized and expressed; critically mediates how relationships and experience influence the mind; and is central in psychoanalytic practice.

- *However rational, cognition has one critical limit which is its inability to cope with suffering. Reason can subsume suffering under concepts; it can furnish means to alleviate suffering; but it can never express suffering in the meaning of experience, for to do so would be irrational by reason's own standards." Theodor Adorno, Aesthetic Theory*
- "*Not a cognition occurs but feeling is there to comment on it, to stamp it as of greater or less worth" (William James, in Richardson, 2006, p. 183).*
- "**Findings from the, "Decade of the Brain," supported psychoanalytic ideas, including the value of affect, paving the way for a paradigm shift: "The Emotion Revolution:" (Schore, 2009)**
  - Paradigm shift: shifting focus from investigating the explicit, analytical, conscious, verbal, rational left hemisphere to understanding the implicit, synthetic, integrative, unconscious, nonverbal, emotional, bodily-based right hemisphere (Schore, 2009)

- **Affect is primary:**
  - "The central and most radical argument of psychoanalysis is that human psychological life is, at its core, human affective life" (Spezzano, 1993, p. 113).
- **Affects are signals:**
  - "'Disaffectation:'" Being separated from emotions and losing the capacity to use affects as signals that permit connection with interior psychic reality (McDougall, 1984; Krystal, 1988).
- **Affect Is a central medium for transmitting information especially regarding meaning and interpersonal relations:**
  - "Meanings are structures which a person lives before he thinks about them …(the) central premise of affect theory is that essential human meaning categories are best understood as feeling states" (Spezzano, 1993, p.213).
  - "In adults as well as children, emotions are the central medium through which vital information, especially information about interpersonal relations, is transmitted and received" (Dorpat, 2001).
- **Affect can be experienced consciously and unconsciously:**

"Basic research shows that the emotion of fear
is not necessarily conscious; a fearful
response may be evoked even
when one is not fully aware of being afraid
…As with emotion itself, the enhanced
memory for emotional experiences
may proceed at a relatively subconscious
level, without clear awareness."
(Price, 2005, J. Comp. Neurology)

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- **Affect and affective development is pivotal to self development:**
  - The broader the range of emotions that a child experiences the broader will be the emotional range of the self that develops (LeDoux, 2000).
- **Affect and psychotherapy**:
  - Affectively oriented interventions are associated with positive outcomes including: encouraging patient to experience and express feelings in session; addressing avoidance/resistance of topics; noting shifts in mood and process; deepening affective experience; drawing attention to unacceptable feelings; using fewer cognitive words in highly affective sessions (Diener & Hilsenroth, 2009).
  - Patients who exhibit more positive changes have therapists who facilitate greater affective experience and expression in psychotherapy. Therapist's capacity for facilitating affect is a powerful predictor of treatment success (Diener, et al, 2007, American J. Psychiatry).
  - Relevance of developmental attachment studies to psychotherapy lies in the commonality of nonverbal, unconscious, implicit, right brain-to-right brain affect communicating and regulating mechanisms in the caregiver-infant and the therapist-patient relationship (Schore, 2009).

Course Concepts

- Affect
- Projective Identification
- Introjective Identification

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Lesson Seven:

Contemporary Psychoanalysis Values and Creates Narrative:

Narration and narrative are pivotal for human relations; promote development and healing; and is created throughout the course of psychoanalytic treatment.

- *"Language is a skin. I rub my language against the other. It is as if I had words instead of fingers, or fingers at the tip of my words." Roland Barthes, A Lover's Discourse*
- **Centrality of narration and narrative: The human value of "story."**
  - 'What fundamentally constitutes our consciousness is the understanding of self and world in story' (Young & Saver, 2001).
  - "Meaning-making in therapy: grasping the emotions underlying patients' narrations 'in such a way that they feel it is understood and shared' (Ferro 2005, 3).
  - People come to therapy to find an adequate narrative (Hillman, 1996, 4-5).
  - Psychoanalysis is constituted in narrative form - as comedy, romance, tragedy, and irony. Narrative form provides a vehicle for the fundamental dimensions of human nature that are addressed by psychoanalysis (Schafer, 1978)
  - "Narrative truth"--not a literal representation of the past, but a picture that gathers unrecognized experiences into a manageable whole. Narrative truth is measured by its therapeutic effect, rather than its accuracy (Spence, 1984).
- **Human/personal idiom**: Every person is born with his/her own idiom for life—a kind of destiny: a blend between the psychic organization from birth that forms one's core and subsequent familial/cultural experiences (Bollas, 1992).

Individuals with coherent, reflective, and emotionally-rich narratives about their childhood, that make sense of their life history and its impact on present functioning, demonstrate better mental health, development, emotional integration, attachment relationships, and parenting.

- **Whether** a **child will be securely attached** to his/her **parent** is most **predicted**, with **85% accuracy**, by the **coherence** of the **parent's narrative** (Main, 1988).
- "…the **development of the child's whole personality** is influenced by many things, including genetics, temperament, physical health, and experience. Parent-child relationships offer one very important part of the early experience that directly shapes a child's emerging personality….**How parents have reflected on their lives directly shapes the nature of that relationship**." (Siegel and Hartznell, 2003, p. 5).
- "…a **coherent interview** is both **believable** and **true** to the listener,…the events and affects intrinsic to early relationships are conveyed without distortion, contradiction or **derailment** of discourse. The **subject collaborates** with the interviewer, **clarifying** his or her **meaning**, and **working to make sure** he or she is **understood**. Such a subject is thinking as the interview proceeds, and is **aware of thinking with and communicating to another**; thus **coherence and collaboration** are inherently **inter-twined and interrelated**" (Slade, 1999, page 580).

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Course Concepts

- Conscious-Unconscious Mind: Collective Unconscious
- Personal Myth
- Cultural Myth
- Mentalization
- Symbol/Symbol Formation
- Narcissism

Lesson Eight:

Contemporary Psychoanalysis is a Distinctive yet Diverse Treatment That Promotes Development:

While psychoanalytic treatment is practiced diversely, contemporary approaches value engagement, attunement, and empathy; are relationally and experientially oriented; are attuned to addressing relational and developmental issues; and target self, relational, and affective development.

- Contemporary practice:
  - Given the diversity of thought and practice, **psychoanalysis** may not be a method as much as a **process evolving between two people in a fairly standardized setting** where the **psychoanalyst thinks and acts on the basis of** her understanding of **psychoanalytic thinking**. "**Thinking psychoanalytically" within** the frames of a **standardized frame** may distinguish the psychoanalytic clinician (Gabbard, Litowitz, & Williams, 2012, p. 398).
  - **Negative Capability**: When a person is **capable of being in mysteries, doubts**, without any irritable reaching after fact and reason (Bion, 1970).
  - **Engagement rather than positivist observation** is central to psychoanalytic psychotherapy.
  - **Paradigm shift**: from left brain, explicit, cognitive to right brain, implicit, and affective
  - Emphasizes **affect, affective experiencing, intersubjectivity, attuned relationship, and attention to unconscious material** including **transference, countertransference, defenses**, and **resistance**.
  - **Psychotherapy** is a specific **interpersonal system**—patient and therapist affect each other verbally and nonverbally…**moment to moment interactions** and the **total relationship** are significant.

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Contemporary psychoanalysis is concerned with assessing and treating the following dimensions (Psychodynamic Diagnostic Manual, Profile of Mental Functioning, 2006, p. 73)**:**

- Capacity for regulation, attention, and learning
- Capacity for relationships and intimacy
- Quality of internal experience—characterizes relations to others and world
- Capacity for affective experience, expression and communication including pre-representational and representational affects
- Defensive patterns and capacities—how one copes with wishes, affects
- Capacity to form internal representations—capacity to symbolize affectively meaningful experiences and use ideas to experience, describe, express internal life
- Capacity for differentiation and integration—separating fantasy from reality
- Self-observing capacities--psychological mindedness—capacity for observing internal life
- Capacity to construct or use internal standards and ideals--morality

- **Research has identified distinctive dimensions in psychodynamic psychotherapy**:
  - Psychodynamic psychotherapists focused on transference and defense versus cognitive therapists who provided support, homework, agenda setting (Kallestad, et al, 2010).
  - Psychodynamic practitioners encouraged affective experiencing and expression compared to cognitive behavioral practitioners who encouraged managing negative emotions with intellect and reason (Jones & Pulos, 1993).
  - Compared to dialectical behavior therapy and psychoanalytically informed supportive therapy, transference-focused psychotherapy (TFP) matched DBT in level of functioning and reduction of suicidality. Only TFP increased attachment security and reflective functioning (Clarkin, et al., 1999).
- **Seven interventions distinguishing psychodynamic clinicians from clinicians who did not practice psychodynamic psychotherapy** (Blagys & Hilsenroth, 2000):
  - Focus on affect and expression of patients' emotions
  - Exploration of patients' attempts to avoid topics or engage in activities that hinder the progress of therapy
  - The identification of patterns in patients' actions, thoughts, feelings, experiences, and relationships
  - An emphasis on past experiences
  - Focus on patients' interpersonal experiences
  - An emphasis on the therapeutic relationship
  - An exploration of patients' wishes, dreams, or fantasies

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- **Major Therapeutic Actions in Psychoanalysis** (Beebe and Lachmann, 2002)
  - Interruption of old relational patterns
  - Creation of new conditions of safety
  - Containment and holding
  - Empathy
  - Working through of disruptions in therapeutic relationship: disruption and repair
  - Enhancement of reflective functioning; mentalization; metacognition
  - Interpretation
  - Insight
  - Negotiation of paradox (Pizer, 1992)
  - The transformative "now moment" (Stern, 2004)
  - Action and reflection, past and present
  - Affect attunement

- **Interventions within psychodynamic psychotherapy that positively and negatively impact the psychotherapy** (Hilsenroth, et al, 2011):
- **Positive dimensions in analytic work**:
  - Supportive: Affirming, enhancing motivation, convey understanding, noting therapeutic successes.
  - Exploratory: Questioning/clarifying discrepancies; fostering emotional depth; non-hostile, appropriate confrontation; accurate interpretations; open-ended questions.
  - Experiential and affect-focused: Attention to patient's experience; facilitate expression of affect; explore different emotional states.
  - Engaged and active relationship: Maintain engaged involvement; focus on here and now in therapy relationship; discuss therapist's involvement in therapeutic process; ongoing feedback to patient.
- **Negative dimensions in analytic work**:
  - Inflexible management of treatment
  - Overstructuring or understructuring the psychotherapy
  - Inappropriate self-disclosure
  - Rigid and/or frequent transference interpretations
  - Utilizing superficial interventions

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Course Concepts

- Anaclitic Depression
- Narcissism
- Trauma
- "As if" Personality
- Basic Fault
- Alexithymia

Lesson Nine:

Contemporary Psychoanalysis Targets Problems with Experiencing and Processing Mental States and Fosters the Development of Cognitive, Emotional, Self, and Relational Capacities:

The analytic method addresses deficits, defenses, and resistances to mental states and fosters the emergence of conscious and unconscious affect, thought, memory, imagination, and meaning which fosters development.

- **Patients often have disruptions in their capacity to experience mental processes fully including having limited or no thoughts, feelings, or memories**:
  - Inability to feel thoughts or think feelings
  - inability to think thoughts or feel feelings
  - Inability to recall memories
- **The "unthought known**:" A mental state that has not become a formulated thought and consists of non-verbal memories. It becomes known through lived experiences and interactions emerging through the transference and countertransference (Bollas, 1989).
  - Beginning in infancy, we are informed by many ideas conveyed through action rather than thinking that become part of our unconscious which affect us throughout our lives.
  - Therapeutic action appears to be that of transforming symbolically and putting into words the early implicit structures of the patient's mind…experiences cannot be remembered in the ordinary way. They can 'only be re-experienced emotionally and enacted in the intersubjective relationship' (Mancia, 2005).

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- **Mentalization and Reflective Function: Predicated upon the "Theory of Mind." The mental process of understanding and making sense of mental states such as intentions, feelings, and thoughts in self/others that includes:**
  - Becoming curious about the workings of one's mind and the minds of others.
  - Capacity to respond to others' mental states: beliefs, attitudes, feelings, desires, hopes, imagination
  - Engaging in exploring various meanings of mental states.
  - Understanding that a mental state represents one of many possible representations of reality
  - Thinking and feeling about thinking and feeling.
  - Developing a capacity for meta-representation—the ability to think about one's thoughts/ feelings.
  - Theory of Mind

Course Concepts

- Mentalization
- Symbol/Symbol Formation

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Lesson Ten:

Contemporary Psychoanalysis Honors the Transformative Role of the Transcendent in Human Experience:

The conscious and unconscious mind and brain, mental contents, development, relationship, affect, experience, and narrative can not completely account for the human condition. They do not address "the transcendent," a larger dimension encountered in the human personality and human experience, that promotes transformation.

- *"What ought we be? That is the essential question, the question that concerns spirit and not intelligence. For spirit impregnates intelligence with the creation that is to come forth. And, later intelligence is brought to bed of creation (Antoine de Saint-Exupery, Flight to Arras).*
- The unconscious includes the "the known, unknown, and unknowable." (Jung)
- Transcendence: does not value or bypass spirit over matter; it respects mystery; demands embodiment; involves being less activated by ego concerns; involves consciousness of interconnections beyond the personal self, including awareness of spirit everywhere, and in everyone (Corbett, 2007).
- Carl Jung: The "religious instinct" (Jung, 1959b; para 653); the Self: Ground of the soul.
  - "God has fallen out of containment in religion and into human hearts—God is incarnating. Our whole unconscious is in an uproar from the God Who wants to know and to be known."

- D.W. Winnicott's: "Sacred incommunicado center" of the personality: the True Self.
- Wilfred Bion's "O:" The Godhead. The ultimate source of transformation. An ineffable reality.
- Michael Eigen: "Somewhere in the very essence and core of the human psyche is the ultimate Emptiness and Fullness of God."
- Neville Symington's: A center to the personality: "Absolute;" "Infinite;" "The lifegiver."
  - A mystical inner reality that only comes into being when we choose it.
  - the "True God" in the personality that "is the product of an inner creative act"
- Arnold Model's: "The private self"
  - "The source of our deepest motivations and the source of our ultimate values. Our sense of well-being depends on the congruence between our actual self and the ideals to which we aspire." (1933: 34)
  - "Although the term "soul" and the Greek term "psyche" are interchangeable, the Platonic and early Christian idea of a soul refers to that part of the psyche that is private and communicates only with God. It seems to me that the idea of a soul, in this sense is not too different from the idea of a private self (Ibid.: 62)."
- Christopher Bollas: "A mysterious intelligence that moves through the mind"…"if there is a God this is where it lives." (Bollas, 1999, 195).

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Course Concepts

Synchronicity

Numinosity

Spirit

Soul

Concluding Thoughts:

- ***The more things change, the more they are the same (Alphonse Karr)***
- "If knowledge about the unconscious were as important for the patient as people inexperienced in psychoanalysis imagine, listening to lectures or reading books would be enough to cure him. Such measures, however, have as much influence on nervous illness as a distribution of menu-cards in a time of famine has upon hunger" (Freud, 1910, p. 235).
- "The intelligent psychotherapist has known for years that any complicated treatment is an individual, dialectical process in which the doctor, as a person, participates just as much as the patient" Jung (Jung, CW16, 1929A, p.116).
- "…the relation between doctor and patient remains a personal one within the impersonal framework of professional treatment. By no device can the treatment be anything but the product of mutual influence, in which the whole being of the doctor as well as that of his patient plays its part" (Jung, CW16, 1929A, p.71).
- "…there must be a fluctuating interplay between doctor and patient. This invevitably follows from the interpersonal character of the psychotherapeutic process….the therapist's share in the reciprocal transference reactions of doctor and patient in the wider sense of the term may furnish an important guide in conducting the psychotherapeutic process" (Fromm-Reichmann, 1950, p. 5).
- "My description amounts to a plea to every therapist to allow for the patient's capacity to play, that is, to be creative in the analytic work. The patient's creativity can be only too easily stolen by a therapist who knows too much" (Winnicott, 1971, p. 57).

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Ten Lessons from Contemporary Psychoanalysis That Inform Psychotherapy Practice: Part II-Interventions

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Introduction:
Core psychoanalytic ideas have endured; are reflected in human experience and culture; are corroborated in the humanities and sciences; and permeate clinical practice.

- *"The heart has its reasons which reason knows nothing of. We know the truth not only by the reason, but by the heart." - Blaise Pascal, 17th Century Physicist; Mathematician; Philosopher*
- *Do I contradict myself?*
  Very well then I contradict myself,
  (I am large, I contain multitudes.)
  -Walt Whitman, 19th Century Poet; Humanist
- *"It is much more important to know what sort of a patient has a disease than what sort of a disease a patient has."--William Osler, 19th Century Physician; Founding Professor, Johns Hopkins Hospital*

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- Psychoanalytic theory, research, and practice exhibit consilience:
  - Independent, unrelated disciplines "converge" upon related information and make similar conclusions. When multiple sources of evidence agree, conclusions are further strengthened.
- Psychoanalysis addresses what is quintessentially human inside and outside of the clinical setting.
- The roots of psychoanalysis originated primarily from medicine by practitioners immersed in daily, clinical experience—its clinical relevancy continues.
- Psychoanalysis articulates the most developed theories of consciousness, development, and human behavior.
- Human behaviors, thoughts, and feelings are:
  - the interplay of conscious and unconscious processes
  - often complex, multi-determined, contradictory, paradoxical, irrational
  - meaningful and purposeful
- The human condition is conflicted. Conflict is indispensable to human life.
- Humans develop and are shaped by experiential and developmental factors throughout life.
- Humans are unique in their ability to symbolize. The capacity for symbolization is a developmental and psychological achievement.

Course Concepts

- Conscious and Unconscious Mind
- Dynamic Unconscious
- Analytic Third
- Free Association
- Symbol, Symbol Formation, and Symbolization

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Lesson One:

Contemporary Psychoanalysis Provides a Sophisticated Understanding of Consciousness that Guides Clinical Practice

The conscious and unconscious mind work differently and influence distinct cognitive, social, and emotional processes. A sophisticated understanding of the conscious and unconscious mind significantly shapes clinical practice.

- **The mind includes conscious; preconscious; and unconscious parts.**
- **A majority of brain activity occurs unconsciously, outside of awareness.**
- **Unconscious brain activity differs from conscious brain activity and is predominantly mediated by the right hemisphere which responds more quickly than the left hemisphere.**
- **The conscious mind is more associated with left hemisphere functions while the unconscious mind is more related to right hemisphere functions**.

- **Conscious Mind:** Primarily left hemisphere
  - **Conscious experience; explicit material**
  - **Linear**
  - **Rational/logical/analytical**
  - **Literal**
  - **Linguistic/verbal**
  - **Symbolic**
  - **Cause and effect**
  - **Syllogistic/deductive reasoning**
  - **"Right versus wrong"**
  - **Awareness**
  - **Complex reasoning; problem solving**

  (Schore, 2000; Siegel & Hartznell 2003)

- **Unconscious Mind**: Primarily right hemisphere
  - **Unconscious experience; implicit material**
  - **Emotions; affective material: prosody; tone,**
  - **Somatic, sensory, and gestural information**
  - **Social emotional tasks**
  - **Incongruent; "irrational" relationships/material**
  - **Nonverbals; facial expressions; body language;**
  - **Understanding others—interpreting mental states in self and others**
  - **Process metaphor; non-literal (idiomatic) language; thematic inferences; abstractions; context; patterns**
  - **Humor**
  - **Holistic**
  - **Musical**
  - **Nonlinear**
  - **Visual-spatial**
  - **Kinesthetic**

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Lesson Two:

Contemporary Psychoanalysis Offers an Elaborated Understanding of the Psyche or "Mind" and its Mental Contents and Offers Ways of Working with Mental Contents:

The psyche or mind consists of a variety of mental contents which are shaped primarily from developmental influences, relationships, and experiences and which transform from analytic interventions.

- **Psyche or Mind is distinct from brain.**
- **Mind is dynamic and its formation is mediated by relationships.**
- **Mind includes outer and inner awareness; objective and subjective experience; the real and imaginary; the phenomenological and empirical.**
- **Mind is emergent, associational, and relational.**
- **Mental contents emerge from the "Mind," and include feelings, cognitions, images, sensations, daydreams/fantasies, inner messages, narratives.**
- **Mental contents are expressed as somatic experiences, affect states, behaviors, beliefs, patterns, and stories. The form of expression guides the intervention.**
- **Mental contents may be pre-symbolic (lacking reflection; nonverbal) or symbolic (demonstrating reflection; verbal).**

CLINICAL IMPLICATIONS:

Lesson One:

Contemporary Psychoanalysis Provides a Sophisticated Understanding of Consciousness that Guides Clinical Practice

Lesson Two:

Contemporary Psychoanalysis Offers an Elaborated Understanding of the Psyche or "Mind" and its Mental Contents and Offers Ways of Working with Mental Contents:

- **"What, then, are the basic requirements as to the personality and the professional abilities of a psychiatrist? If I were asked to answer this question in one sentence, I would reply, "The psychotherapist must be able to listen." This does not appear to be a startling statement, but it is intended to be just that. To be able to listen and to gather information from another person in this person's own right, without reacting along the lines of one's own problems or experiences, of which one may be reminded, perhaps in a disturbing way, is an art of interpersonal exchange which few people are able to practice without special training" Fromm-Reichmann (Principles of Intensive Psychotherapy, 1950, p. 7).**

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- **Analytic Listening**
  - **Ambient: The process of hearing everything.**
  - **Filtered: The process of screening out some material.**
  - **Focused: The process of fixing attention on something in particular (Cabaniss, 2011).**
- **Listening on multiple levels of consciousness: conscious, preconscious, and unconscious; primary and secondary process; verbal and nonverbal; concrete and symbolic; cognitive; affective; somatic dimensions.**
- **Involves attuned listening and engaging with the "contents of mind" or mental contents including:**
  - behaviors -memory: implicit and explicit -imagery
  - affects/feelings -dreams/daydreams -internal voices
  - thoughts -fantasies -inner figures
  - sensations -somatic experiences -identifications
  - Introjections -perceptions -meanings
  - wishes -hopes -fears/anxieties
- **Intervene by beginning with the surface [or conscious level] and moving to depth [or preconscious/unconscious levels].**
  - **Assess therapeutic alliance; ego function; phase of treatment**

- **Monitoring and attending to:**
  - **Transference/countertransference**
  - **Therapeutic process**
  - **Affect**
- **Attention to patterns; common themes; unifying ideas and feelings; repetitive symbols; metaphors/similes; allegories.**
- **Attention to incongruities; inconsistencies; slips**
- **Listening and responding to silence; pace; tone; pitch; timbre**
- **Working with defenses, conflicts, complexes, resistance; inconsistencies and ruptures**
- **Consideration of implicit memory and technical interventions around it**
- **Attention to when patient adopts therapist's language; metaphors; symbols**
- **Appreciation for the developmental nature and process of change—"working through"--as reflected in material presented across sessions in contrast to emphasizing symptomatic change.**

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- **Educate on the existence of the inner world and the language of the unconscious.**
  - **Unconscious is verbal and nonverbal—word, image, affect, behavior, somatic experience, sensation.**
- **Encourage active awareness and attention to thoughts, images, feelings, sensations, behaviors, and memories that emerge within and between sessions.**
- **Help foster a relationship with mental contents through:**
  - **a curious attitude**
  - **inviting exploration and elaboration**
  - **encouraging expressive modalities inside or outside the therapy (i.e. expressive arts, movement work/yoga, dreamwork, sandplay, journaling, poetry, story)**
- **Educate and differentiate between concrete and symbolic levels.**
- **Speak more directly to the patient's unconscious through: metaphor, imagery, words, movement, allegory, and connecting to dominant sensory modes.**
- **Actively engage with the associative, relational, and emergent nature of mind; track and link associations; elucidate patterns from tracking of associations.**
  - **After an intervention, note what associations emerge following the intervention to assess the helpfulness of intervention (material may be concrete or symbolic).**
- **Track process particularly given right hemisphere's speed and dominance**
- **Take a "whole-brained" approach: tailor interventions in consideration of conscious/unconscious brain activity and right/left hemisphere activation.**

Course Concepts

- Psychoanalytic Diagnosis
- Ego Development, Structure, Function: Assessing
- Empathy
- Defenses, Defense Mechanisms, Defense Analysis
- Analytic Listening
- Symbolic Attitude
- Free Association
- Insight
- Abreaction/catharsis
- Dream Analysis

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Lesson Three:

Contemporary Psychoanalysis is Informed by Developmental Theory and Research which is Integrated in Clinical Practice:

Development unfolds in predictable yet non-linear ways. Infancy and early childhood is a time of profound growth yet development occurs throughout the lifespan. Experiences and relationships are internalized, develop into patterns, and impact development. A healthy and creative multiplicity of the self exists.

- **Development is an interactional process co-constructed by the participants.**
- **Development is life-long, non-linear; dynamic; irregular; and emergent. Regression and progression are natural processes that exist on a continuum.**
- **There are many possible pathways towards one developmental outcome.**
- **The same factors may result in a variety of developmental outcomes.**
- **Role of "Deferred Action:" Reciprocal relationship exists between developmental event and later investment with new meaning.**
- **Variant self states and multiple expressions of the self exist. Disruptions in the self and capacity for self regulation constitute psychopathology.**
- **Individuation: The life-long, active growth of the personality**
- **An attuned, secure attachment to a primary caregiver supports development.**

Lesson Four:

Contemporary Psychoanalysis Affirms the Power of Relationship and Engages with Relational Material Verbally and Experientially:

Non-verbal and verbal experiences of relationships manifest, implicitly and explicitly. Patterns related to experiences of self/other are internalized and form the basis of relating. Numerous relational variables, such as attunement, self and interactive regulation, contingent communication, mentalization and reflective function influence relationships and are integrated into analytic work.

- **"Relationship" has objective and subjective dimensions. They develop and are internalized in real and imagined ways.**
- **Relationship experiences form templates which organize material in specific ways that impact behaviors, thoughts, and feelings, implicitly and explicitly.**
- **Relationship is highly influenced by experiences of: attunement, contingent communication, and processes of "self-regulation and interactive regulation."**
- **Implicit relational knowing permeates the experience of relationship and is expressed in the "relational unconscious" which is central in the transference.**
- **The development of mentalization and reflective function emerges from relationship experiences.**

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Lesson Five:

Contemporary Psychoanalysis Asserts The Power of Experience

Experience matters. Experience is embedded into the mind; shapes humans psychologically and biologically; generates meaning; and is foundational in psychoanalytic treatment.

- **Experience matters and is influential independent of causality.**
- **Experience has real, empirical influences on human development.**
- **Experience carries phenomenological and ontological meaning, independent of reality, facts, and empirical data.**
- **Relational experiences impact people psychologically and neurobiologically.**
- **Experience shapes our neurobiology, thereby, impacting our psychology, and includes, "experience-expectant" and "experience-dependent" brain development, and forms of neuroplasticity, including: synaptogenesis; myelinogenesis; neurogenesis; and epigenesis.**
- **Psychotherapy experiences influence people psychologically and neurobiologically including by altering brain structure and development, hormone and neurotransmitter levels, and the immune system.**

CLINICAL IMPLICATIONS:

Lesson Three:

Contemporary Psychoanalysis is Informed by Developmental Theory and Research which is Integrated in Clinical Practice

Lesson Four:

Contemporary Psychoanalysis Affirms the Power of Relationship and Engages with Relational Material Verbally and Experientially

Lesson Five:

Contemporary Psychoanalysis Asserts The Power of Experience

- **"…the relation between doctor and patient remains a personal one within the impersonal framework of professional treatment. By no device can the treatment be anything but the product of mutual influence, in which the whole being of the doctor as well as that of his patient plays its part" (Jung, CW16, 1929A, p.71).**
- **"…there must be a fluctuating interplay between doctor and patient. This invevitably follows from the interpersonal character of the psychotherapeutic process….the therapist's share in the reciprocal transference reactions of doctor and patient in the wider sense of the term may furnish an important guide in conducting the psychotherapeutic process" (Fromm-Reichmann, 1950, p. 5).**
- **"My description amounts to a plea to every therapist to allow for the patient's capacity to play, that is, to be creative in the analytic work. The patient's creativity can be only too easily stolen by a therapist who knows too much" (Winnicott, 1971, p. 57).**

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- **The experience in psychotherapy, particularly within the psychotherapeutic relationship, is most important for fostering transformation.**
  - **This differs from making the therapeutic relationship, in and of itself, the primary focus of therapy, which is generally countertherapeutic.**
- **Utilize naturally occurring events to enhance the healing power of experience.**
- **Interventions guided by a respect for developmental levels; developmental influences; and an understanding of what is being expressed developmentally.**
- **What developmental and relational experience is needed for growth?**
- **Therapeutic relationship is synchronized to patient and resonates with patient's rhythms including in regulating negative and positive states.**
- **Promote an attuned attachment relationship including to verbal and nonverbal material in a way that communicates the patient is seen, felt, and understood.**
- **Express attachment behaviors: continual, subtle, body-based, interactive exchange of gaze, vocalization, body language, eye contact, and speech.**
- **Meet and share in reciprocal states which includes the use of facial, nonverbal, and gestural mirroring to enter into feeling states more readily.**
- **Attend to disruptions in synchrony. Initiate reflection on process. Disruptions and repair are inevitable and central to transformative work.**
- **Cultivate and amplify positive affect states through play, creativity, expressive arts, self-expression, and humor. Such modalities help modulate negative states.**

- **Transference work: Provides an experience of relating to mental states within self/others and offers a new experience in relationship (Bateman & Fonagy, 2010).**
- **Six step process:**
  - **1). Validate transference feeling: Differs from agreeing with patient (establish patient's perspective).**
  - **2) Exploration: Events generating transference feeling, especially present-day, are identified. Behaviors linking the thoughts and feelings are explicated.**
  - **3) Therapist accepts part of transference as being related to his/her enactment: Affirmation that patient's reactions have some basis in reality. Only after this step, can distortions be explored.**
  - **4) Collaborating on arriving at an interpretation—spirit of mutuality.**
  - **5) Therapist proposes alternative perspective. Engagement with feelings and thoughts in mutual, reflective process.**
  - **6) Careful monitoring of patient's and therapist's reactions to this process.**

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Course Concepts

- Transference
- Countertransference
- Archetype
- Development
- Corrective Emotional Experience
- Transmuting Internalizations
- Idealizing and Mirror Transferences
- Relational Experience
- Self-object Transference
- Playing
- Regression

Lesson Six:

Contemporary Psychoanalysis Emphasizes Affect:

Affect is fundamental in psychoanalysis; influences how mental contents are symbolized and expressed; critically mediates how relationships and experience influence the mind; and is central in psychoanalytic practice

- **Affect is primary**
  - "Not a cognition occurs but feeling is there to comment on it, to stamp it as of greater or less worth" (William James, in Richardson, 2006, p. 183).
- **Affects are signals**
- **Affect is social and first mediated by the caretaker's response.**
- **Affect Is a central medium for transmitting information especially regarding meaning and interpersonal relations.**
- **Affect is triggered primarily by unconscious processes and is generally experienced, first, unconsciously, and then subject to conscious appraisal.**
- **Affective events are recalled more readily than nonaffective events with negative events being recollected more than positive events.**
- **An optimal level of emotion is necessary for developed cognition.**
- **Affect and affective development is pivotal to self development**
- **Greater affective experience and expression in psychotherapy is associated with more positive changes.**

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Lesson Seven:

Contemporary Psychoanalysis Values and Creates Narrative:

Narration and narrative are pivotal for human relations; promote development and healing; and is created throughout the course of psychoanalytic treatment.

- **Narration and narrative are central for healing.**
- **There is human and psychological value to knowing and telling one's "story."**
- **Narration fosters neural integration of the right and left hemispheres (Teicher, 2002), which leads to improved emotional regulation, and more conscious choices.**
- **A coherent narrative combines affect and cognition into an integrated and, often, paradoxical, whole.**
- **Individuals with coherent, reflective, and emotionally-rich narratives about their childhood, that make sense of their life history, and its impact on their present functioning, demonstrate better mental health, development, emotional integration, attachment relationships, and parenting.**

CLINICAL IMPLICATION:

Lesson Six:

Contemporary Psychoanalysis Emphasizes Affect

Lesson Seven:

Contemporary Psychoanalysis Values and Creates Narrative

- **Promote affect regulation**: Utilize interventions that target affect: affect activation; modulation; labeling; expression; and tolerance.
- **Affect Activation**: Facilitate experience and expression of affect
  - Establishing conditions of safety (mutually negotiated and attuned frame and boundaries)
  - Having well developed empathy
  - Listen for allusions to feelings—verbal and nonverbal
  - Follow up on affective content
  - Consider increasing tension---less "supportive" stance
  - Withstanding the negative transference
  - Working with images
  - Working with facial expressions; gestures; and utilizing somatic interventions

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- **Affect Labeling:** Assist in putting feelings into words
  - Noting facial expressions and naming feeling
  - Labeling basic emotions; nuances of emotions; and layers of emotions
  - Differentiate between physical states/feelings; feelings/cognitions; feelings/action; action/fantasy.
  - Careful attention to process including nonverbals
  - Offer own internal experience
  - Sensitive monitoring of interplay in transference and countertransference
  - Name and elaborate upon emotional conflicts, defenses, and ambivalence
  - Clarify meaning of emotions within relationship
  - Identify adaptive, instrumental (i.e. "signal") and existential value/functions.
- **Affect Expression**: Support healthy symbolization of feeling states
  - Differentiate inner response from outer response
  - Facilitate engagement with emotional responses outwardly and inwardly
  - Explore patterns of emotional expression with attachment figures and within formative relationships.
  - Target defenses around expression.
  - Name established patterns relating to emotional expression
  - Use nonverbal modalities: art; music; movement; sandplay

- **Affect Modulation**: Facilitate expression of affects within limits
  - Attention to boundaries
  - Examine natural consequences of unbridled or suppressed emotions
  - Nonverbal adjuncts to treatment: expressive arts; sandplay; journaling
  - Affective engagement that is containing & protective of self/other
  - Engaging with projections (not defending; reframing or noting distortions)
  - The value of silence
  - Regulating intensity (activating or deactivating)
  - Tracking and sustaining level of arousal
- **Affect Tolerance**: Feelings must be accepted, tolerated, not acted upon.
  - Empathic, steady, containing presence in response to affects
  - Asserting that feelings change, subside, and can't be eradicated
  - Understanding feelings as a signal
  - What function is this feeling serving?
  - Explore beliefs and fantasies re: expression of affect and feelings
  - Not acting (by therapist) especially for a problem without a good solution
  - Differentiating between feeling and action: "Your feelings are not going to go away—today you must bear them without acting."
  - Avoid getting into action mode, becoming problem solver, savior. Focus on the process instead and the patient's responsibility.

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- **Foster narrative by utilizing verbal and nonverbal interventions**
- **Pre-symbolic material often requires nonverbal interventions**
- **Narrative building questions that target attachment relationships include:**
  - **Think of five adjectives that reflect your relationship with your mother/father.**
  - **How did you get along with your parents throughout your childhood and adulthood?**
  - **How did your relationship with your mother and father differ; how was it similar? What ways do you try to be like or different from each of your parents?**
  - **How did your parents communicate when you were happy, excited, distressed?**
  - **What were your experiences of separation and loss like?**
- **Actively engage with distinctive dimensions of patient's narration process**
  - **"Hang on—I don't understand that part;" "Yes, I have heard this story before but not exactly in the way you are talking today;" "The way you are telling me about this experience today sounds almost memorized."**
- **Attend to the narrating process and challenge:**
  - **Tangential, contradictory content**
  - **Dismissive responses**
  - **Mechanical, pre-formulated, rote stories**
  - **Narratives that lack affect or cognition**
  - **Narratives that lack integrated affect and cognition**
- **Acknowledge and name unfinished or interrupted narratives.**

Course Concepts

- Affect Work: Affect Regulation
- Affect Activation; Tolerance; Labeling; Modulation
- Self-esteem Regulation
- Verbal Techniques
- Mentalization
- Ego Functions
- Ego Defenses: Defense Analysis
- Empathy
- Dream Analysis
- Active Imagination
- Narrative and Narration
- Myth: Personal and Cultural

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Lesson Eight:

Contemporary Psychoanalysis is a Distinctive yet Diverse Treatment That Promotes Development:

While psychoanalytic treatment is practiced diversely, contemporary approaches value engagement, attunement, and empathy; are relationally and experientially oriented; are attuned to addressing relational and developmental issues; and target self, relational, and affective development.

- **Contemporary practice:**
  - **Given the diversity of thought and practice, psychoanalysis may not be a method as much as a process evolving between two people in a fairly standardized setting where the psychoanalyst thinks and acts on the basis of her understanding of psychoanalytic thinking. "Thinking psychoanalytically" within the frames of a standardized frame may distinguish the psychoanalytic clinician (Gabbard, Litowitz, & Williams, 2012, p. 398).**
  - **Engagement rather than positivist observation is central to psychoanalytic psychotherapy.**
  - **Emphasizes affect, affective experiencing, intersubjectivity, attuned relationship, and attention to unconscious material including transference, countertransference, defenses, and resistance.**

Lesson Nine:

Contemporary Psychoanalysis Targets Problems with Experiencing and Processing Mental States and Fosters the Development of Cognitive, Emotional, Self, and Relational Capacities:

The analytic method addresses deficits, defenses, and resistances to mental states and fosters the emergence of conscious and unconscious affect, thought, memory, imagination, and meaning which fosters development.

- **Patients often have disruptions in their capacity to experience mental processes including having limited or no thoughts, feelings, or memories.**
  - Inability to feel thoughts or think feelings
  - inability to think thoughts or feel feelings
  - Inability to recall memories
- **Mentalization and Reflective Function:** The process of understanding and making sense, implicitly and explicitly, of subjective mental states in self/others such as intentions, feelings, desires, and thoughts in self/others.
  - Capacity for meta-representation--thinking and feeling about thinking and feeling
  - Involves the capacity to feel our thoughts and think our feelings.
  - Becoming curious about the workings of one's mind and the minds of others.
  - Engaging in a process of exploring various possible meanings of mental states including feelings, dreams, and actions.

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CLINICAL IMPLICATIONS:
Lesson Eight:
Contemporary Psychoanalysis is a Distinctive yet Diverse Treatment That Promotes Development
Lesson Nine:
Contemporary Psychoanalysis Targets Problems with Experiencing and Processing Mental States and Fosters the Development of Cognitive, Emotional, Self, and Relational Capacities

- **Modulate supportive and expressive dimensions neither overstructuring nor understructuring therapy.**
- **Provide an engaged and active, yet non-intrusive, relationship.**
- **Develop a flexible, yet containing and boundaried, therapeutic frame.**
- **Emphasize how the past is in the present through here and now interventions.**
- **Provide ongoing feedback.**
- **Keep the work experiential and affect-focused.**
- **Avoid inappropriate self-disclosure and frequent transference interpretations.**
- **Refrain from superficial interventions which are often indicative of poorly managed countertransference responses.**

- **Therapeutic Actions** (Beebe & Lachmann, 2002; Blagys & Hilsenroth, 2000)
  - Focus on affect and expression of patients' emotions
  - Exploring attempts to avoid topics or engage in activities that hinder therapy
  - Identification of patterns in actions, thoughts, feelings, experiences, and relationships
  - Emphasis on past and interpersonal experiences
  - Emphasis on the therapeutic relationship
  - Exploration of patients' wishes, dreams, or fantasies
  - Interruption of old relational patterns
  - Creating new conditions of safety
  - Containment and holding
  - Empathy and affect attunement
  - Working through of disruptions in therapeutic relationship: disruption and repair
  - Enhancing reflective functioning; mentalization
  - Interpretation and insight
  - Negotiation of paradox (Pizer, 1992)
  - The transformative "now moment" (Stern, 2004)
  - Action and reflection, past and present

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- **Cultivate mentalization and reflective function:**
- **Embody characteristics of secure attachment:**
  - **Reflectiveness, lively consciousness, fresh speech, humor, minimal self-deception, openness, including capacity to change views and learn, ease with "imperfections," in self/others, and compassion.**
- **Focus on empathizing not systematizing:**
  - **Systematizing: "the drive to analyze, explore, and construct a system…extracts the underlying rules that govern the behavior of the system…to understand and predict the behavior of the system" (Baron-Cohen, 2003, p. 3).**
- **Promote collaborative treatment relationship that supports joint responsibility for understanding mental states together, inside and outside psychotherapy.**
- **Active rather than passive stance.**
- **Assume responsibility for, and actively reflect upon, therapeutic lapses of mentalizing—acceptance of it being human and part of treatment.**
- **Share and provoke curiosity: Inquisitive attitude.**
- **Humility: The wisdom of "not knowing."**
- **Support the value of understanding the irrational and paradoxical yet eschew the need to make sense of the nonsensical.**
- **Attend to "angels in the nursery," (Lieberman, 2005), which supports patient from becoming overwhelmed and unable to mentalize.**

- **Active questioning of patient's experience—obtaining detailed descriptions of experience: "what" rather than "why" questions.**
- **Avoid using certain words: "Just," "clearly," "obviously," "only," "must…"**
- **Pause and search: interrupt a non-mentalizing interaction by expressing interest in patient's experience including thoughts and feelings.**
- **Identify preferred non-mentalizing patterns and narratives**
- **Use hypothetical and counterfactual interventions ("What if?")**
- **Make complementary moves according to patient's process (i.e. shift overly inward focus to outward; overemphasis on other to self; etc.).**
- **Challenge over-mentalizing and pseudomentalizing (manipulative, controlling)**
- **Resist the temptation to foreclose the interaction. Allow it to unfold.**
- **Highlight feelings and thoughts that are present in patient and you. Identify how inner material feels and is understood and what reactions occur.**
- **Identify understanding of each aspect from multiple perspectives**
- **Challenge reactive material that obscures attending to mental states. Attend to how it impacts therapeutic process and not necessarily the content.**

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- **Therapeutic process involves continually questioning mutual experience:**
  - What is happening now?
  - How has the therapy session shifted to this topic?
  - What may be related to the patient's/therapist's current disclosures?
  - Why am I feeling as I do now?
  - What has happened recently in therapy to account for current state?
  - What purpose is this story serving?
  - What theme is repeating?
  - How has the topic transformed throughout the session?
  - **Therapeutic interventions that promote mentalization:**
  - Let's go back and see what happened just then.
  - At first you seemed to understand what was going on but then…
  - Let's try to trace exactly how that came about.
  - Hang on, before moving along, let's see if we can understand where we have been.
  - How has the therapy session shifted to this topic?
  - What has happened in therapy to account for current state?
  - What do you think it feels like for X?
  - Can you think of other ways you to understand your feelings?
  - What do you make of your distress?
  - What just happened here inside of you? Between us?

- **Defense Analysis: Engaging creatively with the defense to support development of mental functions and processing.**
  - Acknowledging one is defending
  - Acknowledging how one is defending
  - Naming the wishes, impulses, fantasies, conflict, complex one is defending against
  - Naming danger to the ego if exposed to this material

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Course Concepts

- Agent of Change
- Analytical Process
- Role of the Analyst
- Analytic Space
- Analytic Relationship
- Expressive-Supportive Continuum
- Resistance
- Working through
- Mentalizing
- Active Imagination
- Free Association
- Abreaction
- Insight
- Active Imagination
- Dream Analysis

Lesson Ten:

Contemporary Psychoanalysis Honors the Transformative Role of the Transcendent in Human Experience:

The conscious and unconscious mind and brain, mental contents, development, relationship, affect, experience, and narrative can not completely account for the human condition. They do not address "the transcendent," a larger dimension encountered in the human personality and human experience, that promotes transformation.

- The unconscious includes the "the known, unknown, and unknowable." (Jung)
- Transcendence: does not value spirit over matter; respects mystery; demands embodiment; less activation by ego; consciousness of interconnections beyond the personal self; awareness of spirit everywhere, in everyone (Corbett, 2007).
- The "religious instinct" and "religious attitude" (Jung, 1959b; para 653): An attitude informed by observation of, and respect for, invisible forces and personal experience. The attitude peculiar to a consciousness changed by an experience of the numinous or sacred. ["Psychology and Religion," CW 11, par. 9.]
- This spirit is an autonomous psychic happening, a hush that follows the storm, a reconciling light in the darkness of man's mind, secretly bringing order into the chaos of his soul. ["A Psychological Approach to the Trinity," CW 11, par. 260.]

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CLINICAL IMPLICATIONS:
Lesson Ten:
Contemporary Psychoanalysis Honors the Transformative Role of the Transcendent in Human Experience

- **Embody a "religious attitude" and sentient approach**
- **Values-based clinical approach: compassion; curiosity; receptivity; openheartedness; generosity; faith; hope; awe.**
- **Demonstrate appreciation for non-rational reality.**
- **Support non-understanding and engagement with mystery.**
- **Model "negative capability:" The capacity to tolerate ambiguity, paradox, and not knowing.**
- **Celebrate beauty**
- **Appreciate sacredness**
- **Encourage integration between spiritual and psychological.**

Course Concepts

- Religious Attitude
- Soul
- Spirit

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Further Readings:

- *Psychodynamic Psychotherapy: A Clinical Manual* (2011), Deborah Cabaniss; Sabrina Cherry; Carolyn Douglas, and Anna Schwartz.
- *Psychodynamic Therapy: A Guide to Evidence-Based Practice* (2009), Richard Summers, Jacques Barber
- *Psychodynamic Techniques: Working with Emotion in the Therapeutic Relationship* (2010), Karen Maroda.
- *Psychoanalytic Psychotherapy: A Practitioner's Guide* (2004), Nancy McWilliams.
- *Psychodynamic Psychiatry in Clinical Practice* (2005), Glen Gabbard.

Basic Foundations and Concepts of

Psychoanalytic, Analytic and Psychodynamic Psychotherapies

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Whenever two people meet there are really six people present. There is each man as he sees himself, each man as the other person sees him, and each man as he really is. –William James

It is much more important to know what sort of a patient has a disease than what sort of a disease a patient has. –William Osler

The good physician treats the disease; the great physician treats the patient who has the disease. –William Osler

Variability is the law of life, and as no two faces are the same, so no two bodies are alike, and no two individuals react alike and behave alike under the abnormal conditions which we know as disease. –Willilam Osler

I. Psychoanalysis and Psychodynamic Psychotherapy

A. Each theory offers a unique perspective on human nature that guides clinical work

B. Each theory listens for and emphasizes different aspects of human experience which shapes the therapeutic experience

1. Each school of thought in psychology and psa has successfully defined crucial features of the private experience.
2. Uncritical eclecticism loses the unique and powerful contributions of each listening style.
3. Major psychoanalytical schools can be viewed as Listening Perspectives each bringing into focus different aspects of the human developmental experience.

C. Listening: attainment of a sophisticated grasp of the private experiences of another person based on careful and empathic observation of that person's words and actions.

1. "What, then, are the basic requirements as to the personality and the professional abilities of a psychiatrist? If I were asked to answer this question in one sentence, I would reply, "The psychotherapist must be able to listen." This does not appear to be a startling statement, but it is intended to be just that. To be able to listen and to gather information from another person in this person's own right, without reacting along the lines of one's own problems or experiences, of which one may be reminded, perhaps in a disturbing way, is an art of interpersonal exchange which few people are able to practice without special training." Fromm-Reichmann (Principles of Intensive Psychotherapy,1950, p. 7)

D. Psychological theories are framed to focus attention on what becomes defined as mental events, processes, structures, transactions, etc.

E. The subjective frame of reference of the listener determines what is to be heard. We hear what we are prepared to hear. Psychological theory as listening style.

II. Values, Beliefs, and Epistemology in Contemporary Psychoanalytic Theories, Psychoanalysis, and Psychodynamic Psychotherapy

A. Beliefs and values underpinning psychoanalysis and psychodynamic psychotherapy (McWilliams, 2004)

1. Universal beliefs and attitudes underpinning the effort to contribute to the understanding and growth of another

2. Respect for the complexity of mind, the importance of ucs mental processes, value of sustained inquiry into the subjective experience (Mitchell and Black 1995)
3. Concern for truth, freedom, compassion, for our mutual vulnerability (Benjamin 2002)
4. Socratic goal of the examined life. Learning to know himself or herself and to grow as a moral agent who lives his or her life responsibly rather than impulsively (Lothane 2002)
5. Self-understanding, authenticity, valuing of values, quest for truth. Meissner 1983)

B. Curiosity and Awe

1. Sources of most of our behaviors, feelings, thoughts are not cs. There is a dynamic organization to the way we ucsly register experience. This intrapsychic organization is the result of unfolding interactions btw the growing child and significant people in that child's world. Features and Rships with early figures come to be internalized in stable ways
2. Curiosity about choices that people make. Many of them seem non-accidental. Ucsly determined, repetitive persistent interpersonal scripts.
3. Falling in love. Children of negligent parents are attracted to partners who ignore them or smother them. Why? What attracts?
4. Dreams. Themes are condensed, contained in a few images and a story line.
5. Assumption that we don't know what we will learn about a pt. Therapist as participant; guide. Listen to each pt with an openness to having our constructions disconfirmed.
6. Receptivity to whatever presents itself and curiosity about the multitude of things it may mean.
7. Awe. Usually associated with religious themes, numinous realms, place of spirit. Connected with humility. Awe involves willingness to feel very small in the presence of the vast and unknowable. Receptive, willing to be moved. Bears witness. Contrasts with problem solving, being in charge of one's life. "invites each pt to make a fresh imprint onto the soul, the psyche of the therapist."

C. Complexity

1. Having intrapsychic conflict and multiple attitudes are inevitable. Ambivalence.
2. Overdetermination: significant psychological problems have more than one cause. Complex etiology.

a. Symptom that brings one to see a therapist resulted from many different interacting influences, e.g., constitution, emotional makeup, developmental history, social context, identifications, reinforcement contingencies, personal values, current stresses.

3. Multiple function: any significant psychological tendency fulfills more than one ucs function, e.g. to reduce anxiety, restore self-esteem, express an attitude unwelcome in one's family, communicate something to others.
4. Research attitude: parsimonious explanation: most simple explanation. psychoanalytic attitude: complex intricate explanations
5. Example of overdetermination in anorexia:
    a. Pb may develop bc of interaction of many factors: Parental overinvestment in her eating; Hx of sexual abuse; Recent loss of disappointment; Developmental challenge of which she is afraid; Ucs association of weight gain with pregnancy; Hx of having been shamed about her hunger of need for emotional nourishment; Sense of being neglected in family; Been admired for losing weight; Media exposure to unrealistic images of women's bodies
    b. Multiple fcn,
        i. Anorexia may ucsly accomplish following goals:
        - Achieve control over herself and others despite efforts of others to control her; Reduce attractiveness to possible molesters; Express grief; Maintain sense of being non adult, prepubertal, nonmenstruating; Reassure herself that she is not pregnant; Avoid criticism for self-indulgence; Get attn from family;Garner compliments; Conform to cultural expectations of beauty

D. Identification and Empathy

1. Any disturbance in individuals' functioning is version of a universal human tendency (similar to humanistic, experiential, client-centered therapists).
2. Analytic theories stress our common human developmental pathways, vulnerabilities and strivings.
3. Implicit belief that if therapist experienced constitutional and situational conditions affecting the pt, the therapist would have become similarly symptomatic.
4. Therapists understand pt by looking at similar parts of self. When working with anyone on difficult aspects of his or her personality their own similar issues will be activated.
5. Identify with pt and mine the identification for deeper feelings of empathy, as opposed to taking a more detached position toward people and their problems.

6. "In order to find the patient, we must look for him within ourselves" (Bollas, 1987)

E. Subjectivity and Attunement to Affect

1. Subjectivity is not an enemy of the truth, but can promote a comprehensive understanding of psychological phenomena
2. Therapist can use a disciplined subjectivity to draw inferences about a person's psychology.
3. Psychoanalysis as the science in which sustained empathic inquiry is the primary observational mode.
    a. Perils of subjectivity: distortion, handicapped by our background, assumptions, limitations.
    b. Liabilities of objectivity: researchers tend to ignore what cannot be operationalized, manipulated or studied in random clinical trials; tend to fragment complex interrelated issues to make them empirically researchable.
4. Infant-caregiver communication operates on this model: many preverbal communicative processes are hard to observe, describe and count. We feel them.
5. The emotional experience of a disciplined clinician can reveal a lot about what pt is communicating. Body language, facial affect, tone of voice, nonverbal communication
6. intellectual vs emotional insight. For change, we need to appreciate our condition viscerally, not cerebrally.
7. Affect plays a role in the process of growth and change.
8. Affects are contagious and flood the therapeutic space
9. The therapist's subjective experience of the pt's emotional world informs and contributes to the therapist's effectiveness

F. Attachment

1. Treatment is an opportunity for a new person (therapist) to facilitate a maturational process that unfolds in an atmosphere of safety and honesty.
2. Ultimate hope is that therapist is eventually assimilated as "new object" – internal voice that is different from people who have not supported the patient's growth. But itherapist will commonly be experienced as old bad objects.
3. Role of cherishment; of love in creating the possibility and will for change.
4. Attachment functions as a regulator of affect, a safety zone to explore (Bowlby)<-> value of the therapeutic relationship.

G. Faith

1. We ask of our pts a leap of faith; we keep the faith
2. Gut-level confidence in a process, in spite of moments of skepticism, confusion, doubt or despair. Stems from having experienced process oneself.
3. Often the change the pt originally envisioned is not what occurs; rather something the pt could not have initially imagined.
4. pt needs to proceed on borrowed faith to move into areas that are emotionally new.
5. If therapist proceeds with integrity the pt will eventually feel trust in the therapist as a person; thx exemplifies faith in the pt, partnership and process.

III. Philosophical Hermeneutics and Psychodynamic Psychotherapy

1. Philosophical Hermeneutics: On Psychological Understanding in Psychotherapy—How do we know what we know?
    a. Philosophical Hermeneutics—Division of epistemology, Schleiermacher—father of modern hermeneutics. Others: Gadamer, Habermas.
2. The study of the process of understanding. What is it to understand? The art of hearing. Occurs in dialogical relationship.
3. Hermeneutical process: Speaker constructs a sentence to express meaning and hearer receives words and "divines" their meaning
4. Refers to that branch of epistemology that asks: "What does it mean to know something about a patient? What is the nature of the material we are trying to understand? What is truth? How do we recognize truth? How do we go about interpreting something?"
5. Hermeneutic Interpretive Tradition is based on the methodological and ontological assumption that the study of people and their activities, productions and creativity lies in the realm of a breadth of human sciences and disciplines.
6. Overarching tenets of hermeneutics: Misunderstanding is the natural state of affairs.
7. Gadamer: Understanding is a matter of selecting and formulating one interpretation from multiple plausible alternatives in any given situation.
    a. Prejudice is the bane and source of new experience and understanding. Prejudice—not an error, must be aware of them.
    b. Understanding is not reconstruction but mediation btw 2 people.
    c. Genuine dialog consists of engaging prejudices that they become clear and understanding emerges.

d. Meaning does not exist prior to event but evolves w/interaction. Meaning is dynamic and interactive

e. Field btw 2 people determines the meaning. Archeological metaphor not applicable. Truth is partially a mutual construction.

f. Pro: affirms unique, particular; Con: denies universality; doesn't address problems w/reality testing, defenses (denial, repression, cognitive distortions…)

8. Habermas: Contrasts w/Gadamer. Affirms neo-Kantian set of universal transcultural values. General truths exist. Meaning can pre-exist and is available by empathic communion w/observer

    a. Affirms the collective

    b. Validates universality of psychological processes; honors principles of the psyche, psychopathology, personality, trauma, etc

9. Habermas and Gadamer debate stress the need for dual focus and containing the Dialect of focusing on context and dangers of generalizing to universal truths and the needs of taking account of context for establishing more general truths.

10. Hermeneutic Circle—We understand communications that we locate in proper context. We extrapolate complete understanding from partials. We project partials into fully rounded projections and modify these projections on what we come in contact with and converse with in another. Treat projections as hypotheses.

    a. What is understood gains meaning from what remains unarticulated as much as it does from words themselves

    b. Understanding is as much a process of concealment as revealment

    c. When one possibility is brought to light, another is darkened yet all contribute to meaning

11. Gadamer's position stresses the multiplicity of interpretations and centrality of dialogue—not that you accept idea as true, valid but need for openness to possible truths of other views. Proper dialogue more important than agreement—face, encourage objections, agree, disagree, agree to disagree

    a. Diagnostic fallacy: If you don't think like me, you must be wrong,sick. Dxs influenced by what we listen to, attend to, interpret, notice

12. Appeal of hermeneutics is non-reductionistic stance. Being available to the new. Creative moment of making discoveries rather than obsessive application of definition, diagnositic criteria, measurement, verification. Involves being open to narratives of life

IV. Contemporary Psychodynamic Psychotherapy and Psychoanalysis: Core Ideas

A. Psyche

1. The totality of all psychological processes, both conscious and unconscious.
    a. The realm of the mind, as distinguished from the realm of the brain, body or soma. *The American Psychiatric Publishing Textbook of Psychoanalysis, p 557*
2. Contains the interplay of intrapsychic, somatic and interpersonal phenomena. Houses associations, experience, memories, thoughts, dreams, fantasies, images, inner material. (i.e. referred to as mind--not brain; soul; spirit)
    a. The psyche is far from being a homogenous unit–on the contrary, it is a boiling cauldron of contradictory impulses, inhibitions, and affects, and for many people the conflict between them is so insupportable that they even wish for the deliverance preached by theologians.["Psychological Aspects of the Mother Archetype," CW 9i, par. 190.]
    b. Psychic processes . . . behave like a scale along which consciousness "slides." At one moment it finds itself in the vicinity of instinct, and falls under its influence; at another, it slides along to the other end where spirit predominates and even assimilates the instinctual processes most opposed to it. ["On the Nature of the Psyche," CW 8, par. 408.]
3. Psychological phenomena are real in their own right, irrespective of facts. There is a reality of the psyche per se.
4. Dialogue/relating with psyche is central to building a connection with inner world and between ucs and cs states.
5. Psyche is complex. A complete theory is doomed to failure.
    a. The premises are always far too simple. The psyche is the starting-point of all human experience, and all the knowledge we have gained eventually leads back to it. The psyche is the beginning and end of all cognition. It is not only the object of its science, but the subject also. This gives psychology a unique place among all the other sciences: on the one hand there is a constant doubt as to the possibility of its being a science at all, while on the other hand psychology acquires the right to state a theoretical problem the solution of which will be one of the most difficult tasks. [New York Association for Analytical Psychology (NYAAP) for a future philosophy.["Psychological Factors in Human Behaviour," ibid., par. 261.]

B. Structure of the Psyche: Models

The uniqueness of psychoanalysis is in its metapsychology which is based on a multimodel theoretical system, i.e. a system composed of several theoretical models (Pinchas Noy, 1977, p. 1)

Fallacies regarding psa models:

- The concretization of models and constructs. Reifying ideas and subjective material (i.e. Freud discovered 3 parts to the psyche versus To better understand internal processes Freud imagined that the mind was organized in 3 parts….)
- Failure to recognize the limits to each model and where/when it can be applied
- Improper extension of a model to explain beyond the boundaries of its validity
- Believing that a description is an explanation –esp causal explanation
- Dismissing or invalidating a model unless it is formulated in objective, scientific concepts

Freud

Internal structure to our personality (id, ego, superego). People must contend with strong inner, biological drives (sexual and aggressive) which determine our behavior. We have conflicts due to the structure of psyche; impulses, social restraints, biological drives, and instincts that conflict.

1. Uses a language of drives and innate biological processes: makes a statement about urges, defenses, conflicts
2. Addresses questions such as
    a. what drive or wish is being expressed?
    b. What is the relation btw the drive/wish to consciousness?
    c. What is the drive derivative (i.e. fantasy, impulse, thought, affect) and how does it embody a compromise formation between wish, defense, and reality?
    d. How is the wish being defended against?
    e. How successful is the defense?
    f. What are the connections between the wish and the specific anxiety?
3. The Dynamic Unconscious—the human mind operates on more than one level; all levels of the mind (conscious and unconscious) affect us; and these levels are accessible, in varying degrees to consciousness.
4. Unconscious mental activity is always taking place and affects our conscious experiences.
5. Psychic determinism: Events are interrelated by associations and the associative nature of mind. Principle of overdetermination in mental functioning. Sxs result from many associated causes.
6. Pleasure Principle—all living matter tends to be attracted towards pleasure and tends to avoid pain.

a. “Beyond the pleasure principle”—death drive

7. Reality Principle--modifies pleasure-pain response according to environment (reality), gives rise to delay of gratification
8. Homeostasis principle--constancy principal. We seek a steady state, internal balance, homeostasis
9. Principle of repetition compulsion--organism repeats what has been learned in the past
10. Conscious, Unconscious, Preconscious
    a. Con--Small portion of mind--all we are aware of in given moment. Limited and subject to error, distortion
    b. Uncon--Elements in our mind we’re unaware of-- May emerge as “slips,” behavior we can’t understand, vague feelings--key is to become aware of these.
    c. Precon--Parts of uncon that are easily accessed. Not usu as emotionally charged but may be triggers for deeper emotional material
        i. Latent parts of the brain available to conscious mind, although not in use.
        ii. One component of Freud’s (1900a) ‘topographical model of the mind’
        iii. between the ‘conscious’ and ‘unconscious’ systems;
        iv. separated from the ‘conscious’ by a ‘secondary censorship’, which scans and selects information rather than repressing it
        v. contents are out of conscious awareness but readily be brought into awareness; governed by ‘secondary process’
        vi. Many facts, memories are not actively engaged by the conscious mind but remain available for a future time. Preconscious refers to facts of which we are not currently conscious but which can be easily called up when needed.
11. Drives/Impulses--Pressures to act without conscious thought. Needs, wishes, desires satisfy an impulse
    a. “Life” drive is eros and “death” drive: thanatos
    b. Drives that aren’t met result in tension build up--hydraulic model
        i. Cathexis--Ways in which psychic energy is discharged; invested; attached to a person, idea, thing
12. Libido—Psychic energy specifically from sexual sources. “Sexual” is broadly defined, revolving around activities that bring sensual pleasure, and not solely genital satisfaction.

13. Genetic view: Emphasizes origin and development of mental phenomena with cause and effect view. How past is in present and why solutions dvlpd in response to certain conflicts.
14. Infantile Sexuality—Proposed the sexual instinct was central, including infants and was a central cause for pathology.
    a. Refers to the range of sexual thoughts, feelings and experiences in childhood and their influence on development (including the role of the many sensual/highly charged, sensory, body experiences in infancy/childhood).
    b. Theory of Psychosexual development addresses specific zones where erotic energy is more focused and the conflicts that emerge in these stages.
15. Freud and hysteria (1893, 1894): The impact of trauma
    a. Strangulated affect-memory was created at a "traumatic moment" and formed the basis of a "sub-conscious complex of ideas" rendering one vulnerable if (s)he was exposed to stimuli that related to this memory.
    b. Hysteria due to a painful affect that existed in a "strangulated" state. Painful affect was related to unconscious conflictual memory (related to sexuality).
    c. "Hysterics suffer mainly from reminiscences" (Freud, 1893)
16. Oedipal complex: Children fantasize about seductions, by their parents due to child's unconscious sexual wishes towards his/her parent(s)
    a. Freud outlined the emotional complexities faced by the young child in continuing into the arena of triadic family Rships (separation-individuation).
    b. specified process through which destruction of oedipal attitudes is optimally accomplished (Dissolution of the Oedipal Complex, 1924).
    c. "relinquishment of oedipal cathexes" "substitution by identification" with parental authority. (formation of superego). transformations (via sublimations) of oedipal strivings into tenderness and mutuality.
        i. If conflictual strivings are too intense, oedipal issues may undergo repression in various defensive forms.
        ii. Arrest occurs at phase of experiencing parricidal and incestual Oedipal relations

Jung

Psyche is governed by the supraordinate Self and its expression is mediated by other internal components including the interplay of archetypes and complexes. Motivated by numerous instincts; the Self; the spirit and soul.

1. Uses a language embracing the totality of human experience. Includes but goes way beyond drives and encompasses "the creative psyche." Includes the personal and impersonal; spirit and soul. A language of teleology, influence, relationship, and not causality. A language that recognizes humans' propensity for health, growth, and meaning. Recognizes the importance of one's inner world, culture, relationships, and numerous instincts: sexual, creative, spiritual/religious, meaning making, nutritional, bodily—a language of wholeness.
2. Addresses questions such as:
    a. What is the purpose and meaning?
    b. Whst is the affect/the feeling-tone?
    c. What might this be? How might this be?
    d. What is this expressing? Where is this going? What does this anticipate for the future?
    e. What is human about this?
    f. What human desire/phenomena/quality/striving is this expressing
    g. Is there a healthy, creative impulse being expressed?
    h. What is this sx for?
3. Human health—Humans are inherently healthy and have innate strivings for health and wholeness. We lose connection with what is uniquely human; our humanity is curtailed and this limits human growth. Focuses on the struggle of being fully human--not necessarily seeing it as pathology. Considers primacy of spirit and soul.
4. Complexes-- Emotionally charged cluster of related ideas or images—an aggregate of associations--("Mother complex") that act as a splinter personality--at core is an emotionally fused human experience—an archetype ("The Great Mother")
5. Archetypes--Structures of the psyche--inherent potentiates that allow for the representation of recurring human forms, images, motifs. Can't be traced to individual but to cultures. Seen in fairy tales, mythology, religions, traditions, customs. Recurring situations, themes, figures...content not specified. Refers to the potential structure
    a. Presence of archetype helps to account for discrepancy btw personal, real object (i.e. mother) and image of the object (i.e. idea of mother)
6. Ego--Center of consciousness; consistency, direction
7. Persona--Appearance to outside world. Social roles/, mask defining our fcn. "Our clothing." Positive and negative.

8. Shadow--Uncon material rejected by individual as incompatible w/persona and contrary to social standards. Contains negative tendencies, things we wish to deny. Parts of personality we consider inferior.
    a. Extent we keep shadow uncon--limit self
9. Anima and Animus--Focus for all psychological material that does not fit w/one's self image as man/woman. Wholly separate personalities. Child's opposite sex parent is major influence. Parts of our male/female sex roles that aren't incorporated into our daily sex roles. Contrasexual component in our psyche.
    a. Anima--Man's internal feminine side
    b. Animus--Female's internal masculine side
10. Self--Totality of pty. Union of con/uncon. Embodies the level of balance in all elements of the psyche. Symbolized in variety of ways--objects, people.
    a. Differs from ego--Ego only center of consciousness
11. Synchronicity-- Acausal, meaningful connecting principle between two meaningful but not causally related objects. Inner experience occurs in the outer world.
    a. an "acausal connecting principle," an essentially mysterious connection between the personal psyche and the material world, based on the fact that at bottom they are only different forms of energy.
    b. Meaningful coincidence
    c. A phenomenon where an event in the outside world coincides meaningfully with a psychological state of mind.
    d. Synchronicities occur in relation to an archetype. observed in paranormal events such as pre-cognitive dreams and in analytic work when a patient's unconscious is strongly constellated.
    e. Examination of synchronistic events can reveal or amplify archetypal constellations and offer a deep level of significance and meaning
    f. Synchronicity . . . consists of two factors:
        i. An unconscious image comes into consciousness either directly (i.e., literally) or indirectly (symbolized or suggested) in the form of a dream, idea, or premonition.
        ii. An objective situation coincides with this content. The one is as puzzling as the other.["Synchronicity: An Acausal Connecting Principle," ibid., par. 858.]
    g. associated synchronistic experiences with the relativity of space and time and a degree of unconsciousness.
    h. The very diverse and confusing aspects of these phenomena are, so far as I can see at present, completely explicable on the assumption of a

psychically relative space-time continuum. As soon as a psychic content crosses the threshold of consciousness, the synchronistic marginal phenomena disappear, time and space resume their accustomed sway, and consciousness is once more isolated in its subjectivity. . . . Conversely, synchronistic phenomena can be evoked by putting the subject into an unconscious state.["On the Nature of the Psyche," CW 8, par. 440.]

i. It is not only possible but fairly probable, even, that psyche and matter are two different aspects of one and the same thing. The synchronicity phenomena point, it seems to me, in this direction, for they show that the nonpsychic can behave like the psychic, and vice versa, without there being any causal connection between them.[Ibid., par. 418.](Sharp, 1991)

j. Experiences with synchronicity and acausal natural phenomena like radioactive decay led Jung and the physicists Wolfgang Pauli to hypothesize a four-dimensional universe consisting of the space-time continuum, energy, causality, and synchronicity.(Skelton, Burgoyne, Grostein, & Stein, eds., 2006, p. 454)

Ego Psychology

Based on structural model of ego, id, superego. Conceptualizes intrapsychic world as one of conflict with superego, ego, id--battling w/each other as impulses strive for expression and discharge

1. Language of ego functions describes judgment, reality testing, anticipation, conceptualization, defenses, and cognitive styles
2. Promotes questions that are similar to drive theory but greater emphasis on the development of the ego and defenses that protect the ego
    a. What defense is being employed to ward off a drive
    b. How rigid, malleable or available are defenses?
    c. How are affects, impulses, thoughts and fantasies being defended against
    d. How is relatedness being warded off
    e. Has tension regulation, capacity for delay, object constancy, concern, ideals, morality developed
3. Conflicts btw parts of psyche produces anxiety with signal anxiety suggesting defense mechanism is required (Conflict + Anxiety + Defense = Compromise btw id and ego).
    a. Sx is a compromise formation that defends against wish arising from id. Sx gratifies the wish in disguised form and ego produces defense mechanisms.

4. Ego fcns: thinking, learning, perception, motor control, language, reality testing, impulse control, thought processes, judgment, synthetic-integrative fcning, mastery-competence, primary/secondary autonomy

Existential-Humanistic Analysis

Language of concerns rooted in existence—all part of being human—not from being conflicted or arrested or pathological. Existential sources of dread are familiar to everyone…not only psychologically troubled. Part of the human condition. All human life is concerned w/conditions of being. Sxs have ultimate roots in how we deal w/these givens. Gives central attn to beingness, awareness, subjectivity.

1. Historical Antecedents:
    a. dissatisfaction w/drive theory, Freudian reductionism. Appeal of Freudian dissenter: Jung. Emphasized phenomenological approach to psychoanalysis...Rollo May, Viktor Frankl, Melard Boss
    b. Existential Philosophy and Literature--Jean Paul Sarte, Albert Camus, Martin Buber, Soren Kierkegaard, Martin Heidegger, Karl Jaspers
        i. "Life begins on the other side of despair." (Jean-Paul Sarte)
        ii. "He who has a why to live can bear with almost anyhow." (Friedrich Nietzsche)
        iii. "An intense feeling carries with it its own universe, magnificent or wretched as the case may be." (Albert Camus)
2. Humanistic Psychology-- "Third force" in psych--Carl Rogers, Abraham Maslow, James Bugental. Uses a language of being, meaning, subjectivity. Profound respect for phenomenology.
3. Addresses questions such as:
    a. What part of the human condition is this person expressing or responding to?
    b. What is the person's experience and subjective sense?
    c. How may this be a concern about death, freedom, meaning, responsibility, or isolation?
    d. What is the ultimate concern?
    e. What is the person's state of being?
    f. How is their beingness being expressed or not?
4. Conflict from human confrontation w/"ultimate concerns," givens of existence
5. "Ultimate concerns"-- part of human's existence in world-- "Deep structures." Concerns have inescapable circumstances or "confrontation" and awareness leads to defense mechanisms.

6. Focus on attending to total "beingness" with focus on pts inner sense of being, attending to person as whole, distress is not abt pathology but overall being in the world
7. Existential Philosophers: Soren Kierkegaard-- "First existentialist"; subjectivity
    a. Truth is what is truth for me, the idea for which I can live and die. I exist as a concrete and freely choosing agent...all truth is subjectivity.
    b. There is no answer to the question of existence, why I exist, except in my exercise of choice
    c. If choice is to be truly mine, must involve "leap of faith" into unknown
8. Edmund Husserl--Study of phenomenology
    a. Study what appears to the mind, in the act of self-conscious reflection
    b. The science of appearances-- "subjective spirit"--spirit as it appears itself to be
    c. Attempted to distinguish human realm (the realm of meaning) from the realm of science (realm of explanation)
9. Martin Heidegger--On being (Being and Time, 1927)
    a. Phenomenonlogy: studies the revelation of things in appearance. In this context the "question of being" is proposed. Fundamental form of reality:
        i. Being-for-itself of objects
        ii. Being-for-itself of the self-conscious subject
        iii. Being-in-the-world
        iv. Being-with-others
        v. Being-towards-death
    b. Two fundamental modes of existing in world: state of forgetfulness of being and state of mindfulness of being
        i. Sein = mere bein
        ii. Dasein = "an entity for which being is an issue"; "an entity that has not only being but the question of being" (the self-conscious subject
10. Victor Frankl (Logotherapy): Begun in the 1930s. Search for meaning in life is the fundamental human motivator. Appeals to the human spirit. A response to personal and cultural oppression. Meaning centered approach. Based on three tenets:
    a. Freedom of Will: Humans are free to decide and capable of taking a stand toward both external (social/biological) and internal

(psychological) conditions. Derives from the religious dimension of one's spirit.

b. Will to Meaning: Search for meaning is fundamental goal of humans; without it: emptiness/meaninglessness

c. Meaning in life: An objective reality. Humans are called to bring out the best in themselves and world by bringing meaning to each moment.

11. Existential Concepts:

a. Authenticity

i. Refers to person who is genuine in her being and not prone to self-deception (and, by extension, deception of others)

ii. Person who takes ownership of her self by taking responsibility for her actions, being, feelings.

iii. Involves becoming aware of unacknowledged inclinations and unconscious motives

iv. "Bad faith" (Sartre): Quality of inauthenticity involving the refusal to take responsibility for the choices made—manifests in overemphasizing or minimizing.

b. Death

i. Death anx is central to human problems and core issue in psychopathology

ii. To cope w/death anx, we engage in defensive behaviors to guard against death awareness

- compulsions, addictions, somatization/hypochondriasis

iii. Death allows us the possibly to live life in an authentic fashion. The integration of the death idea saves one from living inauthentic life

c. Responsibility

i. To recognize one is responsible in this world opens one up to the reality of groundlessness—

ii. Anx of groundlessness is not readily apprehended by many but manifests in our needs for limits and structure and the existence of defenses

iii. Fleeing from our freedom and responsibility is to live in "bad faith" (Sarte) or inauthentically (Heidegger)

iv. Clinical manifestations: innocent victim; compulsivity; displacement of responsibility; losing control

d. Isolation
    i. isolation from others
    ii. partition off parts of self in relation to other
    iii. Fromm--Primary source of anx is isolation--basic, primary sense of helplessnes inherent in human's basic separateness
    iv. Martin Buber--The I-Thou relationship... "in the beginning is the relationship
    v. Longing for rship is innate...two types of rship develop: I-Thou (I-You) and I-It
    vi. I-It: one holds back something from him/her self, categorizes, analyzes, judges.... need love
    vii. I-Thou: one's whole being is involved and nothing withheld freed love

e. Meaninglessness
    i. Jung: Meaninglessness inhibits fullness of life. "Absence of meaning in life plays a crucial role in the etiology of neurosis. A neurosis must be understood as a suffering of a soul which has not discovered it meaning...about a third of my cases are not suffering from any clinically definable neurosis but from the senselessness and aimlessness of their lives."
    ii. Frankl--20% of cases are "noogenic"--lack of meaning in life

Object Relations

We internalize our experience of our self, and other ("the object"). Internalized with a particular affect. Forms the basis for our experience of self and other. An admixture of our real and fantasized experience. A host of characters live inside our psyche based on internalized experiences with self and other.

1. Different constellations of self-representations, object-representations and affects vie with one another—inner objects. Internalized objects may be repressed, feared for, wished for, defended against. Interalized objects may be whole or part objects
2. Knowledge of a person' s mental template--inner world of object relations--determines external relations with people and inner relations.
3. The language of object relations describes beliefs about self/other. Express inner childhood scenarios that we carry and represent within
    a. Internalization of infant's mother/caregiver--introjection. Begins with earliest, physical sensations btw infant and mother
    b. Abt 16 mos, isolated images of mother form into an enduring mental representation of mother

c. There is not a one-to-one correlation btw real object and internalized object representation (e.g. an object that is introjected as hostile may not really be hostile but is exprienced and introjected as hostile...)

4. Addresses questions such as:
    a. What old object relationship is occurring
    b. Which of the roles in the object relationship is the patient producing—their own; the other; or both?
    c. Is the patient behaving as he imagined he was; as he wished to be in his parents eyes;
    d. Is the patient identifying with the aggressor and actively repeating passive experiences?
5. Object relations predicated on how interpersonal relationships are transformed into internalized representations of others
6. Experiences internalized, into an intrapsychic template of self/object representations, related affects
    a. When children develop, they don't just internalize objects--they internalize an entire relationship

Self Psychology

Emphasis on the self as core: a past, present and future that endures over time. Center of initiative, repository of ambitions, ideals, talents, skills; an independent center of initiative and impressions.

1. Comprised of inherited and environmental factors that develop from experiences with earliest selfobjects.
2. The language of self-experiences refers to the role that external objects/others have upon maintaining and supporting the self. Not about internal objects; emphasizes how external objects influence us.
    a. Focuses on the evolution of boundaries, self esteem, what contributes to the "I" experience and delineates patterns of self-other relating especially
3. Addresses questions such as:
    a. How stable is the sense of differentiated self boundaries?
    b. How prevalent are fantasies/enactments of merger or panics regarding loss of boundaries
    c. Are there periods of derealization; depersonalization;
    d. Is the patient essentially the same between sessions or subject to much discontinuity?

    e. Does the patient experience himself as the creator of his life? What is the nature of the person's esteem

4. Selfobjects—subjective aspect of the self. Involves a rship of the self to external objects whose presence or activity, evoke/maintain one's self and experience of selfhood. A sustaining function to the self.
    a. Selfobject rship refers to an intrapsychic experience & not the interpersonal rship btw self and other objects
    b. The experience of imagoes that help w/self sustenance
    c. Phenomenon where person/infant experiences separate person as part of his/her self who provides needed self fcns until person can do this for his/her self

Relational

Refers to interactions btw the individual and social world; internal and external interpersonal relations; and includes self regulation and mutual regulation

1. Uses a language of relational patterns; not just a focus on self/other/objects or aspects of the psyche: conflict, growth, ego, defenses, etc. Focus on relationship.
2. Addresses questions such as:
    a. Who am I in relationship with this other?
    b. How does this relationship shape, express, change me?
    c. What is being constructed in this relationship?
    d. What are the dynamisms and patterns in this relationship?
3. Relational models view the operations of the mind as fundamentally dyadic and interactive
4. Experience emerges in an interactive field btw people
5. The analytic situation is shaped by the continual participation of analyst and analysand. Meaning, experience and rship is coconstructed by each participant.
6. Self is multiple and lacks cohesion—different selves emerge depending on interpersonal, relational context
7. Emphasis is placed on the interplay btw analyst's and analysand's subjective realities and the co-construction of meaning, including their rship from their intersubjective field.
8. Expands upon foundations from earlier psychoanalytic schools to include the relational matrix between analyst and patient
9. Convergence of theories--Developed from British Object Relations; American Interpersonal Psychoanalysis; Self Psychology; Infant Developmental Research.

a. Relational theorists encompass a range of psychoanalytic theories including: Intersubjectivity Theory; Interactional Psychoanalytic theory; Interpersonal Theory; Social-Constructivist Theory…

b. Term from Greenberg and Mitchell. Model of psychoanalysis bring the conceptualizations of British object-relations theorists and interpersonal relations.

c. Not limited to external interpersonal or social relations, the term was also meant to include internal relations among various self-states, conceptualize as the self-system and later on as multiple selves. Relational theory substitutes the concept of objects or persons for those of instincts, drives and defenses.

10. Branches off from drive and ego analysis away from instinct theory via emphasis on object relations. The other is methodological, moving from an interpretive stance toward interpersonal negotiating and sharing. The latter overlaps with an existential analysis that emphasizes approaching and being with the other.

11. Relational analysis developed by characterizing those interactions. Analysts and patients are both objects in therapeutic milieu.

12. Importance given to selfhood-- the central interactive agent and arises out of the interactive process

13. Bromberg's 'standing in the spaces': an ideal state of being able to observe all aspects of oneself without needing to disassociate or repress (or act on) any.

    a. This openness to oneself is critical to being open to others, and therefore to treatment. In turn, 'standing in the spaces' is contrasted to a more familiar concept of the ideal self, integration.

    b. Integration suggests a more or less harmonious condition of all self elements. But the inevitable conflicts within psychic functioning, so central to the concept of psychodynamics, cannot be altogether resolved.

14. The problem of objectivity. Takes post-modern position--objectivity is the disguise that power often wears.

15. Attempts to avoid the resulting descent into subjectivity by invoking consensus, along the lines of Harbermas' work.

16. Free discourse replaces free association. The fundamental rule, to say whatever comes to mind, recedes and a respectful listening and exchange come forward.

17. General reformulation of key concepts in Classical Theory. Recast in interactive, relational terms.

    a. Transference and countertransference refer to the global, interactive experience of analyst and patient. Each responds to the actual

participation of the other, which is shaped by internal dynamics of each participant.

i. Transf and countertr are mutual creations by patient/therapist

ii. Rship patterns are inevitably the focus of relational psa. Patterns manifest themselves in interactions with the analyst who must be drawn into patient's repetitive patterns of experience/action. Analyst becomes a participant in the transf, must participate fully and then find a way out that is healing

V. Contrasting Models of Consciousness/Unconsciousness; Libido; Ego Functions; and Self: Freud, Jung and others

A. Freud's Model: Three aggregate states of consciousness: conscious, preconscious, unconscious (uc).

1. The term 'Unconscious' is used in 3 different ways
    a. descriptive unconscious: a mental content is not accessible to reflective self-awareness;
    b. system unconscious,: an aspect of mind operating according to 'primary process' thinking
    c. dynamic unconscious: actively repressed material that exerts 'pressure in the direction of the conscious' and includes the highly organized 'unconscious fantasy'. (Akhtar, 2009, p. 299)
2. Refers to mental contents that are beyond the reach of conscious thinking: dreams and parapraxes
3. The term as an adjective results from the idea that thought in itself is unconscious.
    a. certain thoughts are forgotten or repressed and continue to influence the psychic life of the individual.
    b. Processes which regulate unconscious psychic life and the mechanisms which prevent access to the conscious
    c. "Unconscious" applies to elements of psychic life which the conscious mind cannot spontaneously access.
    d. The unconscious system opposes the preconscious system--the mental contents of the latter can be accessible to the conscious by effort and attention.
4. As an adjective refers to mental content not available to conscious awareness, demonstrated by parapraxes, dreams, and disconnected thoughts. The mind is always active, performing functions during waking state and sleep; only a small amount of mental activity is conscious at any one time.

a. Freud thought some affective structures in the Unc. might become conscious, believed there were unconscious affects comparable to unconscious ideas.

b. Unconcious affects are those that have been avoided because the ideas they are attached to are repressed. Such affects may be displaced onto other ideas having some relationship to the repressed but sufficiently different to be acceptable to the consciousness.

5. Impulses exist side-by-side without influencing or contradicting each other.

    a. Tension-reduction model: Unconscious processes are subject to the *pleasure principle*, regardless of reality, and are timeless. Childhood wishes are represented in the unconscious; provide strong motivation for seeking gratification without regard for reality or logical thought.

6. Iceberg metaphor for con/uc.

7. Drives must be channeled before entering consciousness

8. Drives and neurobiology are foundations of uc

B. Jung's Model of Consciousness/Unconsciousness

1. Totality of all psychic phenomena that lack the quality of consciousness.

    a. Psyche, consciousness is dissociable

    b. The unconscious is useless without the human mind. It always seeks its collective purposes and never your individual destiny. [C.G. Jung Letters, vol. 1, p. 283.]

2. Has a creative function; religious and prospective function: a source of knowledge--presents to consciousness contents necessary for psychological health.

    a. Not superior to consciousness; messages (in dreams, impulses, etc.) must be mediated by the ego.

        i. Consciousness should defend its reason and protect itself, and the chaotic life of the unconscious should be given the chance of having its way too–as much of it as we can stand. This means open conflict and open collaboration at once. That, evidently, is the way human life should be. It is the old game of hammer and anvil: between them the patient iron is forged into an indestructible whole, an "individual."["Conscious, Unconscious, and Individuation," CW 9i, par. 522.] (Sharp, 1991)

3. Cone metaphor, at tip: The ego (has internal dialogue with the "Self"--the integrated center of personality)

    a. Consists of the personal unconscious, collective unconscious; a larger and deeper region of the collective uc and can never be made con.

4. The UC: Consists of the known, unknown and unknowable
    a. The unconscious is both vast and inexhaustible. It is not simply the unknown or the repository of conscious thoughts and emotions that have been repressed, but includes contents that may or will become conscious. So defined, the unconscious depicts an extremely fluid state of affairs: everything of which I know, but of which I am not at the moment thinking; everything of which I was once conscious but have now forgotten; everything perceived by my senses, but not noted by my conscious mind; everything which, involuntarily and without paying attention to it, I feel, think, remember, want, and do; all the future things that are taking shape in me and will sometime come to consciousness: all this is the content of the unconscious.["On the Nature of the Psyche," CW 8, par. 382.]
5. Fcns of consciousness that influence the person in external world: rational fcns (thinking, feeling) and irrational fcns (sensation, intuition); attitudinal orientation (extraversion, introversion)
6. Broad collective elements—archetypes
    a. The unconscious . . . is the source of the instinctual forces of the psyche and of the forms or categories that regulate them, namely the archetypes.["The Structure of the Psyche," CW 8, par. 342.]
7. Psychoid layer of the uc
    a. A concept applicable to virtually any archetype, expressing the essentially unknown but experienceable connection between psyche and matter. (Maxson J. McDowell).http://www.jungny.com/lexicon.jungian.therapy.analysis/carl.jung.157.html.
8. The unconscious also contains "psychoid" functions that are not capable of consciousness and of which we have only indirect knowledge, such as the relationship between matter and spirit.

C. Contrasting Views of Libido

1. Freud: Psychic energy specifically from the sexual instinct.. “Sexual” is broadly defined, revolving around activities that bring sensual pleasure, and not solely genital satisfaction.
    a. Freud’s (1894a) term for a hypothetical force that is ‘spread over memory traces of ideas, somewhat like an electric charge is spread over the surface of a body’ (p. 60).
    b. Freud (1900a,1905a, 1915c) divided instincts into ‘sexual’ and ‘self-preservatory’; life and death types and called the ‘psychic energy’ of the former ‘libido’; did not name the psychic energy of the latter.

2. Four other considerations: MISSING FROM FILE p. 124 in text
    a. One
    b. Two
    c. Three
    d. four
3. Jung: Psychic energy broadly construed as “life energy. Flows from sources including biological, psychological, spiritual and moral. Not limited to sexual instinct (but may include it) and can be from creative, spiritual/religious, meaning making, nutritional, bodily instincts, etc.
    a. “All psychological phenomena can be considered as manifestations of energy, in the same way that all physical phenomena have been understood as energic manifestations since Robert Mayer discovered the law of the conservation of energy. Subjectively and psychologically, this energy is conceived as desire. I call it *libido*, using the word in its original sense, which is by no means only sexual.”["Psychoanalysis and Neurosis," CW 4, par. 567.]
    b. [Libido] denotes a desire or impulse which is unchecked by any kind of authority, moral or otherwise. Libido is appetite in its natural state. From the genetic point of view it is bodily needs like hunger, thirst, sleep, and sex, and emotional states or affects, which constitute the essence of libido.["The Concept of Libido," CW 5, par. 194.]
    c. What is it, at this moment and in this individual, that represents the natural urge of life? That is the question.["The Structure of the Unconscious," ibid., par. 488.] (Sharp, 1991)

D. Contrasting views of the Ego and Ego Function

1. The organized conscious mediator between the person and reality especially by functioning both in the perception of and adaptation to reality.("Psychoanalysis - Glossary," n.d.)
    a) The ego should not be thought of as an anthropomorphic executor or as a part of the brain. Rather, a useful way of thinking about basic human behavior-- a group of functions, which grow, are subject to disturbances, and may be made more effective through treatment.
2. Freud: the ego is "the representative of the outer world to the id" ("Ego and the Id" 708).
    a) Ego represents and enforces the reality-principle
    b) Ego is oriented towards perceptions in the real world, the id is oriented towards internal instincts;

c) Whereas the ego is associated with reason and sanity, the id belongs to the passions.

i. Freud sometimes represents the ego as continually struggling to defend itself from three dangers or masters: "from the external world, from the libido of the id, and from the severity of the super-ego" ("Ego and the Id" 716).(Felluga, 2011)

d) Refers to the identity-organization or self-system, the way we make our inner life coherent.

3. Jung: The ego stands to the self as the moved to the mover, or as object to subject. The self, like the unconscious, is an *a priori* existent out of which the ego evolves.["Transformation Symbolism in the Mass," CW 11, par. 391.]

4. In individuation, a strong ego can relate to contents of the unconscious without identifying with them. Knowledge of the ego-personality is confused with self-understanding.

a) Anyone who has any ego-consciousness takes it for granted that he knows himself.

b) But the ego is known contents, not the unconscious and its contents.

c) People measure their self-knowledge by what the average person in their social environment knows of himself, but not by the real psychic facts, which are for the most part hidden from them. In this respect the psyche behaves like the body, of whose physiological and anatomical structure the average person knows very little too. ["The Undiscovered Self," CW 10, par. 491.]

5. Heinz Hartmann (1939) reserved the term ‘ego’ for a mental agency; ‘self’ for the individual himself:

a) the ‘ego’ is not present at birth; it arises out of an undifferentiated id-ego matrix.

b) In contact with reality and scans; selects, suppresses, filters, and organizes perceptions and stimuli using intelligence/judgment; works with ‘reality principal’ and ‘secondary process thinking’;

c) responsible for compromise

d) its origins are intricately related to the constitutional capabilities for anxiety tolerance, aggression, problem-solving, assertiveness, intelligence. Its operations are patterned after body functions

e) contributes to ‘resistance’, participates in ‘therapeutic alliance’ and a vehicle for experiencing and expressing transference’ related fantasies and affects.

6. The newborn infant in an undifferentiated psychic state from which the ego gradually evolves.

7. Ego-id matrix is based on constitutional factors (the genetically determined growth pattern of the central nervous system, the sense organs, and body) and experiences in the surrounding world in relation to objects.
8. Ego occupies position between instincts, based on physiological needs, and demands of outer world--internalized psychic representative of both, mediates between individual/external reality.
    a) Especially important in infancy when defenses have not developed adequately.
9. Ego functions (perception, motor capacity, intention, anticipation, purpose, planning, intelligence, thinking, speech, and language) need to mature in an environment relatively free of psychic conflict
    a) must develop the capacity for relationships with objects, learn to form ties with others, maintained over a long period of time (object constancy).
10. Functions of the ego are numerous; and few exercise them effectively.
    a) Some function badly in some areas and with success in others
11. The ego must be evaluated in terms of its functions, not as a totality.(Moore & Fine, eds., 1990, pp. 58-59)
12. Skin Ego (Anzieu)-- Skin performs several fcns for the individual.
    a) A sac around the body which protects person
    b) Communicates pleasure, pain, distress by flushing, pallor, pilerection,goosebumps, inflammation and disease.
    c) keeps the inside in and outside out; surface by which one experiences contact w/others.
    d) Functions of skin ego include:
        i. Maintains psyche as an extension of maternal holding
        ii. Containing function
        iii. Protection
        iv. Individuating self (by color, texture, beauty, race)
        v. Associates sensory input
        vi. Supports sexual excitement
        vii. Recharges libido (from sensorimotor stimulation)
        viii. Registers info abt world in sensory traces
        ix. Attacks the psyche by burning, itching and disintegrating
    e) The skin--Infant learns shape of self by appreciating sensations impinging on body.

i. Repeated patterns of sensory stimulation of skin helps infant learn to appreciate the rhythm of safety.

ii. Skin which is impinged upon through misattunement, abuse, etc., suffers and fcns elaborated upon above are impaired

iii. Causes subsequent problems. Children develop "multiple skins," "thick skin," "thin skin," "armor."

f) Abusive situations--Fantasies of damaged skin are common which draws attention to and defends a/g damage to psyche

E. Varying Views of the Self

1. Jung: The pivotal center of Jung's model of the psyche.
    a. Jung's encounter with the self occurred during 1916-18 in the difficult time that follows his break with Freud in 1913. He had direct experience of what he came to see as the bedrock of psychological wholeness, that which both keeps the psyche from falling apart at times of great stress but also transcends and goes beyond psyche.
    b. The archetype of wholeness and the regulating center of the psyche; a transpersonal power that transcends the ego. The coming into being of the individual as an integrated and unified whole person distinct from other people and consciousness.
    c. As an emipircal concept, the self designates the whole range of psychic phenomena in man. It expresses the unity of the personality as a whole. It encompasses both the experienceable and the inexperienceable (or the not yet experienced). . . ..["Definitions," CW 6, par. 789.]
    d. It is both the totality of the psyche and agent in its manifestation as the archetypal urge to co-ordinate, relativize and mediate the tension of opposites. "the real organizing principle of the unconscious'.
    e. The self is not only the centre, but also the whole circumference which embraces conscious and unconscious; it is the centre of this totality, just as the ego is the centre of consciousness. ["Introduction," CW 12, par. 44.]
2. The London Jungian analyst, Michael Fordham, revised Jung's theory of the self. There is a unified 'primary self' at the beginning of life, which combines the totality of conscious and unconscious systems. Integrating processes—what Jung called individuation—were active in the psyche from the start
    a. Through a dynamic process of deintegration and reintegration from this primary state of integration, the infant interacts with objects in the outer worlds.
    b. Fordham turned away from an exclusive emphasis on the integrating function of the self and focused on part-selves, each felt equally to be

the individual's self. (Skelton, Burgoyne, Grostein, & Stein, eds., 2006, pp. 420-421)

3. Like any archetype, the essential nature of the self is unknowable, but its manifestations are the content of myth and legend.
    a. The self appears in dreams, myths, and fairytales in the figure of the "supraordinate personality," such as a king, hero, prophet, saviour, etc., or in the form of a totality symbol, such as the circle, square, quadratura circuli, cross, etc. When it represents a complexio oppositorum, a union of opposites, it can also appear as a united duality…Empirically, the self appears as a play of light and shadow, although conceived as a totality and unity in which the opposites are united.["Definitions," CW 6, par. 790.]
4. The realization of the self as an autonomous psychic factor is often stimulated by the irruption of unconscious contents over which the ego has no control. This can result in neurosis and a subsequent renewal of the personality, or in an inflated identification with the greater power
5. Experiences of the self possess a numinosity like religious revelations. No essential difference between the self as an experiential, psychological reality and concept of a supreme deity.
    a. It might equally be called the "God within us."["The Mana-Personality," CW 7, par. 399.(Sharp, 1991)
6. *Self* is a commonsense term that overlaps with more technical aspects: self-concept, self-image, self schemata, identity.
    a. *Self schemata*: enduring cognitive structures that organize mental processes and how one consciously and unconsciously perceives oneself from realistic to distorted
        i. based on *self representations*, mental contents in the system ego that unconsciously, pre-consciously, or consciously represent aspects of the bodily or mental self
        ii. Together with object schemata, self schemata provide the organizing base and reference material for all adaptive and defensive functions.
7. The encoding of the self in a sensory mode of thinking is a *self-image*, which may be visual, auditory, or tactile;
    a. the view of oneself at a particular time in a specific situation is called a *self-concept*.
        i. It consists complexly of one's body concept and the representation of one's inner state at the time.
        ii. The mind constructs the self-concept from the direct experiences of sensation, emotions, and thoughts, and from indirect

perceptions of the bodily and mental self as an object. A self-concept may be conscious or unconscious, realistic or unrealistic. It may mirror all the physical, emotional, and mental features of an individual in a relatively realistic way, or it may be unrealistic

8. Self-esteem is the end result of a process in which current self-appraisals are related to ideal self-concepts, ambitions for the self, values, and concepts of important others in personal or social hierarchies.
    a. This process of comparison is usually not fully conscious. Self-esteem is also usually not clearly conscious; it is noticed more when it is absent.
9. The term self has been used in various ways:
    a. Freud used ego to mean self; Jacobson used self to refer to the whole person while conceiving of self representations as slowly build up intrapsychic structures.
    b. Shafer clarified three usages of self: self as an agent, self as place, self as object
    c. Kohut has defined self as an independent center of initiative
    d. Stern has used the self as a way to refer to experience, either as a sense of self or as the development of self in a world of subjectivity and interrelatedness.
    e. Whether regarded as a psychic structure or a subjective point of reference, self is a term more closely related to experience than id, ego, or superego (Moore & Fine, eds., 1990, p 174).

VI. Significant Ideas from Major Schools

A. Conscious

1. A mental state characterized by awareness: what person is attending to and subjectively aware of
2. "Secondary process": logical, conscious, cause and effect. Cognitive processes are coherent, intellectual, organized, rational, what someone may, intellectually, "know."
3. Associated with ego functioning
4. Consciousness is distinguished by qualities of:
    a. spatialization (in time, place, space, locale, etc)
    b. excerption (always an analog; never see it in its entirety; selectively attend to that which catches our attn)
    c. the analog "I" (metaphor one has of him/herself as active agent)
    d. the analog "me" (the observing ego, metaphor of one's self from an observer's standpoint)

e. narratization (life story)

f. conciliation (assimilation; making excerpts or narratizations compatible w/each other)

B. Unconscious

1. Material that does not enter our conscious awareness. Such material is stored in the mind in a way that bypasses conscious awareness and influences our psychic life and behavior.
2. "Primary process": lacks firm sense of time, order, space, logic. Unconscious material. Cognitive processes are seemingly disorganized, irrational, bizarre, tangential, contradictory, child-like.
3. Unconsciousness is distinguished by qualities of:
    a. Primary process
    b. discontinuity in space-time or spatial boundaries
    c. Imagistic forms
    d. Non-verbal
    e. Play of dreams
    f. Symbolic images
    g. Flashes, obsessions, spells, trance-like state
    h. mythopoetic, mythological ,and archetypal forms
    i. "irrational" contents
    j. incongruous combinations
    k. lacks differentiation

C. Cathexis

1. Investment of mental; emotional, psychic energy—libido—onto a person, object, or thing.
    a. "something... spread over the memory traces of ideas, somewhat as an electric charge is spread over the surface of a body" (p. 60).
2. The degree to which the cathexis of an idea is bound is differentiated in the two modes of thinking: primary process and secondary process.
    a. In primary process, the energy is relatively mobile, and it is not neutralized,
    b. while secondary process thought is characterized by bound and neutralized energy,
        i. conception of hypercathexis explains phenomena of attention, while an anti-cathexis is postulated to fuel repression

ii. Narcissistic cathexis—extension of self (I am it);

iii. Object cathexis—connection with the other (I have it; I am not it)

D. The Dynamic Unconscious

1. The human mind operates on more than one level; all levels of the mind (conscious and unconscious) affect us; and these levels are accessible, in varying degrees to consciousness.
2. Unconscious mental activity is always taking place and affects our conscious experiences.
3. Sources of motivation and influence: Drive, ego, object, self, relationship
4. Refers to the actively repressed material that exerts 'pressure in the direction of the conscious' (Freud, 1915d, p.151) and includes the highly organized 'unconscious fantasy'. The repressed does not cover everything that is unconscious' (Freud, 1915e, p. 166).
5. Mental contents that are out of our awareness because they have been subject to repression. It is distinguished from the system Unconscious, which comprises the rules and principles that govern unconscious mental processes. *The American Psychiatric Publishing Textbook of Psychoanalysis, p 550*

E. Qualities of the Dynamic Unconscious

1. Psychic determinism: Principe of overdetermination in mental functioning. Sxs are result of many causes. For every effect there are multiple causes
2. Multiple Functions: Behaviors have multiple functions and motivations.
3. Unconscious is fueled by energy from drives (Freud) and affects (Jung)
4. Repression is dominant (Freud); dissociation is dominant (Jung) and impacts what we are conscious of and our inner worlds
5. Principle of repetition compulsion (Freud)--organism repeats what has been learned in the past.
    a. Repetition can be a form of memory—substitutes for the articulation of memories.
    b. a way to master something that could not be mastered.
6. The objectivity of the psyche (Jung)—Universal, human, archetypal energy emerges from uncon. Manifests as symptoms and symbols. Psyche has an objective, religious, "meaning-making" function that must be subjectively realized.
    a. Understanding of both objective psyche and importance of subjective experience

b. "Split-object relations"; part-objects, borderline and pre-oedipal dynamics, separation-individuation struggles, etc described by other traditions are rooted, at their core, in the archetypal level of the psyche. Part and parcel of the psyche. Not necessarily pathological.

7. Psyche is, inherently, dissociable--has numerous selves with many complexes, archetypes (Jung)
    a. Word Association Test—Experimental evidence. Pt provides associations to words. Affect disrupts flow of associations.
    b. Word is linked to a series of associative images, words, feelings, sensations, memories that are affectively charged and related to central theme.
    c. Secondary ego-state entered when charged theme stimulated in psyche.
    d. Range of secondary ego states within and across individuals.
    e. Secondary ego states precipitated by range of material—not only sexuality. Multitude of themes, stories, fantasies, usually tragic and traumatic, triggered most profound ego states.
    f. Led to development of complex theory
8. Teleological position--all sxs, complexes have a symbolic archetypal core; the end result, purpose or aim of the sx, complex or defense mechanism is at least as important as its cause
9. The Conflict of Opposites: "The opposites are the ineradicable and indispensable preconditions of all psychic life." Opposites are central to human existence. We experience tension from the 2 opposing forces (the 2 opposites—2 poles) and we become imbalanced if too aligned with one pole.
    a. Alternation" or experiencing one pole may be an awakening of consciousness. The importance of being with/experiencing each pole is emphasized
    b. When the tension becomes too great, a third way must be found, to reconcile these 2 poles—the 3rd way often manifests as a symbol, which has the power to heal.
10. A sx develops not "bc of" a piece of hx but in order to express a piece of the psyche or for a specific purpose--what is this sx for?

F. Symptoms (Excerpted, summarized and modified from: *Psychoanalysis: The Major Concepts* (1995). Moore, B.E., & Fine, B.D.. Yale University Press: New Haven)

1. Symptoms: Complaints by the patient. "A sx is a mental phenomenon of which an individual complains."
    a. Overt manifestations of underlying conflict

   b. Sign: An observable manifestation of abnormality, pathology, illness
   c. Sxs have, "a whole range of possible derivations, causations, and developmental affiliations." (A. Freud, 1970, p. 38)
2. Sxs: Ego-syntonic vs ego-dystonic
   a. Ego-dystonic: "Not in harmony with the ego"….a mental phenomenon that is distressing, painful or unintegrated with sense of self
      i. Exhibits qualities of feeling alien, not subject to control
   b. Primary sxs generally lead to secondary and tertiary sxs
3. Sxs vs Character: "the enduring patterned functioning of an individual….the person's habitual way of thinking, feeling, acting….the person's habitual way of reconciling intrapsychic conflicts"
   a. More specific patterns of perceiving and relating to self/other/world. Character disorders: constellations of character traits, maladaptive to self/other/world
4. Differentiating sxs vs character traits
   a. Sxs often ego-dystonic—feel alien. Character traits more often ego-syntonic—felt to be part of the self
   b. Sxs: have awareness of; character traits: often outside awareness
5. Symptomatic act, acting out and neurotic conflict: patterns of action arising out of conflict. An action is a discrete act, expressing a conflict and is structured like a sx.
6. Sx Formation: Classical viewpoint
   a. Drives [complexes, objects, etc.] threaten to emerge into consciousness, are perceived as dangerous by ego and are defended against
   b. Compromise formations: Drive not completely defended against either by: disguised gratification of the drive; defense against the drive; gratification of the prohibition of the drive
   c. The sx can be a compromise expressing many components
7. Anxiety: Freud targetted anxiety as the affect that engendered sxs. It appears that any (dysphoric) affect can engender sx formation
8. Defense: The ego attempts to protect itself from affects by removing impulses from consciousness through defense mechanisms. The more successful the defense—the less manifest sxs. Defenses on a continuum.
9. Compromise Formation:
   a. Substitution formation: Replacement of repressed impulse by symbolic substitute

b. Reaction formation: Replacement of something opposite in meaning to the impulse, a reaction against the impulse

c. Compromise formation: symptomatic expression, in disguised form, of a repressed impulse and repressing force. A compromise btw contradictory pairs of wishes.

i. "Repressed material" originally formulated by Freud to be sexual, aggressive and traumatic material

ii. Sxs may express both sides of the conflict but they may not. Sxs are compromises in the sense they are the result of a compromise btw conflicting psychic forces but only some sxs exhibit both sides of the conflict in the sx itself.

10. Affective reactions are partially neurophysiological responses operating within a hypo or hyperreactive nervous system…Interplay of the physical and psych

11. Psychosomatic sxs: 1) Somatic sx is the symbolic representation of the uc fantasy; 2)Sx is the physio concomitant of an affective state that has been defended against

12. Sxs as irruption of primary process material into waking ego

a. Disturbances of thought; language; delusions; acting out; psychosis

13. Sxs from developmental arrest: Dvt of personality is interfered with and does not progress results in deficit within person's dvt.

14. Sxs due to organic deficit: Sxs and/or compensatory mechanisms may develop to buffer organic vulnerabilities (learning/physical disabilities; brain problems)

15. Sxs and their meaning

a. Analogous to dreams and fantasy formation

b. Overdetermined, expressing several meanings

16. Understanding sxs through affective content. Ideational content about the anx may tell something about its source.

a. Punctuality and abandonment fear

17. Assns btw specific sxs and specific defenses

a. Ex: Paranoia and projection

18. Sxs as expressions of symbolic fantasies

19. Sx choice:

a. Nature of motivations, degree of fixation and regression

b. Influence of trauma, resulting defenses and adaptiveness of defense

c. Cultural factors

d. Constitutional factors

G. Development

1. An ongoing process in which the psychic structures and functions determining the human personality gradually evolve from the experiences of a biologically maturing individual in interaction with his or her environment.
2. Such interaction involves genetically determined maturational sequences and inherent potentialities, environmental influences, and personal experiences.
3. Development has been viewed from a number of different psychoanalytic perspectives according to the *developmental schemas* utilized by particular investigators.
4. **Freud's** (1905) psychosexual frame of reference, which charted successive stages of the libidinal drive (oral, anal, and phallic) in the course of childhood development, each stage based on bodily areas and organs predominantly involved in sensual gratification at the time.
    a. Preoedipal: The sexuality and character traits belonging to the earliest years. The phase of development before the Oedipus Complex. Associated with more primitive pathology: narcissistic or borderline personalities, (Person, Cooper, & Gabbard, eds., 2005, p. 547)
        i. The character traits and sexuality associated with infancy and the earliest years of life (approximately 0-3 years) that involve relating, trusting, and attaching to another human being. Dyadic relating. Basic trust. Sensuality. Nurturance.
        ii. the persistence of some pre-Oedipal features of psychic life is ubiquitous, and become prominent in regressive states even in individuals who are primarily organized around Oedipal conflicts.
    b. Oedipal: An aggregate of mental processes that develop from the child's wishes toward the parent of the opposite sex. There are associated conflictual feelings toward the parent of the same sex as both rival for the love of the incestuous object and a loved object himself or herself. This conflict is resolved during identification with the same-sex parent. (The "negative" Oedipus complex involves a identification with the parent of the opposite sex in order to receive the love of the parent of the same sex.)(Person, Cooper, & Gabbard, eds., 2005, p. 547)
        i. The character traits and sexuality associated with early childhood (3-6 years) that involve relating in "triangular" situations that involve competition, negotiation. Triangular relating. Competition, power, self-expression, negotiation
        ii. The character traits and sexuality associated with early childhood (3-6 years) that involve relating in "triangular" situations that involve competition, negotiation. Triangular relating. Competition, power, self-expression, negotiation

c. Infantile Sexuality
    i. Spoke broadly to the pivotal role that sensual, bodily satisfaction plays in early childhood.
    ii. The genetic endowment of the infant includes the capacity at birth to begin affectional bonding to another human object. Basic bodily needs (ie hunger) are satisfied through contact with the object, Pleasure becomes associated intrapsychically with the presence of the object.
    iii. possible for the infant to gratify himself (thumb-sucking or retention of stool). Gratification of drives can therefore be either object related or autoerotic.

d. As the ego develops, the child evokes the mental representation of an unavailable object to increase the pleasure of autoerotic activity.

e. With development and experience, sexual fantasies increase in complexity, leading to the conflictual fantasies of the oedipal period with or without masturbation. Further elaborated in adolescent and adult masturbatory fantasies.

f. During latency (a sexually quiescent period from the end of the phallic-Oedipal phase until adolescents) sexual impulses are repressed. This repression is incomplete, and evidence of infantile sexuality continues, displaced onto activities, expressed through symptoms or character structure, or via masturbation.

g. With adolescence its possible to gratify sexual fantasies via object. The individual must confront fantasies and wishes,some are unacceptable consciously.
    i. These residuals of infantile sexuality are expressed through foreplay (looking, touching, kissing, sucking, etc.) after the sexual elements have been organized under the primacy of genitals.

h. The maturation of the sexual organization is usually associated with increased control over instincts, and a fusion of tender love and sexual desire in one object relationship.

i. Some because of either constitutional or developmental difficulties or intrapsychic conflict, do not achieve adult genital organization. Their sexual activities resemble infantile sexuality in regard to the conditions or mode of discharge required for gratification or the nature of the object relationship (attachment to part objects).(Moore & Fine, eds., 1990, pp. 98-99)

j. Freud recognized the significance of sexuality early in a child's development. Infantile sexuality not exclusively located in the genitals.

i. the child was polymorphously perverse: the child's sexuality was located in different parts of the body and that the stimulation provided gratification.

ii. Discussed the psychosexual stages and erogenous zones (oral, anal, phallic) as offering sexual satisfaction.

iii. Entire surface of the skin was conceived as anerotogenic zone. (Skelton, Burgoyne, Grostein, & Stein, eds., 2006, p. 236)

5. The importance of objects: a number of authors devised means of recognizing stages in the response of the infant to the mother in relation to the constancy of her mental representation and developing ego functions, such as indicators and organizers (Spitz); separation-individuation concepts (Mahler); and developmental lines (Anna Freud).

    a. Spitz proposed that the major shifts in psychological organization, marked by the emergence of new behaviors and new forms of affective expression (e.g.smiling),

    b. the significance of new forms of emotional expressions such as the smiling response (2 to 3 months), initial differentiation of self and object, 8-month anxiety which indicates differentiation amongst objects, especially of the 'libidinal object proper' and the assertion of the self in the 'know' gesture between 10 to 18 months.

    c. these psychic organizers reflected underlying advances in mental structure formation, indicating the integration of earlier behaviors into a new organization. Spitz saw self-regulation as an important function of ego.

    d. The role of affect in the development of self-regulation: the mother's emotional expression serves a 'soothing' or 'containing' function which facilitates emotional equilibrium.

        i. Later, the infant uses the mother's emotional response as a signaling device to indicate safety. Later, the infant internalizes that affective response and uses his emotional reaction as a signal of safety or danger.

    e. The stages of development related to libido, object relations, sense of self, and structures should be distinguished from *stages of the lifecycle*, global constellations of physical and psychic attributes during periods at various points along a spectrum of dependence/independence and adaptation to the tasks and responsibilities of life.

    f. The current division is *infancy* (years 0—3), *early childhood* (years 3–6), *latency* (years 6–12), *adolescents* (years 12—18), and *adulthood*. These stages are often subdivided and in the literature *infantile* often refers to the 1st 5 years.

6. **Anna Freud's** (1963-1965) concept of *developmental lines*, in which she elaborated (from a phrase Freud often used) and refined. More was needed to assess a child's personality than isolated perspectives such as those of libidinal or intellectual development.
    i. To capture the complexity, she viewed certain behavioral clusters metaphorically as structural units and the developmental trajectories of these units as lines. She described development as a series of predictable, interrelated and interlocking, overlapping and unfolding lines.
    ii. Sequences in specific parts of the child's personality portray this interaction among drive, ego, superego, and the environment; when viewed collectively, these sequences paint a convincing picture of the individual's achievements or failures in personality development.
    iii. Prototypical are the lines "from dependency to emotional self-reliance and adult object relations." Other lines lead "from irresponsibility to responsibility in body management" and "from the body to toy and from the play to work."
    iv. Emphasized that lines often do not develop at the same rate, making personality distortions or incongruities more apparent. Such discrepancies results from a complex array of interacting factors such as environmental conditions, maturation or rates, conflicts, defenses, and regressions.(Moore & Fine, eds., 1990, pp. 55-57)
    v. Unevenness of development is a risk factor for psychiatric disturbance: thus, developmental lines have a etiological significance. A child's problem may be understood as an arrest or regression in a particular line of development.
7. **Carl Jung** (Samuels, 1985)
    a. One's pty--ego and self--arise out of the articulation of innate potentials in response to environmental factors;
    b. quality of early rships; establishment of trust; way that frustration is met by caretaker and child. Ego is strengthened by ability to permit free passage of uc contents
    c. The Self"--A subjective feeling of being, continuity and integration is first experienced by caregiver's ability to accept him/her as integrated whole. Caregiver's capacity to hold his/her "multiplicity of being" and provide sense of meaning provides basis for psychic integration.
        i. "Ego-Self Axis"
        ii. Frustration is of the essence in the dvt of consciousness

d. Each phase of early dvt becomes and continues to be autonomous content of psyche in adult life--earlier phases of dvt have ability to become operative in person. A mosaic of images dominates the psyche which is composed of archetypal (collective) and individual (personal) contents

e. Archetypal determinants--universal potentiates- innate expectations affect child's real experience (collective uc)

   i. Archetypes: mother, father, death, birth, loss, growth, change, separation

   ii. Archetypes develop from universal primordial images; myth, legend, fairy tale; daydream; artistic creation; dreams

   iii. Archetypes have attributes of being: universal/cross-cultural, collective, inherited in form and pattern but not content which is subject to environmental and historical influences (personal uc)

f. Emphasized child's rship w/mother in particular and need to separate

   i. Throughout maturation there is regression

   ii. Separation from mother is a struggle

g. Child is dominated by parents psychology and his/her active self--interactional nature of child and parent

8. **Jean Piaget:** Cognitive Focus: Phases of Development

   a. Sensorimotor Phase: Birth to 2 yrs (envt. mastered by assimilation and accomodation; object permanence by 2 years)

   b. Preoperational Phase: 2-7 yrs (use of symbolic fcns; egocentrism; illogical or magical thought processes)

   c. Concrete Operations: 7-11 yrs (logical thought processes; acquisition of perspective taking; laws of conservation)

   d. Formal (abstract) Phase: 11-Adolescence (hypothetical and deductive reasoning; abstract processing

9. **Margaret Mahler:** the biological birth of the infant and psychological birth of the individual do not coincide in time.

   a. focuses on psychological development that traces the passage from the unity of the 'I' and the 'not-I' to the eventual separation and individuation.

   b. sought to enable conditions when treating adults to reconstruct the pre-verbal period more accurately, making patients more accessible to analytic interventions.

   c. *Separation* refers to intrapsychic processes through which the child emerges from the symbiotic dual unity with the mother. Includes the

development of object relations, with formation of a mental representation of the mother separate from the self.

d. *Individuation* refers to processes by which the child distinguishes his or her own individual characteristics, so that the self becomes differentiated from the object and is represent

e. Mahler's Stages of Infant Development

   i. Stage I--Normal Autistic Phase: From birth to 10 at 12 weeks (maintaining safety, homeostasis), in comparison to later phases the neonate is relatively unresponsive to external stimuli.

   ii. Stage II--Normal Symbiotic Phase: From about 6 weeks to the end of the 1st year (oneness, comfort, security, social smile), emphasizes the establishment of a specific affective attachment between infant and mother.

   iii. Stage III: Separation-Individuation Stage (6-36 mos):

   - Subphase 1: "Differentiation" (6-10 mos): Primary goal to differentiate self from nonself or other. Recognition memory develops and contributes to emergence of stranger anxiety (8 mos). Focus on helping infant differentiate and soothe stranger anxiety

   - Subphase 2: "Practicing" (10-16 mos): Period of greater separation due to locomotion. Propelled from symbiotic orbit. "The world is my oyster." Increased attention to non-dominant caregiver and/or father. Focus on allowing infant to separate, practice, rejoice in newfound abilities and make mistakes.

   - Subphase 3: "Rapprochement" (16-25 mos): Increased awareness of vulnerability and separateness leading to a conflicted return to caregiver. Vacillates btw clinging and separation/exploration. The child now takes active steps to seek out the mother and use coercive behavior in efforts to control her. Object permanence and evocative memory (ability to feel an emotional connection w/an image) emerges. Separation anxiety surfaces again, and the toddler, now aware that he or she is not omnipotent, loses self-esteem and the belief in the shared omnipotence characteristic of the practicing subphase Focus on responding to child's desires for separation and reunion w/acceptance..

   - Subphase 4: "On the way to object constancy" (24-36 mos): Rships perceived as mixture of good and bad. Separation of self and object. Focus on facilitating understanding of good and bad; libidinal object constancy implies that the loving quality of the mental representation of the mother produces in

the child nearly the same sense of security and comfort as does the mother's actual presence. The intrapsychic representation of the mother receives positive cathexis even when the child is angry at the mother or separated from her for reasonable time.

f. Mahlerians see the reprochement subphase as the critical period of character formation. It's crucial conflict between separateness and closeness, autonomy and dependency, is repeated throughout development. This part of her theory has been used extensively in work with individuals with borderline personality disorder.

10. Experimental, research-based psychoanalytic views of infant behavior led to revisions of Mahlerian views.

    a. Psychoanalytic developmentalists (Tronick, Stern, Beebe, Murray, Emde, Mayes) reveal that infants come into the world with cognitive, emotional and social capacities that enable them to seek stimulation and regulate their own behavior to environmental interactions.

    b. Pre-wired knowledge of physical and social world.

        i. They can integrate information across the senses as well as detect and remember unchanging aspects of the environment.

        ii. They can recognize their mother, imitate facial expressions and manifest at least 3 affect states: distress, contentment and interest.

    c. 2 to 3 months: a range of developments enhance the infants appeal: cooing becomes responsive; engage adults in synchronous, reciprocal social interchanges. Caregiver's responsiveness has far-reaching implications

    d. 7 to 9 months: develop focused attachment, acting as if they understand that another person can understand their thoughts, feelings and actions. Signal for parental intervention at night, show preferred attachment for a small number of caregiving adults and adjust reaction to unfamiliar stimuli on the basis of responses of primary caregiver.

    e. About 18 months the acquisition of language and other indicators of enhancing body capacity (e.g. symbolic play) enable complex negotiations with caregiver, true interactive play with peers and development of moral emotions such as embarrassment and empathy and a few months later guilt, pride and shame.

    f. Individual differences arise in consequence of complex interplay of constitutional and environmental factors, with genes acting as biological regulators and culture, familial and parental characteristics acting as social regulators.

11. **Daniel Stern**--Developmental Progression: Sense of Self (Infant observation research)
    a. Sense of an Emergent Self—"domain of emergent relatedness" (0-2 mos)—Process of coming into being—beginning integration of networks Sense of world emerging in affects, perceptions, sensorimotor events, memories, cognitions
    b. Sense of a Core Self—"domain of core relatedness" (2-7 mos)—Physical self experienced as coherent, willful physical entity who has own affects, hx. Physical self is experiential; operates outside of awareness and is difficult to verbalize. Sense of separateness from mother.
    c. Sense of a Subjective Self—"domain of intersubjective relatedness" (7-14 mos). Discovery of minds outside of one's own. Self and other are more than physical, affective entities but beings w/subjective mental states. Mental states btw people can be understood although this occurs w/o awareness and verbalization.
    d. Sense of a Verbal Self—"domain of verbal relatedness" (15-24 mos). Sense of self and others as having own personal knowledge and experience that can be mutually symbolized, shared, negotiated. Increased capacities to self-reflect.
    e. Temporal sequence of emergence of each domain and periods where particular domains will be predominant
    f. All domains of relateness remain active during dvt and are forever forms for organizing and experiencing self/other in social interactions

H. Attachment (Partially excerpted and summarized from *Attachment in Adults: Clinical and Developmental Perspectives*. Michael B. Sperling & William H. Berman, Eds. (1994); *Parenting from the Inside Out*. Daniel J. Siegel & Mary Hartzell (2003); *Becoming Attached*, Robert Karen (1994); *Treating Attachment Disorders* Karl Heinz Brisch (2002).

1. Basics of Attachment Theory—Bowlby
2. "Attachment Behavioral System"--homeostatic process regulating infant proximity-seeking and contact-maintaining behaviors with one or a few specific individuals who provide physical/psychological safety or security—a self regulating and mutually interacting system. An independent behavioral system that is equally important to other systems such as feeding, mating, exploring.
    a. The quality of attachment between infant and primary attachment figure as it develops in the first months of life is not fixed.
    b. Attachment quality is capable of changing dramatically throughout the life cycle as a result of emotional experiences in new relationships (not necessarily with primary caregiver).

3. “Attachment Behaviors”--Behaviors organized around specific attachment figures with goal of obtaining security between 6-12 months. Includes activities such as calling, crying, clinging, seeking, gazing, touching. Behaviors activated when child realizes (s)he can not reach attachment figure or feels threatened.
    a. Requires sensitive behavior by attachment figure who has the ability to be attuned to child’s signals, correctly interpret them, and satisfy them appropriately.
4. Sensitive caregiving includes:
    a. attunement to infant’s signals (hesitation may stem from preoccupation with own internal/external needs);
    b. appropriately deciphering infant’s signals from the perspective of the infant (and not a projection of own needs);
    c. appropriate response to signals without overstimulation or understimulation; includes responding promptly, in a time-sensitive manner, that isn’t unduly frustrating (requirements for prompt satisfaction of needs changes at each age)
    d. Sensitivity differs from spoiling or overprotectiveness in its focus on supporting a child’s autonomy, communication, ability to play and explore, as well as ability to utilize caregiver for comfort.
5. “Activation and deactivation of attachment system”-- involves development of “internal working models” of attachment figure and of the self in interaction with attachment figure. Experiences of real relationships are internalized. Attachment is regulated by “internal working models” which are cognitive-affective-motivational schemata built from one’s experience in his/her interpersonal world.
    a. People generally have a “leading representation” attachment strategy through which they process attachment related feelings or a “state of mind” with respect to attachment
    b. Separate models are generated for each attachment figure.
6. Attachment Styles
    a. “Secure”-- “Secure Style”— Secure, free, autonomous yet dependent child. Parental warmth, care, consistency and acceptance along with mistakes.
        i. Distressed by separation; seek comfort upon return from caretaker; then readily returned to play and exploration. Caretakers are generally sensitive and respond to signals.
    b. “Insecure”-- “Avoidant Style”—Dismissing child who seeks little physical contact. Child is often angry/aggressive and/or isolates and withdraws.

Parent tends to be emotionally unavailable, cool, rejecting, and dislikes "neediness."

i. Distress during separation but typically it is hidden--not overt (physiological measures usually only sign of heightened distress); lack of acknowledgement or rejection of figure during reunion; act as if caregiver never left room; may shift attention to toys instead of wish to establish contact with attachment figure. Caregivers tend to rebuff, deflect bids for proximity especially close bodily contact.

ii. Tend to have few childhood memories and ascribe little value to attachment. Often idealizes parents but memories do not corroborate. Limited self-reflection.

c. "Insecure"-- "Anxious Ambivalent"— Preoccupied, entangled child who does not explore and is clingy, demanding, distressed over separations, and anxious in connection with main caregiver. Parent tends to be unpredictable, chaotic, often attentive but unattuned to child; overprotective, intrusive and interferes with independence. Particularly tuned into fear and anxiety but inconsistent in responsiveness and accessibility

i. High distress during separation (lots of crying), seek proximity to caregiver upon return but unable to be soothed (in part from preoccupation with caretaker's availability) which precludes play and exploration; mixed approach and rejection upon reunion with caregiver

ii. Tend to make contradictory statements regarding caregivers

d. "Insecure"—"Disorganized" (not classifiable by Ainsworth's original formulations; formulated by Mary Main)—Unresolved trauma/loss, disorganized. Low parental involvement and attentiveness. High separation anxiety and experiences of parental rejection. Caregiver's frightening, fearful or disorienting behaviors create a state of alarm— "fright without solution."

i. Chaotic and disorienting behavior during reunion with caregiver. Approaching caregiver with head averted; crying during separation and moving away during reunion. Attachment reveals unresolved feelings and incoherent thinking around traumas and loss. More likely when caregiver is abusive, depressed, disturbed, neglectful.

7. Significant Findings from Attachment Theory:

a. Individuals can move from an insecure childhood attachment to a secure adult attachment status.

b. An adult's ability to make sense of his/her own life and early life experiences, tell a coherent story (narrative) of their own life

experiences, and integrate their past, present and future is the best predictor of their child's attachment style.

c. Insecurely attached children generally grow up to be insecurely attached adults who then, later, have their own insecurely attached children UNLESS they are able to reflect on their own childhoods and make sense of their lives.

d. "Earned secure" attachment: Achieving a secure style of attachment later on in life often as a result of later experiences with an important attachment figure or through psychotherapy. (Demonstrated in adults who are able to report negative experiences coherently.)

e. The presence of at least one available attachment figure is a protective factor, preventing a child from decompensating and suffering from long term psychological problems, including mood disorders, even in the face of great stress (Werner, 1990, Protective factors and individual resilience. In S. Meisels & J.P. Shonkoff (Eds.), Handbook of early childhood intervention. New York: Cambridge University Press, 97-116).

I. Reverie/Container/Contained (Bion)

1. The mental state of the mother with her infant. She is filled with what she imagines to be her child's inner life, in the past, present, and future.
2. The mother's tool for receiving and understanding the affective communications from her infant; in so doing, she is able to contain and modify her infant's intense affective life so that he can manage intense emotional states more capably.
    a. this model is a way of thinking about how the analyst helps the patient deal with affect states that are difficult to manage. (Person, Cooper, & Gabbard, eds., 2005, p. 559)
3. The infant's projective primitive anxieties are what is contained, taken in by the mother as the container, by her active process of reception and digestion, called reverie.
    a. A mind that is too cluttered or one that can not process/think/imagine can not contain for the other and help build that function in the other
    b. "the physiological source of supply of the intant's needs for love and understanding. If the feeding mother cannot allow reverie or if reverie is allowed but not associated with love for the child or its father, this fact will be communicated to the infant even though incomprehensible to the infant." (Bion, 1962, A theory of thinking)
4. State of calm receptiveness that contains the infant's feelings. Via projective identification infant inserts something into the mother that the infant cannot make sense of. Mother's reverie allows her "alpha function" to operate which enables her to translate projected sense data, beta elements, into a

meaningful communication. Introjecting the receptive, understanding mother allows the infant to develop her capacities for reflection; builds ego.

5. Infant with a mother who is not capable of reverie –who encounters experiences where meaning is stripped away develop "nameless dread." Beta elements accumulate and mind becomes an apparatus for ejecting and expunging such accumulations rather than being capable of thinking.

J. Holding environment (Winnicott)

1. A maternal provision that organizes a facilitative environment that the dependent infant needs. Holding refers to the natural skill and constancy of care of the *good enough mother*.
    a. Emphasizing the necessity of good environmental care for psychological and psychosomatic development, Winnicott describes the state of early psychological unintegration in the baby, requiring sensitive maternal care for the integration of the ego and establishment of psychosomatic existence, awareness of inside and out, leading to an awareness of self and other, and capacity to make object-relationships
2. The infant experiences an omnipotence: essential and ordinary in a child's development.
3. It provides sufficient security that after a while the infant is able to tolerate the inevitable failures of empathy that result in rage and terror when the holding is lost.
4. The phase of dependence as 'absolute', when infant has no concept of maternal care, 'relative', with some awareness on the infant's part, and 'towards independence', when infant has internalized memories/techniques of care, with projection of needs.
5. Infant enters world relying on mother to organize environment. She provides a holding environment: infant learns to tolerate frustration; understand the world by being held and contained by mother who helps organize and translate inner and outer world
    a. "Good-enough" mother [see K. Good Enough Mother] and holding environment depends on provision of safe, reliable, noncritical and accepting environment.
6. (Symbolic) Feeding, protection, holding, changing, gazing, vocalizing, naming of infant's experience comprise this environment.
    a. Healthy development predicated on attunement to infant's needs--period of primary maternal preoccupation (I have a need and it is met)
7. A traumatizing holding environment tends to be grossly unattuned to infant. Infant experiences environment as intense and impinging.

a. Infant begins to mold self to fit the environment often making it tricky to ascertain infant's distress ("pseudocompliance")

K. Good Enough Mother (Winnicott)

1. A mother whose conscious and unconscious physical and emotional attunement to her baby adapts to the baby appropriately as tbaby develops.
2. "The ordinary devoted mother and good-enough environment."
3. Has "primary maternal preoccupation," the psychobiological preparedness of a mother for motherhood; a special phase where mother can identify intimately and intuitively with the baby in providing body needs and emotional needs for the baby allowing integration of the mind-body and promoting ego development
4. Sensitive dosing of "failures"
5. "There is no such thing as a baby."

L. Impingement (Winnicott)

1. Anything in the infant's early development which disrupts the infant's sense of 'going-on-being'.
2. The good enough mother's ability to respond empathetically to her infant's ego needs is emphasized as crucial to the establishment of ongoing healthy development.
3. An impingement is anything that causes the infant to react to, rather than, spontaneously discover the environment.
4. As a discoverer the infant takes his environment at his own pace and own way, so the illusion that he is making his world is supported, and sense of himself as going-on-being is not impaired.
5. Faulty adaptation to the child induces an experience of impingement and threatens the sense of self which precipitates a withdrawal in an attempt to restore a sense of self. (Skelton, Burgoyne, Grostein, & Stein, eds., 2006, pp. 231-232)
6. Child does not feel safe in impinging environment and this prevents space for symbolization, play or fantasy
7. In the growth of the true self, the infant is dependent on his mother to shield him from impingements.

M. Basic Fault (Michael Balint)

1. "The basic fault"--a loss of innocence where infant prematurely loses sense of protection and solidity of feelings of goodness/reliability of their rships to objects
2. Preoedipal problem—profound rupture before the ego can manage it.
3. The structural deficiency in individuals who form certain kinds of object relations due to the person's challenge in coping with/adjusting to their psychobiological needs and the care provided by a faulty environment which was devoid of understanding.
4. Influences one's character structure and psychobiological disposition, which are only partially reversible.
    a. Require a "new beginning" in therapy
    b. Require an experience and not an explanation in therapy
    c. Require a benign regression and an appropriate human encounter

N. Interpersonal Stances (Horney)

1. Karen Horney's interpersonal model: Growth towards real self is blocked or distorted by factors in childhood. When child's needs are ignored, causes basic anxiety.
2. Deal w/basic anxiety by compliance, aggression or withdrawal
3. Safety is human's basic drive: basic drive isn't sexual but the need to be loved and accepted
4. Regain safety by interpersonal stances:
    a. Moving Toward --compulsive compliance: motivated by affection and approval; fear of helplessness, abandonment; high dependency. Self-effacing, lack of demands.
    b. Moving Against--compulsive aggression: motivated by power; achieve control over another; need to exploit other; need for social recognition/prestige/admiration qualities of manipulation; hostility. Façade of omnipotence; involved with people but keep people away.
    c. Moving Away--compulsive detachment: motivated by self sufficiency and independence; Isolated, restricted life; perfectionism. Feelings towards others are suppressed or denied.
5. Posits a developmental sequence that leads from interpersonal to intrapsychic patterns of defense. Children try to cope with feelings of weakness, inadequacy, and isolation by developing interpersonal strategies. They then must deal with the conflicts between these strategies by making one of them predominant and suppressing the others. The coherence thus achieved is too

loose, and the children need "a firmer and more comprehensive *integration*" (20).

6. The original defenses, moreover, do not fully satisfy their psychological needs and exacerbate their sense of weakness by alienating children from their real selves. As a further defense children or adolescents develop an idealized image of themselves, which is "a kind of artistic creation in which opposites appear reconciled" (Horney, 1945, p 104.)

O. Archetypes (Jung)

1. Allow for possibility of the representation of regularly occurring motifs, feelings, ideas, fantasies, delusions, images and modes of behaviors.
2. Includes inborn, innate predispositions to perception, emotion, behavior
    a. "In all of us there are certain fundamental psychic structures through which the primal self mediates its inner experiences and its earliest relationships; the interactions between the primal self and inner and outer experiences with their multitudinous imageries build up over time to make up the person who we are: a kind of inner and outer family." (Solomon, 1991)
    b. Analogous to unconscious phantasy and internalized objects in object relations theory. Unconscious phantasy: "…the mental expression of instincts" (Issacs, 1948)
3. Not accessible as a thing in itself but perceptible in ordering influence on human experience
4. Represent the accretion of endless repetitions of typical patterns of behavior (Jung, 1959/1968a, para. 99)
5. The universal occurrence not dependent on cultural transmission or experience but out of the structure of the psyche.
6. Individual variants—content—dependent on interaction with internal and environmental influences.
    a. "…it is not just one's personal mother or father about whom one has conflicts, it is the complex network of often culture-bound associations which center on the mother and father imagos…later called archetypes, which, in combination with personal experiences, produce psychic difficulties…(Solomon, 1991)."
    b. The Primordial Image
7. Specific archetypes—There are as many archetypes as there are typical human situations.
    a. Birth, death, rebirth, transformation, the child, the hero, God, the demon, the wise old man/woman, senex, puer, trickster, the great

mother, the healer, authority, autonomy, separation, individuation, the helpful animal, the tree of life

b. Major archetypes in shaping personality: the persona, shadow, anima/animus, the Self

c. Differentiated by their affective tone

8. Characteristics: "….characteristically numinous effect, so that the subject is gripped by it as though by an instinct. What is more, instinct itself can be restrained and even overcome by this power (para. 225)….they fascinate, actively oppose the conscious mind and "mold the destinies of individuals by unconsciously influencing their thinking, feeling and behavior" (Jung, 1956/1967, para. 467).
9. Possesses strong charge of libidinal energy that impels
10. Expressed in terms of images and themes
11. Related to the instincts
12. Bipolar—Janus faced—always presenting 2 faces

P. Culture

1. Societal conditions that influence how instincts are expressed (Freud)
2. A primary influence in one's life and socialization—it is what makes one human and characterizes their essential nature (Sullivan)
3. The socializing effects of culture may link people together and form a key component of their identities but it may also obscure the true nature of an individual and prevent one from achieving their true potential (Fromm)
4. Conditions that influence behavior, interpersonal events between people and is more influential than what occurs within a person. Highly significant for early Interpersonal analysts who regarded it as more prominent than instinctual drives
5. Cultural unconscious (Jung): The psychic space that exists between personal and archetypal (collective) levels. This psychic layer underpins the archetypal forms/predispositions and as the archetypal moves through the social, cultural and personal filter of the unconscious, it is filled out into an image or an idea that is culturally specific and emerges into the consciousness of a culture
    a. Less universal than collective
    b. Takes a specific form that is particular, unique and indicative for a given culture
    c. Cultural attitudes exist: The Social; The Religious; The Aesthetic; The Philosophical; and The Psychological Attitudes (Henderson, 1984)
6. Complexes from cultural unconscious: Cultural Complex—arise out of the cultural unconscious as it interacts with the personal and archetypal realms

and with outer, sociopolitical groups, culture and world. An "inner sociology." (Kimbles and Singer, 2004)

a. Like other complexes, it is an emotionally charged group of ideas and images, which has an archetype at the center. Out of this archetypal core, emotions and associations that take a specific form through a culture, its history, and its religion, are generated.
b. Based on repetitive, historical group experiences which have taken root in the cultural unconscious of the group. May be activated in the cultural unconscious and take hold of the collective psyche of the group and the individual and collective psyche of individual group members
c. When cultural complex is activated, the group ego or individual ego of a group member becomes identified with one part of the unconscious cultural complex while the other part is projected out onto the suitable hook of another group or one of its own group members
d. Provide a simplistic certainty about the group's place in the world
e. Express themselves in group life and are causal factors in group conflict
f. A concept that can help analyze inter & intra group conflicts as well as the dynamic process that connects ego and culture to the archetypal root

Q. Representation

1. A likeness or image that gives an impression of the original
2. Presumably there are no psychic representations at birth, but with experience and awareness of differences between inner and outer, self and nonself begin to register.
3. Memory traces of perceptions differentiating the self from the nonself are laid down, and with maturation and development, nuclei of these self and object representations are elaborated and may become available to consciousness.
4. Unstable at first, and the differentiation between self and object vanishes as satiation and sleep set in. When the baby awakens hungry and cries in distress, the early forms of self and object representation once more appear distinct and separate.
5. The stage of the need-satisfying object designates the developmental period when differentiation of self and object representations takes place in relation to need.
6. Become more complex and unique and continually cathected without regard to the state of need—the stage of object constancy.
7. All aspects of the psychophysiological self find representation and psychic representation of the self.

8. All aspects of objects, animate and inanimate, important to the individual find psychic representation as part of the person's *representational world*, and inner world of objects. (Moore & Fine, eds., 1990, p. 166)
9. An inner impressionistic image or imago of oneself (self-representation) or of others (object representations). Representation is not a memory; does not serve as a registration of a particular interactional event.
10. combines a wide variety of impressions of objects and the interactions one has had with those objects, colored by one's fantasies.
11. An internal image of one's own self that considers multiple aspects of the self and interaction with others. A mental representation is a theoretical construct that is inferred from the observable workings of an individual's mind. Mental representations are acquired through experience.
12. Self and object representations do not start out as separate entities because the mental distinction between self and non-self is initially blurred.
13. As infants interact with objects, good and bad internal objects (mental representations) are formed that correspond to their internal experience of the interactions they have with need-satisfying (part object) aspects of their objects.
14. As development progresses, the whole object becomes appreciated above and beyond its capacity to satisfied one's needs.
15. one has developed the capacity to maintain a stable object representation regardless of the state of one's needs (pressing or satiated). It is here that what has been referred to as (object constancy) is achieved.

R. Conflicts

1. "Conflicts are part of the human condition" (Hartmann, 1939, p. 12). Intrapsychic conflict is inevitable, universal, and one of the most important dynamic factors underlying human behavior. Outcome of intrapsychic conflict determines the basis of both symptoms and inhibitions of a wide variety of character traits, normal and abnormal. (Moore & Fine, eds., 1990, pp. 44-45)
2. Confronts the individual with the task of satisfying all of the experienced wishes, needs, restrictions, many in opposition.
    a. May occur between passive and active inclinations, by competing demands (i.e. sexual urges versus the demands of the strict superego). And attempt to resolve conflict often results in compromise formation.
    b. Refers to struggle among incompatible forces within the mind, *external conflict* is that between the individual and aspects of the outside world. (They often go together.)

3. Freud described conflict is between unconscious wishes and the conscious dictates of morality. Manifest in observable phenomena as symptoms, actions, and thoughts
    a. Present theory sees the formation of conflict in terms of a sequence: and instinctual wishes come into conflict with internal or external prohibitions; ego is threatened and produces signal anxiety; defenses are mobilized; and the conflict is resolved via compromise formations and symptoms, character changes, or adaptation
    b. Threatened emergence of contradictory memories, affects, drives, inner objects, creates conflict that gives rise to anxiety/other affects (sadness, anger, guilt, envy, etc.) that motivate defensive actions. "Signal anxiety" triggers defenses. Where there is a defense, there is a conflict.
4. A state of indecision, accompanied by inner tension. Conflict is a hallmark of neurosis, but conflict is not invariably neurotic. Conflict becomes neurotic when it interferes with the normal functioning of consciousness.
5. Jung's contribution to the psychology of conflict was his belief that it had a purpose in terms of the self-regulation of the psyche.
    a. If the tension between the opposites can be held in consciousness, then something will happen internally to resolve the conflict.
        i. Holding the tension between opposites requires patience and a strong ego, otherwise a decision will be made out of desperation. Then the opposite will be constellated even more strongly and the conflict will continue with renewed force.
        ii. Jung's basic hypothesis in working with neurotic conflict was that separate personalities in oneself-complexes-were involved. As long as these are not made conscious they are acted out externally, through projection. Conflicts with others are essentially externalizations of an unconscious conflict within oneself. (Sharp, 1991)
    b. The solution appears as a new attitude toward oneself and outer situation, with a sense of peace; energy previously locked up in indecision is released and progression of libido becomes possible. Jung called this the transcendent function, because what happens transcends the opposites
        i. The apparently unendurable conflict is proof of the rightness of your life. A life without inner contradiction is either only half a life or else a life in the Beyond, which is destined only for angels. But God loves human beings more than the angels.[C.G. Jung Letters, vol. 1, p. 375.]
        ii. The self is made manifest in the opposites and in the conflict between them; it is a coincidentia oppositorum [coincidence of

opposites]. Hence the way to the self begins with conflict.["Individual Dream Symbolism in Relation to Alchemy," CW 12, par. 259.]

iii. The objection [may be] advanced that many conflicts are intrinsically insoluble. People sometimes take this view because they think only of external solutions-which at bottom are not solutions at all. . . . A real solution comes only from within, and then only because the patient has been brought to a different attitude.["Some Crucial Points in Psychoanalysis," CW 4, par. 606.]

6. Humans have needs, wishes, feelings, desires that are incompatible; in opposition to one another.
    a. Relevance of manifest vs latent content and importance of assessing this dimension. The manifest content is apparent from complaints, sxs., and may appear to be “the problem” but may not be or may be the simpler issue. “The latent” is “the other side”
    b. Underscores the complexity of meaningful issues in our lives
7. Conflicts are conceptualized as struggles btw parts of the psyche or a clash btw impulse and defense; a clash btw opposing pairs of internal object relations units (the good mom vs bad mom)
8. Ambivalence
    a. The simultaneous presence of conflicting feelings and tendencies with respect to an object
    b. A pair of opposed impulses of the same intensity
    c. Classic example: love and hate

S. Complexes

1. Feeling-toned complexes—basic functional units of psyche
    a. "Feeling-toned ideas" that over the years accumulate around certain archetypes, for instance "mother" and "father." When constellated, they are invariably accompanied by affect. They are always relatively autonomous.
    b. Complexes interfere with the intentions of the will and disturb the conscious performance; they produce disturbances of memory and blockages in the flow of associations; they appear and disappear according to their own laws; they can temporarily obsess consciousness, or influence speech and action in an unconscious way. In a word, complexes behave like independent beings.["Psychological Factors in Human Behaviour," ibid., par. 253.]

c. Complex is an "affect-image" –A unity of dynamic energy from instinct/soma (affect) in the form of a mental representation available to consciousness (image)

i. The image of a personified affect" (Jung, 1926, para 628)

ii. A complex is the image of a certain psychic situation which is strongly accentuated emotionally and is, moreover, incompatible with the habitual attitude of consciousness.["A Review of the Complex Theory," CW 8, par. 201.]

2. Humans have a tendency to have related/associated ideas, images, memories, thoughts, inner material to associate together around certain nuclei: affectively toned ideas associate, gather, aggregate—"constellate"—together. Associations cluster around common themes, with common motifs and images

a. Comprised of personal shell (individual story and unique, personal meaning) and impersonal, archetypal core (universal, typical, archaic quality)

3. Emerge from 2 levels: personal and collective unconscious

a. Through his Word Association experiments, Jung noted the tendency to associate ideas around basic nuclei; he named these affectively toned associated ideas complexes. The nucleus has an energic value--serves as a psychological magnet by attracting ideas in proportion to its energy.

b. Etiology of a complex usually associated with an emotional shock that splits the psyche into compartments.

i. Complexes are in fact "splinter psyches." The aetiology of their origin is frequently a so-called trauma, an emotional shock or some such thing, that splits off a bit of the psyche. Certainly one of the commonest causes is a moral conflict, which ultimately derives from the apparent impossibility of affirming the whole of one's nature.["A Review of the Complex Theory," ibid., par. 204.]

4. Behaves like personality fragments with a consciousness of their own. Autonomous and the ideas, images, affects move in and out of consciousness on its own

5. Complexes in themselves are not negative; only their effects often are. In the same way that atoms and molecules are the invisible components of physical objects, complexes are the building blocks of the psyche and the source of all human emotions.

a. Complexes are focal or nodal points of psychic life which we would not wish to do without; indeed, they should not be missing, for otherwise psychic activity would come to a fatal standstill.["A Psychological Theory of Types," CW 6, par. 925.]

b. Complexes obviously represent a kind of inferiority in the broadest sense . . . [but] to have complexes does not necessarily indicate inferiority. It

only means that something discordant, unassimilated, and antagonistic exists, perhaps as an obstacle, but also as an incentive to greater effort, and so, perhaps, to new possibilities of achievement.[Ibid., par. 925.]

c. Some degree of one-sidedness is unavoidable, and, in the same measure, complexes are unavoidable too.["Psychological Factors in Human Behaviour," CW 8, par. 255.]

d. The possession of complexes does not in itself signify neurosis . . . and the fact that they are painful is no proof of pathological disturbance. Suffering is not an illness; it is the normal counterpole to happiness. A complex becomes pathological only when we think we have not got it.["Psychotherapy and a Philosophy of Life," CW 16, par. 179.]

e. [A complex] is the image of a certain psychic situation which is strongly accentuated emotionally and is, moreover, incompatible with the habitual attitude of consciousness.["A Review of the Complex Theory," CW 8, par. 201.]

f. The via regia to the unconscious . . . is not the dream, as [Freud] thought, but the complex, which is the architect of dreams and of symptoms. Nor is this via so very "royal," either, since the way pointed out by the complex is more like a rough and uncommonly devious footpath.[Ibid., par. 210.

g. Complexes interfere with the intentions of the will and disturb the conscious performance; they produce disturbances of memory and blockages in the flow of associations; they appear and disappear according to their own laws; they can temporarily obsess consciousness, or influence speech and action in an unconscious way. In a word, complexes behave like independent beings.["Psychological Factors in Human Behaviour," ibid., par. 253.]

h. Everyone knows nowadays that people "have complexes." What is not so well known, though far more important theoretically, is that complexes can have us.[Ibid., par. 200.]!

6. How Complexes Get Set Up (Irvine, 1999)

a. Psyche tends to fragment in face of unbearable pain. Pain gets split off and lives life of own in the form of a complex.

b. The parent's unconscious influences the child's unconscious.

c. Consciousness is dissociable and streams of memory reside, in non-verbal form, within the complex.

d. Ego becomes impoverished by lack of attributes and deficits emerge in form of complex—a part gets activated in another only if the complex is touched.

e. Reactionary stance (against significant object). Part of the psyche is kept in the dark. "I'll never do that."

f. An unspeakable trauma has occurred—the complex is the unconscious working out of the trauma.

g. Child's ego, in cases of trauma, gets overwhelmed and there is no adult to translate the experience. The ego needs parent to mediate crisis but the parent can not and material falls into the unconscious. Child is left to work on life problem by him/herself. Event often feels unresolvable—becomes a self defining event that is not worked through and manifests as a complex.

7. Eleven Characteristics of Complexes (Irvine, 1999)

   a. Coherence—gathered around central theme

   b. Autonomy—ego isn't in charge—has life of its own

   c. Affect—strong characteristic

   d. Energy—Akin to snowball rolling down hill—they fatten

   e. Personification—Seen in dreams, tone of voice, facial expressions, demeanor, posture, watching someone turn into a different person. Internally: experience of being possessed or taken over

   f. Touchy; Reactive—a little bit of the stimulus sets it off

   g. Seeks Expression—Its in the unconscious, wants to get out and do its thing

   h. Resists Change

   i. Repetitive—(see Repetition Compulsion)

   j. Inductive—Exerts a magnetic pull with the other catching the complementary pole (e.g. Pt: abandonment complex; You: rejecting); keeps making layers of history, projective identification

   k. Absence of Empathy—Can't be empathic to others or other ways of looking at things—absolute—only one way of seeing things, there's no interpreting other.

T. Oedipal Complex: Classical and Modern Views

Classical View

1. An aggregate of mental processes that develop from the child's sexual wishes toward the parent of the opposite sex. There are associated conflictual feelings toward the parent of the same sex as both rival for the love of the incestuous object. This conflict is resolved during identification with the same-sex parent. (The "negative" Oedipus complex involves an identification with the parent of the opposite sex in order to receive the love of the parent of the same sex.) (Person, Cooper, & Gabbard, eds., 2005, p. 547)

2. A characteristic constellation (in both sexes) of instinctual drives, aims, object relations, fears, and identifications, universally manifest at the height of the phallic phase (2 1/2 to 6 years), but persisting as an unconscious organizer throughout life.
3. During the phallic period the child strives for sexual union (conceived according to the child's cognitive capacities) with the parent of the opposite sex and wishes for the death or disappearance of the parent of the same sex. Because of the child's inherent ambivalence and need for protection, there coexists with these positive Oedipal strivings the so-called *negative Oedipus complex*; that is, the child also wishes to unite sexually with the parent of the same sex and finds him/herself engaged for the latter's affections in a rivalry with the parent of the opposite sex.
    a. The *Oedipal phase* is considered by some authors to be identical with the phallic phase of development (2 1/2 to 6 years),
4. Typically, the *positive Oedipus complex* holds sway over the negative in organizing the heterosexual orientation and identity of the well-adapted adult. However, at the unconscious level, the girl's tie to her mother, as well as the boys wish to surrender to his father in the hope of passively receiving masculinity, everlasting love, and protection, continue to exert profound influences on psychological life and later object choice.
5. In addition, it must be noted that the individual's Oedipal organization is subject to modification throughout the lifecycle, especially during adolescence.
6. *Oedipal conflict* applies to various conflicts characteristic of the complex.
7. *Oedipal triumph* occurs when the child has gained the major portion of love and attention from the parent of the opposite sex.
    a. the mother may be the aggressive member of the family and adore her son, while demonstrating contempt for the masculinity of her husband. Another circumstance leading to the Oedipal triumph is the death of the parent of the same-sex during the person's childhood.
8. *Oedipal situation* refers to conglomerate of the phase, conflict, and complex; specific for the psychic development of a particular person as evidenced in the family romance. Refers to a current life situation or event that reawakens fantasies, feelings, and behavior derived from the Oedipal phase
9. The most salient expressions of resolution of Oedipal conflict include inability to find a love object outside the family and inability to combine sexual desire and love.(Skelton, Burgoyne, Grostein, & Stein, eds., 2006, p. 339
10. Freud outlined the emotional complexities faced by the young child in continuing (separation-individuation) into the arena of triadic family Rships.

a. specified process through which abolition or destruction of oedipal attitudes is optimally accomplished (Dissolution of the Oedipal Complex, 1924).

b. "relinquishment of oedipal cathexes" "substitution by identification" with parental authority. (formation of superego). transformations (via sublimations) or oedipal strivings into tenderness and mutuality. If conflictual strivings are too intense, oedipal issues may undergo repression in various defensive forms.

c. arrest occurs at phase of experiencing parricidal and incestual oedipal relations.

Modern views of Oedipal complex:

11. Assuming responsibility for one's life and conduct (separation-individuation task) is psychically equivalent to murdering one's parents (renounce their authority, usurp their power, competence and responsibility and taking it unto the self).
12. Parricidal crime: violation of the nurturing pre-oedipal bond btw parent and child, guilt of the attainment of independent selfhood.
13. Bearing of oedipal guilt with help of holding environment avoids repression or punishment. Gradually self and object constancy are achieved; this represents a reconciliation of the conflictual strivings for loving merger with parent and simultaneous push toward emancipation and self-responsibility. (Loewald 1979)

U. Mother Complex (Jacoby, 1999) and Father Complex

1. Positive or Negative Mother Complex: "Do I have predominantly good or aversive feelings, love or hate, towards my mother; or towards the motherly aspects of women in general; or towards the realm of the feminine…"(Jacoby, 1999)
2. Positive mother complex: can result in indissoluble attachment to mother, ego weakness, lack of autonomy
    a. Longings for the positive maternal may be malignant regression where therapist is expected to magically eliminate all pain and be responsible for regulating patient
    b. Longings for the positive maternal may be benign regression where new beginning is sought via the positive maternal for the service of individuation
    c. When positive maternal can be easily awakened, less early traumatization—more basic misattunements and aversive affects less dominant

3. Negative mother complex: can result in withdrawal, thick walls of defense, splitting off of attachment needs; interpersonal isolation yet protection from injuries (strong defensive system)
    a. Hate, envy, fear, shame, guilt overshadow good feelings and poison longings for closeness, mutuality
4. Related to being traumatically rejected, violated, shamed or misused
5. Frequently found in infants whose attachment/affiliation and sensual/sexual motivational needs have been traumatized
6. The positive and negative father complex
    a. Reactions generally extend beyond personal father into any authorities
    b. Positive father complex: can result in sense of inner emptiness, inability to commit (to person, cause); transpersonal concerns can not be incarnated
        i. Father is often absent
        ii. Unconscious yearning for father in the form of a father figure, set of values, spiritual orientation, reality testing, personal meaning
    c. Negative father complex: can result in interpreting all actions in negative terms, with no room for good feelings, imagined in negative interaction pattern, overly sensitive and irritable
        i. Father may not be able to bear child's self-assertion and limits child's expression. Child can begin to feel hatred and anger….can be defense against feeling small, devalued or annihilated by father

V. Organizing Principle

1. Recurrent dynamics that become patterns of intersubjective transaction btw child and caregiver that lead to the development of ordering principles that pattern subsequent experiences
2. Psychoanalytic therapy investigates and illuminates pre-established organizing principles and establish alternative ones.

W. Repetition Compulsion

1. The compulsion to repeat distressing, painful, situations during the course of their lives without recognizing their own participation in bringing about such incidents or the relationship of current situations to past experiences.
2. Persons with recurrent but usually similar life tragedies are said to be suffering from *fate neurosis* or the repetition compulsion.

3. The repetition compulsion, in contrast to other psychological phenomena is uninfluenced by the pleasure-unpleasure principle.
    a. "Beyond the Pleasure Principle"
    b. used this characteristic as a means of differentiating mental operations that are more primitive
4. Used to develop theory of life and death instincts. regarded as an expression of the Nirvana principle, and derivative of the aggressive (death) instinct, the return to an inorganic state.
5. First mention of the compulsion to repeat drew attention to the patient's repetition, in their relationship to the doctor, of behavior and attitudes characteristic of earlier experiences.
    a. recognized that repetition in action is a way of remembering, substituting for verbal recollection of forgotten memories. Transference is a repetition.
    b. not confined to the treatment situation; occurs in normal activities and relationships
    c. repetition is characteristic of many phenomena and processes of life, biological and psychological, not all of which are determined by the repetition compulsion.
6. In the motor and mental development of the child as part of the learning process, in attempts to avoid the new, in response to the same stimuli when the result is pleasurable, and when the intended actions have not been completed.
7. Loewald (1971) distinguishes between the relatively passive or automatic repetitions and active repeating. Infantile unconscious prototypical experiences are passively reproduced in neuroses, while revival of the infantile neurosis and analysis is an active re-creation on a higher organizing level which makes resolution of conflict possible. (Moore & Fine, eds., 1990, pp.165-166)

X. Internal Working Models (Bowlby) Representations of Interactions that have been Generalized (RIGs--Stern)

1. Internalized patterns, related to experiences of self/other that form the basis of forms of relating, personality, behavioral and affective experiencing. Influenced by the "organizing principles."
2. Cognitive-affective-motivational schemata built from one's experience in his/her interpersonal world.
3. Preverbal infant experiences varying interpersonal interactions. They're averaged and represented preverbally—Representations of Interactions that have been Generalized (RIGs)

a. Stern suggests that infants ability to form RIGs occurs earlier for experiences which are more familiar and important, as are interactive, interpersonal experiences

b. RIGs constitute a basic unit for representation of core self—direct impress of multiple realities experienced and the integration of all their actional, perceptual, affective atttributes—creates "islands of consistency" in self

   i. Episodic memory may be key factor in integrating agency, coherence, affectivity and continuity in infancy—refers to memory for real-life experiences happening in real time. Form of memory that includes actions, perceptions and affects. Each episode is made of all these attributes

   ii. Episodes and experiences may recur many times and become a generalized episode—it is not a specific memory. Contains multiple, specific memories---similar to an abstract representation.

Y. Affect

1. Freud in his Introductory Lectures on Psychoanalysis:

   a. 'It is in any case something highly composite. And affect includes in the first place particular motor innervations or discharges and secondly certain feelings; the latter are two kinds—perceptions of the motor action that have occurred and the direct feelings of pleasure and unpleasure which, as we say, give the affect its keynote. But I do not think that with this enumeration we have arrived at the essence of an affect. We seem to see deeper in the case of some affects and to recognize that the core which holds the combination we have described together is the repetition of some particular significant experience. This experience could be a very early impression of a very general nature, placed in the prehistory not of the individual but of the species.' (Lecture XXV)

2. Complex psychophysiological states that include a subjective experience, cognitive and physiological components. Distinctions drawn between *feelings*, *emotions*, and *affects*.

   a. *Feelings* refer to the central, subjectively experienced state (which may be blocked from consciousness);

   b. *Emotions*, to the outwardly observable manifestations of feelings

   c. *Affects*, to all the related phenomena, some unconscious. The terms are often used interchangeably, to refer to a range from primitive to complex, cognitively differentiated psychic states.

   d. *Mood*: A relatively stable and long-lasting affective state, evoked and perpetuated by the continuing influence of unconscious fantasy.

3. Silvan Tomkins': Affect Theory : biological portion of emotion. Hard-wired, preprogrammed, genetically transmitted mechanisms when triggered, precipitate a pattern of biological events," In adults, the affective experience is both the innate mechanism and a "complex matrix of nested and interacting ideo-affective formations."
    a. there are nine affects, biologically based; clear, somatic features which he always described in pairs: The first part of the pair is the milder version; the second part is the more intense version,
    b. The basic six: interest-excitement, enjoyment-joy, surprise-startle, distress-anguish, anger-rage, and fear-terror. One that "evolved later" (shame-humiliation). The final two affects described by Tomkins are "dissmell" and disgust.
        i. these nine affects are discrete (emotions are complex) and do not imply connection with an object
4. Affects: Refer to 3 levels of conceptualization:
    a. clinical manifestations: the reported feeling state
    b. neurobiological concomitants include hormonal, secretory, vegetative, and/or somatic phenomena; and
    c. a meta-psychological concept related to psychic energy that arises from fixed, genetically endowed, physiological response patterns.
5. 9 such patterns (surprise, interest, joy, distress, anger, fear, shame, contempt, and disgust) are universal, prominent, and readily identifiable during the 1st year of life--although this is controversial.
6. The initial biological response quickly becomes linked to encoded memory traces, so that familiar perceptual patterns mobilize the appropriate affective response in anticipation of what the infant has come to expect by association.
7. Since these associations frequently involve libidinal and aggressive objects and are experienced as related to the self, affects are usually intimately linked to object representations, self representations and fantasies related to drive states.
8. Affect is invariably a sign that a complex has been activated.
    a. Affects occur usually where adaptation is weakest, and at the same time they reveal the reason for its weakness, namely a certain degree of inferiority and the existence of a lower level of personality. On this lower level with its uncontrolled or scarcely controlled emotions one . . . [is] singularly incapable of moral judgment.["The Shadow," Aion, CW 9ii, par. 15.] (Sharp, 1991)
9. The physiological component is mediated through the autonomic nervous system (blushing, sweating, crying, increased peristalsis, rapid pulse are all possible physiological responses) and the voluntary nervous system (changes in

posture, facial expressions, tone of voice). The factors determining the strength and composition of the physiological component of a specific affective state are not clear.

10. Affects have an adaptive function in alerting and preparing for response to his or her external and internal environment.
11. Are for communicating internal states to others and evoking responses from caretakers and other important individuals.
12. Perceptions related to istimuli and their intra-psychic representations (evaluated, integrated, and responded to along the lines of past experience) determine the nature of it feeling state.
13. Freud underrated the communicative aspect of affect. Under certain conditions affects can be perceived, for example in projective identification, and felt by other people and as a result produce identical or complementary reactions in them.
    a. An indicator of the efficacy of psychotherapeutic treatments can be found in the different way successful therapist react to the, often unconscious, affective enticements of patients. Whilst laymen may endorse and exacerbate existing problematic relationship patterns by reciprocal behavior, for example by responding with anger to an angry patient, professional therapist attempt to abstain from emotional reactions to the material brought by their patients. If they do react it may be in a complementary manner, for instance by being curious about a patient's expression of disgust.(Skelton, Burgoyne, Grostein, & Stein, eds., 2006, pp. 8-10)
14. Affect (not conflict or drive) is central organizing principle of psyche (Jung)
    a. Affect lends an experience a particular feeling-tone that links discrepant pieces of the experience together (thoughts, memories, sensations, images)
    b. "The essential basis of our personality is affectivity. Thought and action are, as it were, only symptoms of affectivity." (Jung, CW 3, para 78)
    c. Event's meaning must be understood by affective dimension
    d. Emotions are autonomous, not part of the ego. Ego receives (not generates) emotions
    e. Emotions part of unconscious, non-ego and aligned with complexes; feelings--part of consciousness
15. "Archetypal Affective System" (Stewart, 1987): "An inherited regulatory system…functions as an unconscious energic, orienting and apprehension-response system which has evolved to replace an earlier system of programmed instinct."

a. Seven archetypal affects. Each constellated by particular stimuli/life experience and have corresponding image (Stewart, 1987):
    i. Joy-Ecstasy (Stimuli: The Familiar/Image: Illumination)
    ii. Interest-Excitement (Stimuli: The Novel/Image: Insight)
    iii. Fear-Terror (Stimuli: The Unknown/Image: Abyss)
    iv. Sadness-Anguish (Stimuli: Loss/Image: The Void)
    v. Anger-Rage (Stimuli: Restriction of Freedom/Image: Chaos)
    vi. Contempt-Disgust/Shame-Humiliation (Stimuli: Rejection/Image: Alienation)
    vii. Surprise-Startle (Stimuli: The Unexpected/Image: Disorientation)
b. Archetypal affective system is innate, autonomous, manifested in facial expressions and body movements. Appear in infancy as, "eruptions of primal energy of high intensity" and are modulated by adulthood and transformed into feelings and emotionally toned complexes.
c. Original mode of expression can recur at any time given circumstances
d. Archetypal affects: found in infancy and regressed adult states
    i. Undifferentiated, bipolar, intense
    ii. Can be personified by secondary personality states; internal voices; internal images; dream figures
    iii. Psyche exists between 2 opposites. Psyche combines instinct/affect and spirit into symbolic process that creates 3rd component: unconscious fantasies that generate meaning

16. Vitality Affects (Stern)—Describe qualities of feelings that do not fit into existing taxonomy of affects—better described in dynamic or kinetic terms. Salient forms of feeling that are involved in all vital processes of life (e.g. surging, fading away, explosive, bursting, rush)
    a. Each vitality affect has activation (amt of intensity or urgency of feeling quality) and hedonic tone (degree feeling quality is pleasurable or unpleasurable)
    b. Do not fit into standard descriptions of affects—may occur in the presence OR absence of a standard categorical affect
    c. Activation contours (the underlying features of vitality affects) are applicable to any behavior or sentience and are amodal—permit intermodal correspondance. Very diverse experiences, sensations, perceptions can be linked together as long as they share the quality of feeling known as a vitality affect. Creates organization to experience.
    d. abstract dance/music: type of vitality affect—express a way of feeling, not specific content of feeling

i. manner in which parent's action expresses vitality affect whether act is a categorical affect or formal act is salient

Z. Self-Regulation; Interactive Regulation

1. A concept based on the compensatory relationship between consciousness and the unconscious.
2. Consciousness and the unconscious seldom agree as to their contents and their tendencies. The self-regulating activities of the psyche, manifest in dreams, fantasies and synchronistic experiences, attempt to correct imbalance. According to Jung, this is necessary for several reasons:
    a. Consciousness possesses a threshold intensity, which its contents must have attained, so that all elements that are too weak remain in the unconscious.
    b. Consciousness, because of its directed functions, exercises an inhibition (which Freud calls censorship) on all incompatible material, so it sinks into the unconscious.
    c. Consciousness constitutes the process of adaptation, whereas the unconscious contains all the forgotten material of the individual's own past, but all the inherited behaviour traces constituting the structure of the mind [i.e., archetypes].
    d. The unconscious contains all the fantasy combinations which have not yet attained the threshold intensity, but which in the course of time and under suitable conditions will enter the light of consciousness.["The Transcendent Function," CW 8, par. 132. (Sharp, 1991)
3. The self-regulating properties/qualities/functions of the psyche
    a. Adaptation. Progression of libido.
    b. Regression of energy (depression, lack of disposable energy).
    c. Activation of unconscious contents (fantasies, complexes, archetypal images, inferior function, opposite attitude, shadow, anima/animus, etc.). Compensation.
    d. Symptoms of neurosis (confusion, fear, anxiety, guilt, moods, extreme affect, etc.).
    e. Unconscious or half-conscious conflict between ego and contents activated in the unconscious. Inner tension. Defensive reactions.
    f. Activation of the transcendent function
    g. Formation of symbols (numinosity, synchronicity).
    h. Transfer of energy between unconscious contents and consciousness. Enlargement of the ego, progression of energy.

i. Assimilation of unconscious contents. Individuation.

j. The psyche does not merely react, it gives its own specific answer to the influences at work upon it.[Some Crucial Points in Psychoanalysis," CW 4, par. 665.]

4. Self-and mutual regulations: interaction patterns that underlie the organization of experience in infancy and subsequent development.
5. In infants, self-regulation refers to the capacity to regulate arousal; to activate arousal to maintain alertness and engagement with the world, and to dampen arousal in the face of overstimulation; and, to calm or soothe oneself or to put oneself to sleep.
    a. Self-touching, looking away, and restricting the range of facial expressiveness are examples of infant self-regulation strategies during face-to-face play.
    b. In adults, self-regulation include symbolic elaborations, fantasies, identifications, and defenses. In infancy as well as adulthood, self-regulation is a critical component of the capacity to pay attention and to engage with the partner.
6. Mutual regulation means each partner's behavior affects/can be predicted by the other. Beebe and Lachmann prefer 'interactive regulation' since it is less likely to imply a desirable interaction. The process of self-an interactive regulations are basic to therapeutic and developmental transformations.(Skelton, Burgoyne, Grostein, & Stein, eds., 2006, p. 424)
    a. Refers to the interaction patterns that underlie the organization of experience in infancy and future development. Includes capacity to regulate arousal

AA. Alpha and Beta Elements/Function (Bion)

1. Alpha
    a. Experience is generated from raw sense data. Describes the conversion of raw sense data into meaningful, integrated experiences.
    b. the process of taking raw sense data and generating out its mental contents that have meaning and used for thinking
2. Beta
    a. The "undigested" sense elements that exist due to the failure of the alpha function. causes accumulation of beta elements: raw, unintegrated, unmentalized elements that can not be thought about

BB. Defense

1. Any unconscious mental operation aimed at avoiding anxiety (Person, Cooper, & Gabbard, eds., 2005, p. 550)

2. A general term describing the ego's active struggle to protect against dangers
3. Ego Psychology: Defenses are unconscious psychological devices employed by the patient when jeopardized by emergence into consciousness of repressed drives derivatives (fantasies, wishes, ideas, affects), repressed memories and their associated affects, or confrontation with intolerable aspects of reality.
4. They protect the ego from being overwhelmed and traumatized by intense affects; pressing drives; superego demands; unbearable reality; or psychic conflict.
5. Drive derivatives, memories, or realities that have been repressed but threatened to become conscious give rise to signal affects (anxiety, guilt, shame, etc.
    a. These signal affects set defenses in motion that reinforce repression and quell the unpleasurable signal affects. (Skelton, Burgoyne, Grostein, & Stein, eds., 2006, pp. 107-108
6. Operations initiated by the ego that aim to protect an individual's integrity and which operate to reduce anxiety.

CC. Defense Mechanisms

1. An unconscious mental operation, created by the ego, to manage anxiety (created by the conflicting demands)
2. can be adaptive and enable one to cope and range in terms of their "healthiness" or "unhealthiness"
3. Excessive use of defense mechanisms is generally a sign of pathology, leads to anxiety and other symptoms.
4. Anna Freud proposed classic defense mechanisms and many have been added since her original formulation
5. Specific Defense Mechanisms: Common "classic" defense mechanisms enumerated include:
    a. Denial: Works to block one from seeing something has occurred—prevents one from facing reality or admitting an obvious truth.
    b. Repression: Works to keep information out of conscious awareness (but remains in the unconscious) and influences our behavior
    c. Displacement: Works by expressing feelings, psychic material onto individuals who are less threatening.
    d. Sublimation: Works by allowing us to express unacceptable impulses into a form of behavior that is more acceptable
    e. Projection: Works by expressing qualities, feelings, and traits within yourself onto others thereby allowing you to express the impulse but not feel the anxiety.

f. Intellectualization: Works by processing material in a distant, intellectual, factual way and avoid thinking about the emotional and stressful components.

g. Rationalization: Works by explaining an unacceptable behavior or feeling in a rational and logical way that avoids the true explanation.

h. Regression: Works by reverting to earlier phases of development and acting in ways specific to that phase.

i. Reaction Formation: Works by unconsciously developing attitudes and behavior that are opposite of one's feelings, impulses and desires which serves to conceal one's true feelings/drives.

j. Idealization/Devaluation: Works by splitting something one is ambivalent about into two representations—"all good" or "all bad."

k. Acting out: Works by engaging in actions rather than reflecting on inner material.

l. Altruism: Works by satisfying inner needs by helping others.

m. Avoidance: Works by refusing to deal with unpleasant situation.

n. Isolation: Works by separating memories of a behavior, or unacceptable event from the emotion originally associated with it.

o. Dissociation: Works by cordoning off traumatic material and putting it into a separate psychic state, within the personality, that can not be acknowledged or registered within the individual.

p. Compensation: Works by exaggerating one aspect over another that is felt to be unacceptable.

q. Humor: Works by substituting humorous feelings/reactions over other types of feelings and behaviors.

r. Splitting: Works by separating positive feelings/perceptions and behaviors towards self/others from negative feelings/perceptions and behaviors so that the self or other is seen as "all good" or "all bad."

s. Undoing: Works by dealing with unacceptable psychic material through substituting opposite psychic material and thereby disguising what is true.

t. Turning Against the Self: Works by placing an aggressive impulse towards another onto one's self.

u. Identification with the Aggressor: Works by aligning one's self with an aggressive object rather than experience being the object of aggression.

v. Autistic: Manifestations of the "body ego" that operate as sensations which the individual is separate from and which devitalize him/her from the outer world. Self-induced sensuality and excessive focus on body/rhythms.

w. Tustin: Autistic objects; Encapsulation; Meltzer: Dismantling; Fraiberg: Avoidance and freezing

x. Manic: Adopting a triumphant and scornful attitude towards psychic reality—a way to avoid depression. Especially a way to downplay the importance of the object/the other in life. Typified by an attitude of control, triumph, and contempt over others. (Melanie Klein)

y. Multiple other important defenses that can appear as normal human behaviors exist. Defensive element lies in their inflexibility; pervasiveness (i.e. Sameness; self-sufficiency; self-absorbtion; inaccessibility….)

DD. Transference

1. Any response to therapist (i.e. thoughts, feelings, images, longings, desires, wishes, conflicts)
    a. The uncon repetition in a current rship of patterns of thoughts, feelings, beliefs, expectations, responses and forms of relatedness
    b. Patterns emerge from important early rships, object relations, developmental difficulties, ip relations and trauma
    c. Responses to therapist's manifest presentation (i.e. gender, age, appearance, attractiveness, reputation, stereotypes, "specialty," area of research/interest, status, office, etc.)
    d. Response to therapeutic process (i.e. therapeutic stance, therapist's style/knowledge/abilities/experience, the therapeutic process, fees, therapeutic frame)
2. A particular case of projection, describes the unconscious, emotional bond btw patient and analyst.
    a. Unconscious contents are invariably projected at first upon concrete persons and situations. Many projections can ultimately be integrated back into the individual once he has recognized their subjective origin; others resist integration, and although they may be detached from their original objects, they thereupon transfer themselves to the doctor. Among these contents the relation to the parent of opposite sex plays an important part, i.e., the relation of son to mother, daughter to father, and also that of brother to sister.["The Psychology of the Transference," CW 16, par. 357.]
    b. Once the projections are recognized as such, the particular form of rapport known as the transference is at an end, and the problem of individual relationship begins.["The Therapeutic Value of Abreaction," ibid., par. 287.)

3. An automatic, unconscious repetition—different from *therapeutic* or *working alliance*, which is a conscious aspect of the relationship between analyst and patient.(Moore & Fine, eds., 1990, pp. 196-197)
4. Jung: Attributing subjective unconscious emotions, ideas, and motivations; sometimes the total analytic relationship via projection onto the analyst
    a. Jung first recognized the multilayered and far-reaching nature of projection. Jung realized that transferences are packed with vitalizing affect and images that hint at unrealized growth.
    b. Whatever is unconscious in the analysand and needed for healthy functioning is projected onto the analyst. Includes images of wholeness. The analyst takes on the stature of a mana-personality. The task is to understand such images on the subjective level, and constellate the patient's inner analyst.
    c. Analyzing the transference was extremely important to return projected contents necessary for individuation of the analysand. After projections have been withdrawn there remains a strong connection because of an instinctive factor that has few outlets in society: kinship libido.
        i. Everyone is now a stranger among strangers. Kinship libido-which could still engender a satisfying feeling of belonging together, as for instance in the early Christian communities-has long been deprived of its object. But, being an instinct, it is not to be satisfied by any mere substitute such as a creed, party, nation, or state. It wants the human connection. That is the core of the whole transference phenomenon, and it is impossible to argue it away, because relationship to the self is at once relationship to our fellow man, and no one can be related to the latter until he is related to himself.["The Psychology of the Transference," CW 16, par. 445.](Sharp, 1999]
    d. Interpreting transference only in terms of the personal past misses its most important function. Jungians ask, 'To what end?' as well as, 'From where?'
        i. Did not regard the transference merely as a projection of infantile-erotic fantasies.
    e. An exclusively sexual interpretation of dreams and fantasies is a shocking violation of the patient's psychological material: infantile-sexual fantasy is by no means the whole story, since the material also contains a creative element, the purpose of which is to shape a way out of the neurosis.["The Therapeutic Value of Abreaction," CW 16, par. 277.]
        i. Made contradictory statements about the therapeutic importance of the transference:

ii. The transference phenomenon is an inevitable feature of every thorough analysis, for it is imperative that the doctor should get into the closest possible touch with the patient's line of psychological development.[Ibid., par. 283.]

iii. We do not work with the "transference to the analyst," but against it and in spite of it.["Some Crucial Points in Psychoanalysis," CW 4, par. 601.]

iv. Medical treatment of the transference gives the patient a priceless opportunity to withdraw his projections, to make good his losses, and to integrate his personality.["The Psychology of the Transference," CW 16, par. 420.]

v. He did not doubt its significance when it was present.

vi. The suitably trained analyst mediates the transcendent function for the patient, i.e., helps him to bring conscious and unconscious together and so arrive at a new attitude. . . . The patient clings by means of the transference to the person who seems to promise him a renewal of attitude; through it he seeks this change, which is vital to him, even though he may not be conscious of doing so. For the patient, therefore, the analyst has the character of an indispensable figure absolutely necessary for life.["The Transcendent Function," CW 8, par. 146.]

5. Relationism: originally a reliving of infantile experience, the concept is broadened to include all feelings, fantasies, attitudes, perceptions, defensive operations and expectancies toward a person in the present which do not entirely fit that person. A repetition of reactions originating with significant caretakers, unconsciously lived-out with figures of the present.
6. The psychoanalytic situation is an ideal laboratory or playground to seek repetition and reliving.
    a. The analyst's relative reserve and ambiguity encourages the emergence of all aspects of the patient's subjectivity, including the unconscious wish to repeat and to relive the essential aspects of internalized relational configurations.
    b. This has expanded the field of analytic inquiry to understanding the patient through examination of dyadic interaction, the transference-countertransference matrix, beyond examination of the patient *in vacuo*.
    c. Because of the affective immediacy and inherent anxiety and emphasizing here-and-now relatedness, most analysts agree that analysis of transference is the hardest part and all too often avoided. (Skelton, Burgoyne, Grostein, & Stein, eds., 2006, pp. 463-464)
    d. The displacement of patterns of feelings, thoughts, and behavior, originally experienced to significant figures during childhood, onto a

person involved in a current interpersonal relationship. The phenomena appears unbidden and is distressing. Parents are the original figures from whom such emotional patterns are displaced, but siblings, grandparents, teachers, physicians, and childhood heroes are frequent sources.

e. Transference is a type of object relationship, and in so far as every object relationship is re-editing of the first childhood attachments, transference is ubiquitous.

    i. in the psychoanalytic situation transference is apt to appear with particular clarity and intensity.

    ii. the conditions in analysis promote regression to a more infantile personality structure, which enhances the unfolding of the transference.

    iii. The relative anonymity of analysts facilitates the patient's transfer to revived early images onto his or her person.

    iv. In the absence of information about the analyst's attributes and personal life, the patient generates fantasies relatively uncontaminated by perception of the present.

    v. The patient concentrates on the figure of the analysts with such intensity that a *transference neurosis* develops, which replicates the childhood neurosis. The transference is dynamic; it oscillates within the analytic situation, so that the analyst may represent several figures from the patient's past.

f. Transference invariably reflects love and hate. its manifestations are often ambivalent. The range of human affect can be experienced within the context of transference.

    i. Analysis and interpretation of the content of transference is central to the therapeutic process. Transference may be appreciably modified in the course of treatment, but it is doubtful that it is completely resolved, or that such resolution is necessary for successful analysis

7. Kohut identified three types of transference

    a. *Idealizing transference:* Pull toward the idealized external figure from which strength and perfection are derived. Pull toward mystical feelings of awe and ecstatic excitement associated with contact with the idealized other. Pull toward relinquishing one's sense of power and perfection to the admired, omnipotent object

    b. *Merger transference:* Push toward experiencing the other as merged with or as an extension of the self

    c. *Mirror transference:* Push toward sameness

EE. Countertransference

1. Any response to patient (i.e. thoughts, feelings, fantasies, images, longings, desires, wishes, conflicts)
    a. Reactions to being the recipient of the feelings and desires of another
    b. Affective response to patient and patient's manifest presentation (i.e. gender, age, physical appearance, style of dress, attractiveness, status, prestige, occupation, stated reason for referral/dx)
    c. Affective response to patient and patient's personal style (e.g. pty, emotions, cognitive style, ip behaviors, problems, conflicts, strengths, competencies, values, morals, relational style, needs, trauma)
    d. Affective response to patient based on therapist's personal history
    e. Therapist's defenses against his or her own emotional reactions aroused by patient
    f. Responses that interfere w/treatment and hinder therapist's ability to be therapeutic
    g. Responses that inform therapist about patient and the nature of his or her struggles
    h. Responses that inform therapist how others may respond to patient
2. A case of projection describing the unconscious response of the analyst to the analysand in a therapeutic relationship.
    a. A transference is answered by a counter-transference from the analyst when it projects a content of which he is unconscious but which nevertheless exists in him. The counter-transference is then just as useful and meaningful, or as much of a hindrance, as the transference of the patient, according to whether or not it seeks to establish that better rapport which is essential for the realization of certain unconscious contents. Like the transference, the counter-transference is compulsive, a forcible tie, because it creates a "mystical" or unconscious identity with the object["General Aspects of Dream Psychology," CW 8, par. 519.]
3. A situation where the analysts feelings and attitudes towards the patient are derived from earlier situations in the analyst's life that have been displaced onto the patient. Countertransference reflects the analyst's own unconscious reaction to the patient, though some aspects may be conscious. The phenomenon is analogous to transference, which is of central therapeutic importance in analysis. Countertransference is narrowly defined as a specific reaction to the patient's transference.
    a. Others include all the analysts emotional reactions to the patient, conscious and unconscious, especially those that interfere with analytic understanding and technique. This broad purview might be better designated *counterreaction*.

b. The analytic relationship is predicated on the assumption that the analyst is not as unconscious as the analysand given their own training analysis.

c. If the analyst has a rather extensive area of unconsciousness this is sufficient to produce a sphere of mutual unconsciousness, i.e., a counter-transference. This is one of the chief occupational hazards of psychotherapy. It causes psychic infections in both analyst and patient and brings the therapeutic process to a standstill. This state of unconscious identity is also the reason why an analyst can help his patient just so far as he himself has gone and not a step further.["Appendix," CW 16, par. 545.] (Sharp, 1991)

4. Reactions emanating from the analyst's unconscious conflicts differ from reactions to the patient's personality and circumstances.

    a. The former can impede the analyst's neutrality, leading to "blind spots" that impaire empathy; or in extreme cases, countertransference may lead to acting out.

    b. The analyst's scrutiny of countertransference feelings can provide clues to the meaning of the patient's behavior, feelings, and thoughts,

5. Jung: the analyst 'literally 'takes over' the sufferings of his patient and shares them with them'; the analyst's personality becomes the primary instrument of cure and countertransference, the central factor in treatment. The analyst is 'as much "in the analysis" as the patient' through the 'reciprocal influence' of the patient and analyst.

    a. 'A good half of every treatment that probes at all deeply consist of the doctor examining himself.'(Skelton, Burgoyne, Grostein, & Stein, eds., 2006, pp. 97 - 98)

    b. first to emphasize the positive value of countertransference. He followed the standard perspective stating that analysts, like surgeons, must have 'clean hands' so as not to infect patients with their unconscious reactions.

    c. He recommended that future analysts have personal analysis before practicing, an idea Freud seconded. Jung, moved beyond the issue of the analyst's 'neurotic' reactions to view countertransference as induced, inevitable, and 'a highly important organ of information'.

FF. Individuation

1. A process of psychological differentiation, having for its goal the development of the individual personality.

    a. The goal of the individuation process is the synthesis of the self. ["The Psychology of the Child Archetype," CW 9i, par. 278.]

2. Emphasizes 3 things;
    a. the goal of the process is the development of the whole personality
    b. does not occur in a state of isolation but presupposes and includes collective relationships;
    c. involves opposition to social norms with no validity.
3. The process of individuation, consciously pursued, leads to the realization of the self as a psychic reality greater than the ego. Individuation is different from the process of simply becoming conscious. .
    a. The process by which individual beings are formed and differentiated; in particular, it is the development of the psychological individual as a being distinct from the general, collective psychology.[Ibid., par. 757.
    b. The aim of individuation is nothing less than to divest the self of the false wrappings of the persona on the one hand, and of the suggestive power of primordial images on the other.["The Function of the Unconscious," CW 7, par. 269.
4. Individuation is a process informed by the archetypal ideal of wholeness, which depends on a vital relationship between ego and unconscious. The aim is not to overcome one's personal psychology, to become perfect, but to become familiar with it. An increasing awareness of one's unique psychological reality, strengths and limitations, and deeper appreciation of humanity in general.
    a. Again and again I note that the individuation process is confused with the coming of the ego into consciousness and that the ego is in consequence identified with the self, which naturally produces a hopeless conceptual muddle. Individuation is then nothing but ego-centredness and autoeroticism. But the self comprises infinitely more than a mere ego, as the symbolism has shown from of old. It is as much one's self, and all other selves, as the ego.["On the Nature of the Psyche," CW 8, par. 432.]
    b. As the individual is not just a single, separate being, but by his very existence presupposes a collective relationship, it follows that the process of individuation must lead to more intense and broader collective relationships and not to isolation.["Definitions," CW 6, par. 758.]
    c. Individuation does not shut one out from the world, but gathers the world to itself.["On the Nature of the Psyche," CW 8, par. 432.]
5. Individuation and a life lived by collective values are two destinies. Whoever embarks on the personal path becomes to some extent estranged from collective values, but does not lose those aspects of the psyche which are inherently collective. To atone for this "desertion," the individual is obliged to create something of worth for the benefit of society.

    a. Individuation has two principle aspects: it is an internal and subjective process of integration, and it is an equally indispensable process of objective relationship. Neither can exist without the other, although sometimes the one and sometimes the other predominates.["The Psychology of the Transference," CW 16, par. 448.]

6. Individuation differs from individualism in that the former deviates from collective norms but retains respect, while the latter eschews them
    a. A real conflict with the collective norm arises only when an individual way is raised to a norm, which is the actual aim of extreme individualism. Naturally this aim is pathological and inimical to life. It has, accordingly, nothing to do with individuation, which, though it may strike out on an individual bypath, precisely on that account needs the norm for its orientation to society and for the vitally necessary relationship of the individual to society. Individuation, therefore, leads to a natural esteem for the collective norm. ["Definitions," CW 6, par. 761.]
7. In Jung's view, no one is ever completely individuated. While the goal is wholeness and a healthy relationship with the self, the true value of individuation lies in what happens along the way.
    a. The goal is important only as an idea; the essential thing is the opus which leads to the goal: that is the goal of a lifetime.["The Psychology of the Transference," CW 16, par. 400.](Sharp, 1991)
8. Individuation may proceed unobtrusively or facilitated an analysis; some of Jung's statements contributed to the impression that individuation is only for an elite. (Moore & Fine, eds., 1990, p. 20)
    a. Reconceived commonplace individuality as individualism, idiosyncratic traits that passes for uniqueness.
    b. defined individuation as bringing together all conscious and unconscious content in their multiple aspects—biological, social, cultural, psychological, spiritual.
9. Imperatives that every person encounters in individuation.
    a. On worldly side, issues of adversity; material survival in society, citizenship, and relationships to others.
    b. On the inner psychological side, each person must reckon with destructive tendencies
    c. demands are multitudinous, morally challenging, and threatening to establish life patterns, and require lifetime of painful and hard introspective work and discipline. The unconscious can never be fully known or realized, individuation is never complete.
    d. Individuation is an ethical statement about the proper goal of life: the unfolding of what one was meant to be.

e. The goal of individuation is the actualization of a whole and unique Self, which is simultaneously like and unlike that of everyone else.

f. The process of individuation can be seen either as a natural homeostatic activity at any age, wending consciously or unconsciously toward Self realization, or as a process more driven by conscious will, often seemingly natural as an moral law, and beneficially facilitated by synthetic analysis.

GG. Objects

1. Good/Bad Objects
    a. Primitive ego can't think of objects in external world as whole, multifaceted people/phenomena.
    b. One dimensional world: good or bad; right or wrong
    c. Object related to with a single-minded attitude—absolutizing
    d. The bad object is frustrating, hateful, frightful, malevolent, persecuting. From the sadistic aggression from the death instinct per Klein (per Kernberg—from people with an excess of constitutional aggression)
    e. The good object is soothing, nurturing, loving, satisfying, gratifying, protective.
2. Developmental trajectory:
    a. Theorized to be more prominent btw 2-8 mos of life: Infant forms representations that are "all good" or "all bad" which are separate from each other and there is no distinction between self/object representations.
    b. Between 6-9 months there is differentiation btw self and object representations.
    c. Btw 6 mos to 1.5-3 years, "good and bad" self representations are combined into a group of self representations and object representations are grouped. This results iin the development of object constancy.
    d. From end of 3rd year to oedipal phase: the split "good" and "bad" representations are integrated and neutralized into a total self representation; and the split "good" and "bad" object representations are integrated/neutralized into a total object representation
    e. If this integration does not occur: borderline personality formation
3. Whole Objects
    a. Experiencing the object/the other in its totality. No one dimension is accented.

b. Capacity for integrating various impulses, feeling states from all levels of development

c. Capacity for managing contradictory and paradoxical or ambivalent impulses and feelings within the same object

4. Part-Objects

a. The individual's experience of object as only one aspect of the object rather than the entire object in its full complexity. This aspect may be a particular body part (e.g., the breast) or an experience of the object dominated by one affect (e.g., the good or the bad object) or of a function of the object (e.g., feeding, containing.) (Person, Cooper, & Gabbard, eds., 2005, p. 556)

b. When only part of an object is treated as the whole object and whatever its valence, it colors the experience of the object

c. Impulses and feelings are directed to only part of the whole (i.e. the breast)

d. Need satisfying

5. Transitional object

a. Physical object that is treated as an extension or substitute for the primary caregiver (mother). Represents the developing nature of the child's capacity for love—a midpoint btw narcissistic love and mature love.

HH. Positions: Paranoid-Schizoid and Depressive

1. Infant's initial objects consisted of primitive feelings and innate images that are projected onto external objects (similar to Jung's archetypes). After projecting images onto object, infant reintrojects them in a form that has been modified by interaction w/the object

a. Paranoid-Schizoid position--destructive impulses, persecutory anx, has aggressive fantasies towards good object...desire to take from the good object in order to preserve the self; a world of part-objects; goal is to preserve self from annihilation

b. Depressive Position--object one loves is also object one hates--feels guilt, anxiety over aggression towards loved object. Feels concern and need for reparation towards object; a world of whole objects; goal is to maintain a rship to object

II. Projective Identification

1. The defense mechanism, originally described by Klein, through which an intolerable aspect of the individual's mental life is projected into another

person, accompanied by the fantasy that this projected element controls the other person from within.

2. In an interpersonal context, the target of projective identifications may have powerful feelings stirred in him or her, as if he or she is actually taken over by the projected element.
    a. Bion added that in addition to functioning as a mechanism of defense, projective identification also functions as a primitive form of communication and can ultimately be a vehicle for emotional growth in the mother-infant interaction.(Person, Cooper, & Gabbard, eds., 2005, p. 557)
3. Parts of the self and internal objects are split off and projected onto an external object, which then becomes "identified" with the split-off part and controlled by it.
4. defensive purposes include fusion with the external object to avoid separation; control of the destructive, bad object, which is a persecutory threat; and preservation of good portions of the self by splitting them off. This mechanism begins in the paranoid-schizoid position, but can continue throughout development.
5. Klein believed that it is bound up with developmental processes arising during the 1st 3 to 4 months of life when splitting is at its height and persecutory anxiety predominates.
    a. envy was a major motivator of projective identification, particularly as a means of intrusively entering the object spoiling its desirable contents.(Skelton, Burgoyne, Grostein, & Stein, eds., 2006, p. 378
6. Projective Identification--3 step mental process
    a. individual projects unwanted aspects of self onto other
    b. behaves towards object in such a way as to induce feelings or thoughts in the other that correspond to the projection
    c. identifies with the object's response as a potential model for managing the unacceptable projected experience

JJ. Introjective Identification

1. The counterpart of projective identification.
2. Implies the fantasy of orally incorporating the object, whereby identification with it occurs.
3. Prevail during the depressive position. The depressive position represents maturational progress; the object is now a whole instead of a part object,

KK. Internalization (Incorporation, introjection, identification)

1. *Internalization:* the generic term for all of these modes, is assumed to be the means by which aspects of need-gratifying relationships and functions provided for one individual by another are preserved by making them part of the self.
    a. the primary contributor to psychological development, occurring throughout the life cycle
    b. Perception, memory, mental representations, and symbol formation encode within the self aspects of objects and interactions with them, gradually building the structures of the mental apparatus, so that the individual can assume the functions originally supplied by others.
    c. A variety of different representational modes—sensorimotor or enactive, imaginistic, lexical, or symbolic—may be involved
2. *Incorporation* - The fantasy of taking on the traits of another person by taking them in bodily (e.g., by eating them).
    a. May be conceived of as internalization at a relatively undifferentiated level, the basic distinction between self and object has been achieved only in the most global form.
    b. global, undifferentiated, and literal. The sense of the self often gets confused with the sense of the other.
    c. Implied is a fantasy of oral ingestion, swallowing, and destruction of the object. (Moore & Fine, eds., 1990, p. 102)
3. *Introjection* - A process of internalizing object images and their affective relation to images of self. It differs from identification in that modification of the ego is a less central aspect of introjection then of identification.(Person, Cooper, & Gabbard, eds., 2005, p. 554)
    a. Introjection lacks the quality of destruction through ingestion implicit and incorporation, and there is no reference to body boundaries.
    b. more differentiated process in which part properties and functions of the object are appropriated but not fully integrated into a cohesive and effective sense of self.
    c. Introjected components become a part of the self representation or of the structures of the mental apparatus
    d. object representations are transformed into self representations when boundaries are indistinct; the individual may lose sense of separateness or identity.
        i. This occurs when the child psychically takes in parental demands as his or her own, reacting in the same way whether or not the object is present. The regulating, forbidding, and rewarding aspects of the superego are formed by the introjection of parental

directions, admonitions, and praise (Moore & Fine, eds., 1990, pp. 102-103)

e. unconscious process of taking inside the self aspects of another.

4. *Identification* - An unconscious process in which a person models his or her ways of thinking and acting after those of an important figure in life such as a parent. Influenced by affect, identification is an ongoing process that occurs throughout life,.(Person, Cooper, & Gabbard, eds., 2005, p. 552)
    a. often used to refer to all mental processes by which an individual becomes like another in one or several aspects
    b. more mature level of internalization involves greater object-subject differentiation, and the process is more selective of the traits internalized.
    c. Various attitudes, functions, and values of the other are integrated into a cohesive, effective identity and become fully functional parts of the self compatible with other parts.
    d. differs from other modes of internalization in degree the internalization is central to basic identity or ego core (Loewald, 1962).
    e. transformed self representations are stable and enable the individual to establish an increasing sense of identity, mastery, and intentionality (Schafer, 1968).
5. *Adhesive Identification*: Primitive form of identification whereby individual fails to develop a sense of a containing skin. It obtains a sense of being held together by sticking, in fantasy, to outside of objects—adhering to objects. Gives rise to mimicry. Also, "second skin." Term coined by Esther Bick; used by Donald Meltze

LL. Selfobjects (Kohut)

1. The individual's experience of another person as functioning as part of the self or as necessary to fulfill a need of the self.
2. Usually unconscious but can be conscious. Exists along a continuum from archaic to mature.
3. Common selfobject needs: affirmation, idealization, recognition (Person, Cooper, & Gabbard, eds., 2005, p. 559)
4. One's subjective experience of another person who provides a sustaining function to the self within a relationship, evoking and maintaining the self and the experience of selfhood by his or her presence or activity.
5. Though the term is applied to the participating persons (objects), it is primarily useful in describing the intrapsychic experience of relationships between the self and other objects.

6. Refers to experience of imagos needed for the sustenance of the self. Self-object relationships are described by the self-sustaining functions performed by the other
7. *Infantile selfobject* experiences normally sustain the self during early infancy. Their merging experiences involving cognitive indistinctness between self and selfobject. The selfobject is not experienced as having a separate center of initiative or intentionality.
8. *Archaic selfobjects* pertain to a pathological need for functions normally provided by selfobjects in infancy. This needs is pathological if it persists during adulthood.
9. *Mirroring selfobjects* sustain the self of wishful fantasies by accepting and confirming the grandness, goodness, and wholeness of the self.
10. *Idealizable (or idealized) selfobjects* provide the experience of merger with the calm, power, wisdom, and goodness of idealized persons.
11. *Alter-ego selfobjects* offered the sustaining experience of perceiving another as similar to oneself in some essential aspect.
12. *Adversarial selfobjects* provide the experience of being a center of initiative by permitting nondestructive, oppositional self-assertiveness.(Moore & Fine, eds., 1990, pp. 177-178)
13. Emergence of self requires more than the inborn tendency to organize experience. It also requires the presence of others ("selfobjects") who provide certain types of experiences ("selfobject experiences") that evoke the emergence and maintenance of the self
14. Proper selfobject experiences provide structural cohesion and vigor to the self; faulty selfobject experiences facilitate fragmentation and emptiness of the self.
15. Selfobject experiences emanate from objects—people, symbols, inanimate objects, other experiences—and are self sustaining for the individual—they are required to develop and maintain a self structure.

MM. Transmuting Internalizations (Kohut)

1. Process of effective internalization, initiated by the analyst's optimal, nontraumatic frustration of the patient. It leads to structure formation whereby the self is able to execute vital selfobject functions in the absence of experiences with the selfobject. The process effects a translocation of the function from the person of the selfobject to the subject alone.
2. Process of structure formation where the fcn of the self-selfobject transaction is internalized under the pressure of optimal frustration. When selfobjects are good enough and failures to mirror child or permit idealization occur gradually, slow internalization occurs and two poles of self develop:

a. grandiose self pole--transformed into healthy ambition, assertiveness

b. idealizing self pole--transformed into values, ideals

NN. Self States (Kohut)

1. The Grandiose Self—Early infantile exhibitionistic self that blissfully experiences itself as the omnipotent center of all existence
    a. Describes the normal, early infantile, exhibitionist self, which is dominated by the bliss of being the omnipotent center of all existence.(Moore & Fine, eds., 1990, p. 177)
    b. Internal structure or set of attitudes that is boundless and limitless. Not subject to ordinary laws. People regarded as extensions of one's mind or body, their twin; alter ego; mirror in which one can merge with; see and admire self.
    c. Driven by ambitions to regulate one's own tension and experience the soothing qualities as coming from oneself
        i. mature emotional qualities: enthusiasm over one's own goals and purposes with joy and self-confidence
        ii. anxiety: dread of loss of contact with reality of permanent abandonment and isolation from the selfobject
2. Idealized Self (Kohut)
    a. From the parent imago. Set of beliefs and attitudes, one step removed from grandiose self. Acknowledgement of persons, imagoes outside of one's mental sphere, but abstract and unreal or idealized (e.g. friend who is always available). Perfected self capable of impeccable functioning. Organized according to internal narcissistic investment, placing oneself at center and idealized imagoes at one's beck and call.
    b. pulled by ideals of perfectionism in tension regulation . Soothing derived from admiration of idealized others or variously defined ideas of perfection.
        i. mature emotional qualities: idealization of important others and pleasure in one's own moral and social standards
        ii. anxiety: dread of loss of self through ecstatic merger with the omnipotent selfobject
3. The Virtual Self—Image of neonate's self in parent's mind—how unformed self potentials will be addressed by parents
4. Then Nuclear Self-The self that emerges in the 2nd year of life, out of the original virtual self [of the newborn/first year of life]. Emerges as a cohesive structure during second year.
5. The Cohesive Self—Coherent, normal, healthy self—coherent structure.

6. The Fragmented Self—Diminished coherency of self as a result of faulty selfobject responses or situations that induce regressions. Exists on a continuum from mild to severe.
7. The Empty Self—The self that is depressed; suffering a loss of vigor due to depletion of self's energies—results from a lack of joyful response over self's existence and assertiveness
8. The Overburdened Self—Self deficient in self-soothing capabilities as it has not had opportunities to merge with a calm, omnipotent selfobject
9. The Overstimulated Self—Self prone to states of excessive emotionality due to unempathic, excessive, phase-inappropriate responses from childhood selfobjects
10. The Imbalanced Self—Self that maintains precarious cohesion by overemphasizing one of the major components of the self at the expense of the other two—other 2 parts of self are neglected.

OO. Mirroring Needs/Experiences (Kohut)

1. Mirror phase - developmental period where the gleam in the mother's eye mirrors the child's exhibitionist display and consolidates 'grandiosity'.
2. Mother's responses to her child's narcissistic-exhibitionistic enjoyment range from verbal affirmations to empathetic and enthusiastic participation in the child's activities.
3. such maternal 'mirroring' confirms 'the child's self-esteem and, by gradually increasing selectivity of these responses begin to channel it into realistic directions' (p. 116).
4. Need to feel affirmed, confirmed, recognized, feeling appreciated/accepted when showing self… "mothering" functions.

PP. Idealizing Needs/Experiences (Kohut)

1. Need to experience oneself as part of an admired & respected selfobject; needing opportunity for acceptance & merger w/a stable, calm, nonanxious, powerful, wise, protective selfobject that possesses qualities lacking in the other…"fathering" functions.
2. Persons with selfobject limitations or fixations in development during the selfobject period have sustained damage to one or other poles of the self. If damage isn't extensive, restoration of self by working through selfobject transference via repeated disappointments occurs.

QQ. False Self/True Self (Winnicott)

1. The *true self* is the "inherited potential" that constitutes the "kernel" of the child. Its development facilitated by a good enough mother,
2. The true self involves its idiom through maternal care that supports the child's continuity of being, enabling the child to generate an expressive life from a core self authorized by his or her sense of personal reality. Involves attn to sensorimotor needs/self
3. A false self can indicate the absence of a true self or a hidden, secreted true self. If the caretaker is unable to meet the infant, and imposes herself, reflecting back not what is there but what the self-involved mother feels, a false self forms
    a. Every individual has a social self that corresponds to and is constructed from a certain amount of false of structure. At the other end of this spectrum is the person who operates essentially with a false self, corresponding to what Helene Deutsch (1942) described as the "as if" personality. Intellectualization is often associated with the false self. (Moore & Fine, eds., 1990, p. 209)
4. Healthy development predicated on nonimpingement....so infant can experience, "going on being"
    a. Can lead to dvt of the False Self--where infant learns to be attuned to other's needs and, to avoid rejection, gives up his/her true self

RR. The Real Self (Horney)

1. "...that central inner force, common to all human beings and yet unique in each, which is the deep source of growth."
2. Basically, our Real Self is who we would be if we grew up and lived under relatively optimal circumstances, which would allow our natural self to emerge.
3. the natural self, because it comes into our consciousness when we are acting from a natural and spontaneous sense in the world. (Johnson, 2009.)
4. The self we are versus the self that we feel we should be

SS. The Idealized Self (Horney)

1. originated in Freud's concept of the ego-ideal
2. The idealized image is chiefly a glorification of the needs that have developed (Horney).
3. "The idealized image gives individuals "*a feeling of identity*" that compensates for their self alienation and inner division and enables them to achieve "a feeling of power and significance." With the help of imagination they endow

themselves with exalted faculties. The individual becomes "a hero, a genius, a supreme lover, a saint, a god."

4. Horney calls self-idealization "a *comprehensive neurotic solution*." It promises to satisfy all needs, to rid people of their "painful and unbearable feelings," and to provide "an ultimately mysterious fulfillment" of themselves and their lives. In the course of neurotic development, the idealized image assumes more and more reality. It becomes the individual's "idealized self," representing to him "what he 'really' is, or potentially is--what he could be, and should be" (Horney, 1950, pg 21)"
5. "The general goal: help patients gradually grow in the direction of self-realization. More specifically, give up the idealized self-image, relinquish the neurotic search for glory and change self-hatred to acceptance of the real self." (Feist, 1994, pg. 259)

TT. Persona

1. The "I," usually ideal aspects of ourselves, that we present to the outside world.
2. Originally the word persona meant a mask worn by actors to indicate the role they played.
    a. a protective covering and an asset in mixing with other people.
    b. Civilized society depends on interactions between people through the persona.
3. Conceived as an archetype, meaning it is inevitable. In any society a means of facilitating relationships and exchange is required; this function is carried out by the persona. The persona is not inherently pathological or false.
    a. a risk of pathology if a person identifies too closely
    b. Imply lack of awareness of much beyond the social role (for example, lawyer, analysts, laborer), too rigid a conception of gender role, or a failure to take into account the changing requirements of life at different stages of development.
    c. persona is the mediator between the ego and the external world. (Moore & Fine, eds., 1990, p. 20)
4. A psychological understanding of the persona as a function of relationship to the outside world makes it possible to assume and drop one at will. By rewarding a persona, the outside world invites identification. Money, respect and power come to those who can perform single-mindedly and well in a social role. From being a useful convenience, the persona may become a trap and a source of neurosis.
    a. When we analyze the persona we strip off the mask, and discover that what seemed to be individual is at bottom collective; in other words,

that the persona was only a mask of the collective psyche. Fundamentally the persona is nothing real: it is a compromise between individual and society as to what a man should appear to be. He takes a name, earns a title, exercises a function, he is this or that. In a certain sense all this is real, yet in relation to the essential individuality of the person concerned it is only a secondary reality, a compromise formation, in making which others often have a greater share than he. ["The Persona as a Segment of the Collective Psyche," ibid., pars. 245f.]

5. The demands of propriety and good manners are an added inducement to assume a becoming mask. What goes on behind the mask is "private life." This division of consciousness into two figures, often preposterously different, is an incisive psychological operation that is bound to have repercussions on the unconscious.[Ibid., par. 305.]
6. Consequences of identifying with a persona: lose sight of who we are without a protective covering; our reactions are predetermined by collective expectations (we do and think and feel what our persona "should" do, think and feel); those close to us complain of our emotional distance; and cannot imagine life without it.
7. A person may consciously or unconsciously highlight one aspect of his or her personality as a persona, and over a lifetime many personae may be worn—several at a moment.
8. From the Latin, meaning 'mask'. Social adaptation and role expectations require the development of provisional identities to present to the world, e.g. parent to child, employer to employee, official private citizen. Jung's concept of the persona acknowledges that different social contexts oblige different responses. Learning to employ a provisional identity, or persona, appropriate to a given situation is a function of socialization and maturation. An individual who believes he or she is only the person will suffer a loss of identity when that provisional role is ended. An individual too identified with the persona is said to be inflated, and his or her unconscious will react in compensatory ways through the shadow.(Skelton, Burgoyne, Grostein, & Stein, eds., 2006, p. 355)

UU. Shadow

1. Hidden or unconscious aspects of oneself, both good and bad, which the ego has either repressed or never recognized.
2. 4 modalities of the experience of the shadow contents: they remain unconscious; they are projected onto others; one identifies with them; or, one assimilates them into a richer sense of personality. The collective shadow contains the repressed values of an entire culture.
3. The shadow is composed for the most part of repressed desires and uncivilized impulses, morally inferior motives, childish fantasies and resentments.–all

those things one is not proud of. Unacknowledged personal characteristics are experienced in others through projection.

4. The shadow is merely somewhat inferior, primitive, unadapted, and awkward; not wholly bad. It even contains childish or primitive qualities which would in a way vitalize and embellish human existence, but-convention forbids!["Psychology and Religion," CW 11, par. 134.]
5. Inhibited by the persona. To the degree that we identify with a bright persona, the shadow is correspondingly dark. Shadow and persona stand in a compensatory relationship, and the conflict is present in an outbreak of neurosis.
6. Responsibility for the shadow rests with the ego. The shadow is a moral problem. It is one thing to realize what it looks like-what we are capable of. It is something else to determine what we can live out, or with.
    a. The shadow is a moral problem that challenges the whole ego-personality, for no one can become conscious of the shadow without considerable moral effort. To become conscious of it involves recognizing the dark aspects of the personality as present and real. ["The Shadow," CW 9ii, par. 14.]
    b. Although, with insight and good will, the shadow can to some extent be assimilated into the conscious personality, experience shows that there are certain features which offer the most obstinate resistance to moral control and prove almost impossible to influence. These resistances are usually bound up with projections, which are not recognized as such, and their recognition is a moral achievement beyond the ordinary. While some traits peculiar to the shadow can be recognized without too much difficulty as one's personal qualities, in this case both insight and good will are unavailing because the cause of the emotion appears to lie, beyond all possibility of doubt, in the other person.[Ibid., par. 16.]
7. No generally effective technique for assimilating the shadow. It is more like diplomacy or statesmanship and always an individual matter.
    a. accept and take seriously the existence of the shadow.
    b. become aware of its qualities and intentions through conscientious attention to moods, fantasies and impulses.
    c. a process of negotiation is unavoidable.
    d. It is a therapeutic necessity, indeed, the first requisite of any thorough psychological method, for consciousness to confront its shadow. In the end this must lead to some kind of union, even though the union consists at first in an open conflict, and often remains so for a long time. It is a struggle that cannot be abolished by rational means. When it is wilfully repressed it continues in the unconscious and merely expresses itself indirectly and all the more dangerously, so no advantage is gained. The struggle goes on until the opponents run out of breath. What the

outcome will be can never be seen in advance. The only certain thing is that both parties will be changed.["Rex and Regina," CW 14, par. 514.]

e. This process of coming to terms with the Other in us is well worth while, because in this way we get to know aspects of our nature which we would not allow anybody else to show us and which we ourselves would never have admitted.["The Conjunction," ibid., par. 706.]

8. Not only the dark underside. consists of instincts, abilities and positive moral qualities that have been buried or never been conscious.
9. Distinguished between personal and collective or archetypal shadow.
    a. With a little self-criticism one can see through the shadow-so far as its nature is personal. But when it appears as an archetype, one encounters the same difficulties as with anima and animus. In other words, it is quite within the bounds of possibility for a man to recognize the relative evil of his nature, but it is a rare and shattering experience for him to gaze into the face of absolute evil.["The Shadow," ibid., par. 19.]
10. cannot be eradicated (this should not be attempted), the best to hope for is to come to terms with it. A purpose of analysis is to facilitate a nonjudgmental attitude towards his or her instinctual side, to extract what is worth therein; develop a consciousness concerning people and situations most likely to call forth the shadow side. (Moore & Fine, eds., 1990, pp. 20 - 21)

VV. "As-if Personality" (Helene Deutsch)

1. Individuals who seem to fit into every situation and create an illusion of conviction/involvement but in reality there is a depth of emotional experience.
2. Behave as if they have normal responses but are in reality empty. Felt sense they are not really engaged in life
3. "Other directed"—appears outwardly amiable but has no identity of own and is incapable of forming genuine emotional attachments to people and morals. Poverty of object relations and preponderance of narcissism. No impairment in reality testing
    a. politician, administrator

WW. Fantasy

1. A complex of ideas or imaginative activity expressing the flow of psychic energy.
    a. A fantasy needs to be understood both causally and purposively. Causally interpreted, it seems like a symptom of a physiological state, the outcome of antecedent events. Purposively interpreted, it seems like a symbol, seeking to characterize a definite goal with the help of the

material at hand, or trace out a line of future psychological development. ["Definitions," CW 6, par. 720.]

2. Jung distinguished between active and passive fantasies. The former, characteristic of the creative mentality, are evoked by an intuitive attitude directed toward unconscious contents; passive fantasies are spontaneous and autonomous manifestations of unconscious complexes.
    a. Passive fantasy, therefore, is always in need of conscious criticism, lest it merely reinforce the standpoint of the unconscious opposite. Whereas active fantasy, as the product of a conscious attitude not opposed to the unconscious, and of unconscious processes not opposed but merely compensatory to consciousness, does not require criticism so much as understanding.[Ibid., par. 714.]
    b. Jung developed the method of active imagination as a way of assimilating the meaning of fantasies. The important thing is not to interpret but to experience them.
    c. Continual conscious realization of unconscious fantasies, together with active participation in the fantastic events, has . . . the effect firstly of extending the conscious horizon by the inclusion of numerous unconscious contents; secondly of gradually diminishing the dominant influence of the unconscious; and thirdly of bringing about a change of personality. ["The Technique of Differentiation," CW 7, par. 358.](Sharp, 1991)
3. “The mental set against which the data of perception are perceived, registered, interpreted, remembered and responded to” (Arlow, 1985)
4. Fantasies differ from other uc content in their enduring quality, organized, story-like quality that reflects personal template.
5. Template is affected by concrete and psychic reality; constitution, object relations, personal/impersonal factors, culture.
6. Fantasies contain elements of sensorimotor, nonverbal, affective and verbal memories emerging from infancy
7. At the core of every patient is a crucial fantasy process(es) interwoven with early infantile experiences to a greater or lesser degree depending on the level of trauma.
8. Through the stimulation of the individual’s uc fantasy life, emerges transference. Transference: Not a repetition of the patient’s early interactions with objects, but expresses derivatives of persistent uc fantasies—one’s psychic reality
9. Freud: The motive forces of fantasies are unsatisfied wishes with every fantasy being a fulfillment of a wish, correcting unsatisfying reality. Fantasies emerge from a drive being frustrated. The immediate precursors for sxs. Dreams express fantasies

10. Hartmann: Emerges in the face of frustrations experienced by the ego in response to daily functioning. Fantasy can be a retreat from the real world due to frustration or a way to cope with frustration, solve problems and continue functioning.
11. Melanie Klein: Discusses phantasies in contrast to fantasies (conscious daydreams). Phantasies are constellations of libido, defenses, psychic energy, self/other objects inside the individual.
    a. Unconscious phantasies (the 'ph' spelling denotes their unconsciousness) are the mental representation of libidinal and destructive impulses or instincts and they accompany gratification and frustration.
    b. Unconscious phantasies are present in rudimentary form from birth onward, active in the mind before language.
    c. The earliest phantasies spring from bodily impulses and are interwoven with bodily sensations and affects.
        i. These sensations are experienced as part of a relationship to an object, which in phantasy, caries and intentionality to produce the sensation.
        ii. Through projective and introjective mechanisms a phantasized internal world peopled by internal objects is constructed. (Skelton, Burgoyne, Grostein, & Stein, eds., 2006, pp. 358-359)
12. Susan Issacs: They are the mental correlates of instincts and drives, present and object-related at birth. In early life, the "objects" of fantasies are the infant's internal sensations. With increasing development, sensations are organized into mental representations. Evolving fantasies underlie motivation and actions
13. W.R.D. Fairbairn: The individual's basic impulses are not toward pleasure but a desired involvement with another—achieving a desired rapport. Fantasies describe this desired involvement.
14. D.W. Winnicott: Fantasy life is primary, before a child's capacity to comprehend reality. Early fantasy life is shaped by the child's earliest contacts w/others rather than inborn patterns. Fantasy is pervasive in an individual's connection with external reality and is the matrix whereby reality is comprehended. Fantasy is more than a comforting retreat. Facilitates engagement in the world by being an adaptive buffer against aspects of reality.
15. Jacob Arlow: An ever present element in psychic functioning and figure in one's comprehension of the world
16. Jung: The flow of images and ideas in the uc psyche, distinct from thought and cognition, taking place independently from ego consciousness but may be in relation to it.

a. They are separate from external reality and may also be the link btw inner and outer worlds. Fantasies and their images lie behind problems, feelings, behavior.

b. They are the direct result of archetypal structures as well as real, external experience.

c. May also be a natural, imaginative, spontaneous, transcendent and creative activity of the psyche. Dreams can be a form of fantasy.

d. The psyche creates reality everyday. The only expression I can use for this activity is fantasy... Fantasy, therefore, seems to me the clearest expression of the specific activity of the psyche. It is, preeminently... (a) creative activity'.(Jung, 1921)

17. Fantasies serve many functions other than the production of dreams, psychological symptoms, and character traits.

    a. many elements of fantasy life are shared across cultures. This communality establishes the basis for empathy and for the production and enjoyment of creative works (Arlow, 1969a; Sachs 1942).

    b. Fantasy is also used defensively (A. Freud, 1936).

    c. Ever present, ongoing fantasy thinking partly determines the "set of mind" with which we perceive external stimuli and organize them into life offense. "what is consciously apperceived and experienced is the result of the interaction between the data of experience and the unconscious fantasy" (Arlow, 1969a, p.23).(Moore & Fine, eds., 1990, pp. 74-76

XX. Imagination

1. Imaging, imagos, images are primary processes of the psyche: an autonomous activity that can lead to the creation of "the third;" a healing symbol (Jung).

    a. The meaning and use of images in imagination and analytical psychology are inextricably bound up with the concept of the imago, 1st introduced by Jung in his *Psychology of the Unconscious* of 1919.

2. Rather than adopt Freud's view of psychic images as representations of instincts (the id) or representations of 'objective' reality (the ego), Jung followed Kant and approached imaging as a primary phenomenon, and autonomous activity of the psyche that constructs our sense of reality.

3. Psychic images, for Jung, actively participate in constructing the psyche's relation between self and other. Fantasy fashions the bridge between the irreconcilable claims of subject and object.

4. Jung's view of the role of images in bridging subject and object is similar to Winnicott's 'third area' or transitional space, in which inner world fantasy and outer world reality are held together in one 'space' or 'area'.

5. Jung's clinical hermeneutic is based on 2 levels of interpretation: It is related to his view that psychic images bridge intrapsychic and interpersonal experiences of reality.
    a. To approach the image on the subjective of level refers the image to an intrapsychic aspect of the personality, while approaching the image on the objective level refers the image to an intersubjective experience.
    b. Therapeutic analysis strives to develop the capacity to successfully hold the tension between these 2 dimensions in relation to persons, psychic images.
6. Winnicott: quality of aliveness in the inner world, in the field of relationship and in the subject's expression of himself in work and other cultural activities.
    a. It is closely allied to creativity and associated with the subjects achievement of healthy non-compliant living.
    b. that which powers dreaming, but not day dreaming, that is not fantasizing, the latter having as static non-relating quality associated with rigid pattern of dissociation. Imagination is essentially to do with a mental activity which links the subject to his own vital energies and to persons in relationship. (Skelton, Burgoyne, Grostein, & Stein, eds., 2006, pp. 230 - 231)
    c. "Fantasy is the clearest expression of the specific activity of the psyche. It is, pre-eminently…a creative activity" (Jung, 1921)
    d. A quality of aliveness in the activity of one's inner world; in the field of relationships, and in one's expression in work and cultural activities. A mental activity that links one to his own vital energies and to others in relationship (Winnicott)

YY. Play (Winnicott)

1. Part of the creative process that begins with the feeding infant and her mother
2. Vital to developmental process and is an expression of the self that becomes a precursor to creative living
    a. Use of gestures, words, playthings initially become the language of play. Later dreams, jokes, creative works.
    b. A form of free association in action
3. Interference, regulation and structure with play leads to false self "
    a. "…psychotherapy is done in the overlap of the two play areas, that of patient and that of the therapist. If the therapist cannot play, then he is not suitable for the work. If the patient cannot play, then something needs to be done to enable the patient to become able to play, after which psychotherapy may begin. The reason why playing is essential is

that it is in playing and only in playing that the patient is being creative." Winnicott (Playing and Reality, 1971, p. 54)

ZZ. Symbol

1. Jung: the symbol is the best possible way of expressing something relatively unknown.
    a. Every psychological expression is a symbol if we assume that it states or signifies something more and other than itself which eludes our present knowledge.["Definitions," CW 6, par. 817.]
        i. saw Freud's theory of symbolism, based on predictable and fixed equivalences as signs.
        ii. Jung's 1912 book, *Symbols of Transformation*, marked his break with Freud and emphasized the teleological as opposed to the casual nature of the symbol.
2. Jung's primary interest in symbols lay in their ability to transform and redirect instinctive energy
    a. Psychic development cannot be accomplished by intention and will alone; it needs the attraction of the symbol, whose value quantum exceeds that of the cause. But the formation of a symbol cannot take place until the mind has dwelt long enough on the elementary facts, that is to say until the inner or outer necessities of the life-process have brought about a transformation of energy.["On Psychic Energy," CW 8, par. 47.]
    b. There are, of course, neurotics who regard their unconscious products, which are mostly morbid symptoms, as symbols of supreme importance. Generally, however, this is not what happens. On the contrary, the neurotic of today is only too prone to regard a product that may actually be full of significance as a mere "symptom."["Definitions," CW 6, par. 821.
3. Symbols emerge from the personal or collective unconscious naturally and spontaneously in dreams, when interpreting it is essential to establish the dreamer's association to each content.
    a. Symbols are experienced not only in dreams but also in events of everyday life, especially in synchronicities. The main function of the symbol is to transform energy and reconcile opposites within the psyche, thus bringing about a change of attitude. When the psychic energy is blocked, as in depression, the resultant inactivity on the conscious level stimulates symbol-making activity in the unconscious, pointing the way to new goals so that life can flow on.

    b. If correctly understood, the content will carry an emotional charge and become a living symbol, part of the individual's private myth.

4. Jung distinguished between a symbol and a sign. Insignia on uniforms are not symbols but signs that identify. In dealing with unconscious material (dreams, fantasies, etc.), the images can be interpreted semiotically, as symptomatic signs pointing to known or knowable facts, or symbolically, as expressing something essentially unknown.

    a. Every psychological expression is a symbol if we assume that it states or signifies something more and other than itself which eludes our present knowledge.["Definitions," CW 6, par. 817.]

5. The symbolic attitude is at bottom constructive, in that it gives priority to understanding the meaning or purpose of psychological phenomena, rather than seeking a reductive explanation.

    a. A thing that is used to stand for,or represent, something other than itself. The unconscious makes use of symbols as a way of simultaneously expressing and concealing unconscious thoughts. The connection between the symbol and its referent is outside of conscious awareness. This process plays an important part in dreams and in the formation of some psychological symptoms. (Person, Cooper, & Gabbard, eds., 2005, p. 561)

6. The unconscious symbol is characterized by a disjunction of meaning between the symbol and the symbolized. Due to the disjunction of meaning, the affect bound to what is symbolized attaches itself to the symbol (A/B). The substitution assumes a similarity between the symbol and the symbolized. A tension emerges in the symbolic substitution between the literal interpretation and the symbolic interepretation which often has a multitude of meanings. Interpretation of symbol dependent on: individual's personal meanings or on collective context—a work of transindividual culture (Freud, 1900, p. 97)

    a. "The hysteric who weeps at A, is quite unaware that he is doing so on account of the association A-B and B itself plays not part at all in his psychical life. The symbol has in this case taken the place of the thing entirely." (Freud, 1950c, p. 349)

7. The symbolic attitude asks, "what might this be? And, what else might this be?" It is constructive--prioritizes understanding the meaning or purpose of psychological phenomena, rather than seeking a cause or reductive explanation.

8. Symbolism

    a. The process describing the evolution of representational capacities

    b. An attribute of higher human consciousness that has contributed to the development of thought, language, and culture. Found in myth, legend, art, literature, jokes popular culture, etc.

c. An innate process but the expression depends on development and experiences

d. Symbols emerge from drives, defenses and ego functions—products of early development. Emerge in conjunction with bodily and object relations. Condenses ucs wish and defense—a compromise formations that leads to "symbolic gratification."

e. Spontaneous, sensorial—create a bridge between the body and primary object world

f. "Symbolic equation": person cannot distinguish between the symbol and thing symbolized. It denies separateness between self/object; symbol/symbolized. A symbolic representation bridges these worlds (Segal, 1978)

g. Tied to early body image, body, sexual instinct (Freud)

h. Arise in the space between "I" and "Not-I"—more related to primary process sources than secondary process: language and rational thought Symbols acquire cultural and religious significance and take on metaphorical meanings (Bion, 1978)

i. Symbols may be comparable to an ancient language

j. PSA: language as a symbolic process

9. Symbolization Process: Symbol Formation

a. The formation of symbols is going on all the time in the psyche, appearing in fantasies and dreams. After reductive means are exhausted, symbol-formation is reinforced by the constructive approach with the aim to make instinctive energy available for meaningful work and life (Sharp, 1991).

b. The operation by which something comes to represent something else for someone.

c. Substitution of one thing for another—which presupposes the ability to represent an absent object and a subject who is capable of knowing that the symbol is not the symbolized object

d. Promotes the ability to fantasize and promotes the development of creative, mental space

e. Designates the back and forth flow of meaning between subject and object; mental reality and external reality; past and present—this is the effect of the symbolization process

f. Symbolic assimilation: Search for sameness; a form of projection—leaves nothing but search for immediate satisfaction through action. Degrades the symbol—which represents the object—to a signal. Excludes the object.

g. Symbolic efflorescence: Seeks to eliminate difference and distance; everything is connected and is attempt to represent everything and radically include and connect all objects.

    i. Repression of affects and splitting of the body (psychosomatic disturbances) occur with the exclusion of symbolization

h. Analytic situation is both symbolic and symbolizing. The "intermediate region of experience"; "the third"; may be considered the matrix of symbolizaiton—triggering the intermediary region of the preconscious.

i. Reductive and constructive methods are essential for symbol formation (Jung)

AAA. Regression

1. Reverting to an earlier level of development. A relaxing of current structures. It may be an internal process or one that impacts outer functioning.
2. Can be a defense mechanism triggered by the development of strong affects.
3. Can be adaptive or point to a fixation: may be benign or malignant. When temporary and losing of one's structures, it can lead to growth, creativity, and development.
4. Regression in the service of the ego is essential for therapy

    a. Regression . . . as an adaptation to the conditions of the inner world, springs from the vital need to satisfy the demands of individuation.["On Psychic Energy," ibid., par. 75.]

    b. "What robs Nature of its glamour, and life of its joy, is the habit of looking back for something that used to be outside, instead of looking inside, into the depths of the depressive state. This looking back leads to regression and is the first step along that path. Regression is also an involuntary introversion in so far as the past is an object of memory and therefore a psychic content, an endopsychic factor. It is a relapse into the past caused by a depression in the present."

    c. Jung believed that the blockage of the forward movement of energy is due to the inability of the dominant conscious attitude to adapt to changing circumstances. The unconscious contents activated contain the seeds of a new progression.

        i. Regarded causally, regression is determined, say, by a "mother fixation." But from the final standpoint the libido regresses to the *imago* of the mother in order to find there the memory associations by means of which further development can take place, for instance from a sexual system into an intellectual or spiritual system. The first explanation exhausts itself in stressing the importance of the cause and completely overlooks the final

> significance of the regressive process. From this angle the whole edifice of civilization becomes a mere substitute for the impossibility of incest. But the second explanation allows us to foresee what will follow from the regression, and at the same time it helps us to understand the significance of the memory-images that have been reactivated.[Ibid., pars. 43f.]

BBB. Transformation

1. (Jung) There is a drive for wholeness in each of us. Throughout life we undergo cycles of progressions and regressions and return to earlier phases of development but the drive for wholeness propels us forward (Jung).
    a. Regression is not pathological or undesirable and is part of the psychological growth process. Involves symbolic death and rebirth of part of the individual, a stable ego must exist in order to assimilate the transformation. Relates to the process of individuation (Jung).
    b. Frustration of what Jung considers the drive for wholeness—aiming to reconcile opposing internal tensions—leads to increasing degrees of neurosis and/or psychosis proportionate to the degree and nature of that frustration.
    c. some measure of a relatively stable ego-continuity is necessary to register and assimilate the particulars of the concomitant transformations ‘
    d. The discovery of transformation led Jung to formulate the process of individuation.
    e. aims, namely, to transform ‘base matter into spirit’.
2. remarkably similar to Bion’s theory of alpha-function. Bion’s claim that beta-elements (bodily/emotional experiences) are modified and thereby transformed into alpha elements (purely mentalized categories). (Skelton, Burgoyne, Grostein, & Stein, eds., 2006, p. 466-467)
3. A change in form—especially interested in changes of form in the mind. Transformations occur in thought, being. (Bion)

CCC. Rebirth

1. Rebirth - A process experienced as a renewal or transformation of the personality.
2. Distinguished between five forms of rebirth: metempsychosis (transmigration of souls), reincarnation (in a human body), resurrection, psychological rebirth (individuation) and indirect change that comes about through participation in the process of transformation.
3. Psychological rebirth can be induced by ritual or stimulated by immediate personal experience, it results in enlargement of the personality.

a. Rebirth is not a process that we can in any way observe. We can neither measure nor weigh nor photograph it. It is entirely beyond sense perception. . . . One speaks of rebirth; one professes rebirth; one is filled with rebirth. . . . We have to be content with its psychic reality.["Concerning Rebirth," CW 9i, par. 206.]

DDD. Psyche-Soma

1. The healthy functioning and interrelationship of mind-in-body or "psyche indwelling inn the soma."
2. Infantile ego is not integrated in the beginning. Ego elements come together normally when infant is cared for by mother in state of primary maternal preoccupation that adapts—"holds"—to her child,
3. This enables "going on being" and elements of psyche and soma can emerge and interrelate.
4. Psychosomatic disorders: failure of environment to provide adequate care for innate maturational processes to proceed (Winnicott)

EEE. Narcissism

1. Narcissism: Refers to the phenomenon of self-esteem
2. "A concentration of psychological interest upon the self" (Glossary of Psychoanalytic terms and concepts, American Psychoanalytic Assn., p. 57)
3. "A broad, nonspecific concept describing a number of phenomena all in some way referring to some aspect of the self" (Pulver, 1970, p. 339). "The unifying concept is a focus on some aspect of the self on any one of a number of levels." (Pulver, 1970, p. 337
4. "Mental activity is narcissistic to the degree that its function is to maintain the structural cohesiveness, temporal stability and positive affective coloring of the self-representation" (Stolorow, 1975b, p. 180).
5. Refers to a disproportionate amount of self-concern around other's approval and criticism.
6. Can refer to a healthy or pathological feeling (healthy/pathological narcissism); a state of development; a kind of conflict/injury/wound; an object-choice; a way of relating to objects; a healthy or unhealthy characteristic; a trait; a disorder
7. "Healthy narcissism": "A person with stable affects, good cognitive and self-critical functioning, satisfying object relationships, and a sense of pride in his or her accomplishment and their recognition, with consequent self-respect—in short, a person who has good self-esteem."

FFF. Anaclitic Depression

1. Coined and promoted by Rene Spitz found in his experiences of "hospitalism."
2. Anaclitic: "leaning on;" "to support oneself;" "to rest;" "to depend on" A depression that occurs in response to psychological negect or abandonment or a depression characterized by preoccupations with abandonment, loss, loneliness.
3. A relational object on which the subject can rely for support in the course of self-construction and self-differentiation. The object used by the child as he constructs his ego/self and passes through developmental phases as predicated by Spitz: an objectless stage; a pre-objectal stage; and an objectal stage
4. Anaclitic object choice: "there are two methods of finding an object. The first….is the "anaclitic" or "attachment" one, based on attachment to early infantile prototypes. The second is the narcissistic one, which seeks for the subject's own ego and finds it again in oher people" (Freud, 1905, pp. 222; 1914, pp. 87-88)
5. Depressions that are attributable to emotional deficiency; abandonmet—a partial deficiency—"quantitative" deficiencies because they are the outcome of an absence of an anaclitic object in real historical reality.
6. When the anaclitic object is missing from the relational environment, the child's instincts turn on him/herself esp before the individual is capable of a differentiated internal representation. Danger is most acute between ages of 1-1.5
7. Thought to have demonstrated the importance of the quality of the infant's primary object(s) in constructing the ego; the emergence of representational capacity; and establishing psychosomatic equilibrium.

GGG. Trauma

1. Experience that engenders incapacitation of ego
    a. "Like everyone else, I have tended to use the term "trauma" rather loosely up until now…Whenever I am tempted to call an event in a child's or adult's life "traumatic," I shall ask myself…Do I mean the event was upsetting? That it was significant for altering the course of further development; that it was pathogenic? Or do I really mean traumatic in the strict sense of the world…i.e. shattering, devastating, causing internal disruption by putting ego functioning and ego mediation out of action?" (A. Freud, 1967, p.242).
2. "Near trauma": Ego threatened but mobilized defenses
3. "Catastrophic trauma": Unavoidable external or internal danger leading to surrender

4. Split-ego organization in traumatized (Levine, 1990) with a healthy neurotic part alternating with a more primitive part.
5. Ego psychological perspective unconscious meaning of the event coupled with the harm incurred from excessive stimulation that overwhelms ego, making it nonfunctional.
    a. in determining trauma is event's capacity to engender incapacitation of ego
6. Pscyhe's normal response is to withdraw from scene of the traumatic experience. If this is not possible, the integrated ego disperses, fragments, dissociates—normal way psyche defends itself from potentially destructive impact of trauma.
    a. Dissociation enables life to continue on by dispersing intolerable experiences into different parts of the mind and body. External life continues at the expense of the internal life (e.g. internal world teeming with feeling-toned complexes)
7. Normally unified elements of conscious experience (cognitions, affect, sensations, images) aren't integrated, experience becomes discontinuous and complete narrative history is impossible
8. Trauma Complex
    a. "A traumatic complex brings about dissociation of the psyche. The complex is not under the control of the will…possesses the quality of psychic autonomy…in direct opposition to conscious tendencies: it forces itself tyrannically upon the conscious mind. The explosion of affect is a complete invasion of the individual, it pounces upon him like an enemy or a wild animal…the typical traumatic affect is represented in dreams as a wild and dangerous animal." (Jung, 1928a, paras 266-7)
    b. Full pathological effect of trauma requires trauma and inner psychological factor causing splitting to occur.
    c. The abreaction of trauma is not the healing factor, "it must be rehearsed in the presence of the doctor." (Jung, 1928a: para. 269)—allows the third (area of the psyche) to be constellated.
    d. More severe level of trauma is associated w/severe fragmentation of ego, primitive defenses and possession by a diabolical image from the collective psyche.
        i. Differed from Freud who focused on less severe pts w/ "strangulated affects" (hysterics) and Oedipal daydreams. Classical psychoanalysis tended to reduce uc material to wish fulfilling fantasies and pathology that manifested due to repression (not dissociation).
    e. Trauma disrupts formation of primal bond, the numinous constellates in its negative form as the archetypal "Terrible Mother."

i. Disturbance in primal rship w/mother leads to impaired ego-self axis that leads to negative Self-figure.

f. When one is confronted with overwhelming affects that threaten to disrupt psychic activities (Krystal)

g. "The overwhelming of the normal self-preserving functions ini the face of inevitable danger. The recognition of the existence of unavoidable danger and the surrender to it marks the onset of the traumatic state and with it the traumatic process, which if uninterrupted terminates in psychogenic death." (Krystal,

h. "A unique individual experience, associated with an event or enduring conditions, in which (Pearlman & Saavkitne, 1995)

i. ability to integrate affective experience is overwhelmed or experiences a threat to life or bodily integrity

i. An unbearable situation resulting in overwhelmed (hysterical) affect that is manifested in neuroses that help prevent the traumatic situation/response (Freud, 1894)

j. Subjective feeling of helplessness distinguishes event as traumatic. An "affliction of the powerless"…events that "overwhelm the ordinary systems of care that give people a sense of control, connection and meaning." (Herman, 1992)

HHH. Dissociation

1. Divided consciousness. Dissociation of parts of experience is a normal process, but its excessive use figures in the pathology of dissasociative disorders, which are often the result of trauma. (Skelton et al, 2005, pg.124.)

III. Alexithymia

1. Condition of being: "Without words for feelings"—difficulty recognizing basic feeling states
2. Exists on continuum—across people and within an individual
3. Higher rates in patients with: addictions, pain, physical/psychosomatic illnesses, trauma
4. Impairments in affective development lead to undifferentiated, vague, diffuse emotions
5. Emotional reactions expressed somatically—consist of physiological features of affects but little verbalization of thoughts and feelings
6. Fail to process cognitive/affective dimensions of emotions consciously. Without conscious awareness, individual focuses on and amplifies somatic component of emotional arousal.

7. Difficulties range from complete inability to experience feelings to problems knowing, naming, and/or differentiating feelings
8. Impaired ability to use emotions as signals
9. Can't discern physical sensations from psychological feelings (can't tell if intoxicated, sad, tired, hungry)
10. Can't describe nuances to sensations/feelings (can't tell severity of physical or psychological effects of addiction
11. Generally coupled with problems of self-care and self-regulation

VI. PSYCHOANALYTIC PSYCHOTHERAPY CORE IDEAS: PRACTICE OF PSYCHODYNAMIC PSYCHOTHERAPY AND PSYCHOANALYSIS

A. Analytical process

1. "If knowledge about the unconscious were as important for the patient as people inexperienced in psychoanalysis imagine, listening to lectures or reading books would be enough to cure him. Such measures, however, have as much influence on nervous illness as a distribution of menu-cards in a time of famine has upon hunger." (Freud, 1910, p. 235).

B. Agent of Change

1. Resolution of conflict
2. Insight
3. Intrapsychic and interpersonal relational experience
4. Working with inner representational world
5. Genuine relational experience
6. Corrective emotional experience
7. Splitting: Containing and healing
8. Healing interpersonal experience
9. Genuine encounter with the psyche/ucs
10. Restructuring of the self
11. Non-verbal modalities
12. Healing structural deficit
13. Empathic attunement
14. Facilitating individuation
15. Secure relationship
16. Revised narrative
17. Conscious awareness
18. Mentalization
19. Affect regulation
20. Mind-body integration
21. Symbolic attitude
22. Religious attitude
23. Transformation of symbols
24. Healthy attachment

25. Make uncon con
26. Working with and relating to the past that is in the present
27. Dialog with; relate to the uncon
28. Engaging with the numinous; the transpersonal; with spirit and soul

C. Role of the analyst

1. Role of the analyst: Analyst as a fellow participant engaged in a dialectical process with another human being (Jung)
2. Mutual participant who is a "co-constructor" of the patient's subjective experience
    a. "If I wish to treat another individual psychologically…I must…give up all pretensions to superior knowledge, all authority and desire to influence. I must perforce adopt a dialectical procedure consisting in a comparison of our mutual findings."
    b. "…the therapist is no longer the agent of treatment but a fellow participant in a process of individual development." Jung ("Principles of Practical Psychotherapy, CW16, p. 8)
    c. "A therapy independent of the doctor's personality is just conceivable in the sphere of rational techniques, but it is quite inconceivable in a dialectical procedure where the doctor must emerge from his anonymity and give an account of himself, just as he expects his patient to do." Jung ("Principles of Practical Psychotherapy, CW16, p. 18)
    d. "Modern psychotherapy is built up of many layers, corresponding to the diversities of the patients requiring treatment." Jung ("Principles of Practical Psychotherapy, CW16, p. 9)
    e. "…the relation between doctor and patient remains a personal one within the impersonal framework of professional treatment. By no device can the treatment be anything but the product of mutual influence, in which the whole being of the doctor as well as that of his patient plays its part." Jung ("Problems of Modern Psychotherapy, CW16, 1929A, p.71)
    f. "In the treatment there is an encounter between two irrational factors, that is to say, between two persons who are not fixed and determinable quantities but who brings with them, besides their more or less clearly defined fields of consciousness, an indefinately extended sphere of non-consciousness. Hence, the personalities of doctor and patient are often infinitely more important for the outcome of the treatment than what the doctor says and thinks (although what he says and thinks may be a disturbing or a healing factor not to be underestimated)." Jung ("Problems of Modern Psychotherapy, CW16, 1929A, p.71)

g. "…be the man through whom you wish to influence others." Jung ("Problems of Modern Psychotherapy, CW16, 1929A, p.73)

h. "…the doctor must change himself if he is to become capable of changing his patient…if the doctor conscientiously doctors himself he will soon discover things in his own nature which are utterly opposed to normalization, or which continue to haunt him in the most disturbing way despite assiduous explanation and thorough abreaction." Jung ("Problems of Modern Psychotherapy, CW16, 1929A, p.74)

i. "…we have learned to place in the foreground the personality of the doctor himself as a curative or harmful factor; and that what is now demanded is his own transformation—the self-education of the educator." Jung ("Problems of Modern Psychotherapy, CW16, 1929A, p.74)

3. "The intelligent psychotherapist has known for years that any complicated treatment is an individual, dialectical process in which the doctor, as a person, participates just as much as the patient." Jung ("Fundamental Questions of Psychotherapy", CW16, 1929A, p.116)

   a. "We could say, without too much exaggeration, that a good half of every treatment that probes at all deeply consists in the doctor's examining himself, for only what he can put right in himself can he hope to put right in the patient….it is his own hurt that gives the measure of his power to heal." Jung ("Fundamental Questions of Psychotherapy", CW16, 1929A, p.116)

   b. "But if the doctor is to be in a position to use his unconscious in this way as an instrument in the analysis, he must himself fulfil one psychological condition to a high degree. He may not tolerate any resistances in himself which hold back from his consciousness what has been perceived by his unconscious….It is not enough for this that he himself should be an approximately normal person. It may be insisted, rather, that he should have undergone a psychoanalytic purification and have become aware of those complexes of his own which would be apt to interfere with his grasp of what the patient tells him…Freud (SE12, 1912E)

   c. "…there must be a fluctuating interplay between doctor and patient. This invevitably follows from the interpersonal character of the psychotherapeutic process….the therapist's share in the reciprocal transference reactions of doctor and patient in the wider sense of the term may furnish an important guide in conducting the psychotherapeutic process." Fromm-Reichmann (Principles of Intensive Psychotherapy, 1950, p. 5)

   d. "What, then, are the basic requirements as to the personality and the professional abilities of a psychiatrist? If I were asked to answer this question in one sentence, I would reply, "The psychotherapist must be able to listen." This does not appear to be a startling statement, but it

is intended to be just that. To be able to listen and to gather information from another person in this person's own right, without reacting along the lines of one's own problems or experiences, of which one may be reminded, perhaps in a disturbing way, is an art of interpersonal exchange which few people are able to practice without special training." Fromm-Reichmann (Principles of Intensive Psychotherapy, 1950, p. 7)

e. "The psychiatrist cannot stand off to the side and apply his sense organs…without becoming personally implicated in the process…..His primary instrument of observation is his self—his personality, *him* as a person…There are no purely objective data in psychiatry, and there are no valid subjective data…because the material becomes scientifically useful only in the shape of a complex resultant—inference." Sullivan (The Psychiatric Interview, 1954, p. 3)

f. "In approaching the subject of mental disorder, I must emphasize that, in my view, persons showing mental disorder do not manifest anything specifically different in kind from what is manifested by practically all human beings. Sullivan (Conceptions of Modern Psychiatry, 1940/1953, p. 3)

g. "There is an essential inaccessibility about any personality other than one's own…There is always an ample residuum that escapes analysis and communication…No one can hope to fully understand another. One is very fortunate indeed if he approaches an understanding of himself. Sullivan (Personal Psychopathology, 1972, 5)

h. "…psychotherapy is done in the overlap of the two play areas, that of patient and that of the therapist. If the therapist cannot play, then he is not suitable for the work. If the patient cannot play, then something needs to be done to enable the patient to become able to play, after which psychotherapy may begin. The reason why playing is essential is that it is in playing and only in playing that the patient is being creative." Winnicott (Playing and Reality, 1971, p. 54)

i. "The analyst must be prepared to bear strain without expecting the patient to know anything about what he is doing, perhaps over a long period of time. To do this he must be easily aware of his own fear and hate….He is in the position of the mother of an infant unborn or newly born." Winnicott (Hate in the Countertransference, p. 198)

j. "…in certain stages of certain analyses the analyst's hate is actually sought by the patient, and what is then needed is hate that is objective. If the patient seeks objective or justified hate he must be able to reach it, else he cannot feel he can reach objective love." Winnicott (Hate in the Countertransference, p. 199)

k. "…what is life about? You may cure your patient and not know what is is that makes him or her go on living. It is of first importance for us to

acknowledge openly that absence of psychoneurotic illness may be health, but it is not life." Winnicott (Location of Cultural Experience, p. 100)

l. "…we are poor indeed if only we are sane." Winnicott (The Effect of Psychosis on Family Life, 1960, p. 61)

m. "My description amounts to a plea to every therapist to allow for the patient's capacity to play, that is, to be creative in the analytic work. The patient's creativity can be only too easily stolen by a therapist who knows too much." Winnicott (Playing: Creative Activity, p. 57)

D. Negative Capability (Bion)

1. The capacity to tolerate frustration because of the faith that meaning can ultimately be found.
2. Possessing the capacity for patience and faith in capacity to unite patient's material.
3. When a person is capable of being in mysteries, doubts, without any irritable reaching after fact and reason. (Bion, 1970).
4. Acceptance of and surrender to sates of ultimate and timeless receptiveness without desire, memory (preconceptions), or the need to understand.

E. Analytic space

1. Dimensions of analytic work that distinguish the distinctive qualities of the analytic field
    a. The fixed and noninterchangeable physical space, and time
    b. Humility
    c. Empathy
    d. The holding environment
    e. Inside focusing
    f. Allowing a working-through process over time
    g. The "analyzing instrument" or use of analyst's unconscious—used through a voluntary and controlled state of mind
        i. Deep absorption and concentraion on patient's material
        ii. Suspend critical attention
        iii. Heightened awareness of internal perception
        iv. Evenly suspended attention
        v. Attention is not restricted to conscious, rational level

E. Analytic Listening

1. Listening on multiple levels of consciousness
2. Attention to the symbolic
3. Interplay between listening and attending to primary and secondary process; conscious and unconscious
4. Heightened awareness of process
5. Heightened awareness of associational and relational foundations of mind
6. Consideration of implicit memory and technical intervention around such processes
7. Consideration of development; developmental influences; what is being expressed developmentally
8. Appreciation for the developmental nature and process of change—"working through"--as reflected in material presented in analytic hours
9. Respect for defenses and resistance and therapeutic awareness/capacity to work clinically with these phenomena

F. Analytic Relationship

1. Therapeutic/Working Alliance
2. Transference Relationship
3. Real Relationship

G. Analytic Third

1. That which is created and emerges out of the analytic work
2. he analytic process not only includes the analyst and analysand but also a "third co-created unconscious"
3. the creation of a healing symbol
4. Referred to as the intersubjective analytic third
5. The (intersubjective) third subject of analysis stands in tension with the analysts and analysand as individuals with their distinct subjectivities, histories, personality organizations and so on.
6. Analyst and analysand participate in the unconscious intersubjective construction but do so asymmetrically.
7. The relationship of the roles of analysts and analysand structures the analytic interaction in a way that strongly privileges the exploration of the unconscious

internal world of the analysand.. (Skelton, Burgoyne, Grostein, & Stein, eds., 2006, p. 22)

H. Expressive-Supportive Continuum

1. (Most expressive to most supportive): Interpretation; confrontation; clarification; encouragement to elaborate; empathic validation; advice and praise; affirmation

I. Free Association

1. The 'fundamental rule' of spontaneously verbalizing whatever comes to mind without selective editing or suppression of what is presumed to be irrelevant or important or distressing. Due to psychic determinism, free association would reveal unconscious repressed material. (Skelton, 2005, pg. 178.)

J. Insight

1. A process where one grasps a misunderstood or unknown aspect of one's mental dynamics.
2. An awareness of an association, inner conflict, impulse, defense, symbol, solution. Elicits surprise, sense of discovery
3. A sudden discovery—"Eureka!" experience
4. A slower, more gradual process where there is a sensation of experiencing the obvious
5. Something beyond intellectual comprehension is involved.
6. Its occurrence indicates a transition from material in the preconscious mind to the conscious mind
7. Drive/conflict model suggests insight and interpretation heals; ferreting out the truth is curative. Focus pt's attn on what is outside pts' awareness to advance pt's knowledge of his/her internal process. Intervention: direct pt's attn to areas outside awareness, to implicit memory.

K. Abreaction/Catharsis

1. Originally developed by Joseph Breuer. Involved a hypnotized patient recollecting a traumatic event in order to eliminate the pathogenic memory through "catharsis."
2. Catharsis: From Greek, meaning purification, purging. The release of tension & anxiety resulting from the process of bringing repressed ideas, feelings, wishes & memories of the past into consciousness, (Reber, 2001, pg.109.)
3. Evolved to the "talking cure" or "chimney sweeping"---included developing stories around traumatic words; linking the emotional state to retelling; no active searching for etiological clues

4. “A quality of affect that was linked to memory of a traumatic or pathogenic event that could not be evacuated through normal physical and organic processes as required by the principle of constancy” and since it was blocked redirected it self through somatic channels which became the origin of the symptom.

L. Resistance

1. An attitude on the part of the patient that opposes the objectives of treatment. Can emerge before, during, of after the “working through” phase in response to reactions to unconsciously anticipated/warded off material; emergent/emerging material; or as a response to what has been worked through (It is also true that this can apply to a therapist—therapists exhibit resistances to their pts.)
2. Types of Resistance
    a. Repression Resistance: Attempts by the ego to ward off unacceptable material, permitting patient to remain unconscious of conflictual material
    b. Transference Resistance: Using the transference reactions in a specific way that restricts and limits the therapy and therapeutic relationship.
    c. Secondary-Gain Resistance: Pt’s unwillingness to relinquish secondary benefits of their problem.
    d. Super-ego Resistance: Pt’s unconscious need for punishment inflicts suffering on him/herself and prevents growth and alleviation of mental distress.
    e. Repetition-compulsion Resistance: Phenomena whereby pts remain fixated on entrenched, maladaptive patterns that are acted and reenacted until they are psychically able to make a change.

M. Working Through

1. Part of the analytic work where the patient and analyst are actively working to help the patient relate to his unconscious differently; and free himself from challenging life patterns—the battle with his/her material.
    a. “Working through, the middle phase of analysis, is infused with developmental process without which, I do not believe, analytic progress occurs (Shane, 1979, p. 381). “
    b. To labor, to travail; to toil” (Samuel Johnson)
2. Repeating and remembering are essential parts of this process. Remembering through insight, interpretation, experience and experiencing, relationship
    a. “In repeating, past and present are merged….the need for working through is not something which must be eliminated by any refinement in

technique or advancement in theory. It answers to a permanent feature of human existence which cannot be effaced: the gap between conscious and unconscious life, the rift between understanding and oblivion, and the inevitable, restorative labor of selfhood" (Sedler, 1983, p. 96)

3. Involves going over the same insights over and over, applying them to more instances, helping the patient make more significant and lasting change
4. Analogous to the natural process of mourning
5. Relinquishing hypercathexis to infantile neurosis
6. Space between interpretation and change
    a. Letting in and comprehending new insight;
    b. Trying out new awareness to construct new abilities
    c. Experiencing oneself differently from new capacities;
    d. Mourning and accepting the loss of old self and object representations
7. Being capable and patient in managing resistance

N. Ego Functions and Functioning

1. Ego capacities/function
    a. Perception (sense of reality)
    b. Reality testing (adaptation to reality)
    c. Motor control
    d. Memory
    e. Affect regulation
    f. Thinking and learning styles
    g. Control of impulses
    h. Synthetic functions (accommodation, assimilation, integration, differentiation)
    i. Language/comprehension
2. Ego supported by developing and aiding ego functions, analyzing conflict, freeing psychic energy bound in defense and enabling ego to fcn free of conflict (e.g. softening the superego; taming the id…..). Supporting and working with the defense—targetting the underlying anxiety. Assessment of ego includes:
    a. Identifying ego deficit
    b. Differentiating deficit and its consequences
    c. Differentiating fantasy vs reality

O. Ego Development, Structuralization and Function: Assessing and Addressing (Blanck, 2000)

1. Drives channeled by competent ego—has the ego developed enough through birth to be strong enough to be in control of its impulses?
2. Are drives subjected to ego fcns of judgment, delay of action and channeled appropriately? Can thought and words (verbalization/symbolization) be used as trial action?
    a. Intervene by examining the space btw impulse and behavior
3. Can the ego tolerate frustration, conflict, anxiety? Can experiences of frustration, conflict and anxiety be worked with—not (unconsciously) minimized—within the tx rship?
    a. Targeting these experiences inside/outside tx
    b. Building these capacities utilizing the tx rship
4. Is there a capacity for self observation? Can this be cultivated within the tx? Dvt of observing ego?
    a. Cultivating an observing ego
    b. Acting as an observing ego when developmentally necessary
    c. Demonstrating self reflective abilities in therapeutic interventions
5. Does the ego have a capacity for organization and reorganization?
    a. Attention to process in organized/disorganized states; ruptures; transitions
6. Is a representational world established? How? What is the rship btw reality testing and the representational world?
    a. Increasing awareness, naming, exploring representational world

P. Defense analysis

1. Method of investigating surface material—defenses—in order to get to unconscious fantasies, wishes, anxieties
2. Process
    a. Acknowledging one is defending
    b. Acknowledging how one is defending
    c. Naming the wishes, impulses, fantasies defending against
    d. Naming danger to the ego if exposed to this material

Q. Empathy

1. Literally, it means "feeling into" another person, as contrasted with *sympathy*, which means "feeling with."
2. The capacity for empathy is developmentally related to pre-verbal mother-infant interactions in which there is concordance of wish, need, and response.
3. In the analytic situation empathy derives in part from the analyst's evenly suspended attention
4. Analysts do not view empathy as mystical or transcendent
5. Includes many components—affective, cognitive, inferential, and synthetic—which constitute psychoanalytic treatment.
6. Empathy does not substitute for analysis of transference and resistance, though it can yield information about these processes. It is relatively neutral and nonjudgmental, unlike the related phenomena of pity and *sympathy*
7. Pity and sympathy lack objectivity, encourage over identification, and lead to enactment of rescue fantasies.
8. Empathy can become a source of countertransference if lingered over, fearfully avoided, or overvalued at the expense of other modes of analytic observation and comprehension.
9. Placing one's self imaginatively into the inner world of the other, feeling and thinking one's self into the experience of the other, and describing their reactions from the other's perspective
10. Differs from a caring, kind, supportive attitude—a sadistic psychopath and narcissists are often empathic
11. Forms of empathic responses:
    a. Empathic understanding
        i. Communicate understanding of the patient's felt experience
        ii. Information gained through all senses—not just what is being verbalized
        iii. Understanding is gleaned from felt sense in the room, emerging out of being with patient
        iv. What is implied and what is not being said.
        v. Attending to own inner responses and considering them as possible aspects of patient's experience
        vi. "Sometimes when I see how you struggle to share about your experiences with cocaine, I imagine how hard it must be to be keeping in such a big secret in your day to day life."
    b. Empathic exploration

i. Acknowledging patient's experience yet encouraging them to think further about it.

ii. "Yes, you and your father do share a vulnerability to drugs…are there other things you two share as well?"

c. Empathic conjecture

i. Offer a working hypothesis from professional perspective based on patient's communications.

ii. "My impression is that your pain is so debilitating that you get some relief by drinking alcohol?"

iii. "I have a hunch that the depression you feel in your marriage is making your use of alcohol worse."

d. Empathic Interpretation

i. Make inferences about patient's experience that patient may not be aware of

ii. Attempt to offer new information about the patient's experience that is not already known to him/her

iii. "Drinking a bottle of alcohol sounds more calming and reliable than the chaotic experiences you encountered at home."

R. Affect Work: Affect Regulation

1. Healing disruptions in affective development through attuned, solid therapeutic relationship and careful attention to affective process and content
2. Targetting alexithymia: Difficulties in recognizing basic feeling states. Literally, being "without words for feelings."
3. Affective methods:
   a. Affect Activation: Facilitate experience and expression of affect
      i. Establishing conditions of safety
      ii. Listen for allusions to feelings—verbal and nonverbal
      iii. Follow up on affective content
      iv. Increasing tension---less gratifying stance
      v. Being able to withstand being "the negative mother/father"
      vi. Working with images
      vii. Having well developed empathy
   b. Affect Labeling: Assist in putting feelings into words
      i. Learning to differentiate between physical states and feelings; feelings and cognitions

ii. Differentiating between feelings and action; action and fantasy
iii. Careful attention to process including nonverbals
iv. Offering internal experience
v. Sensitive monitoring of affective interplay in transference and countertransference

c. Affect Tolerance: Feelings must be accepted, tolerated, and not acted upon.
i. Empathic, steady, containing presence in response to affects
ii. Asserting that feelings do change, subside and can't be eradicated
iii. Understanding feelings as a signal
iv. What function is this feeling serving?
v. Explore beliefs and fantasies re: expression of affect and feelings
vi. Not acting (by therapist) esp. for problem without good solution
vii. Differentiating between feeling and action: "Your feelings are not going to go away—today you must bear them without acting."
viii. Avoid getting into action mode, becoming problem solver, Savior

d. Affect Modulation: Facilitating expression of affects within limits
i. Attention to boundaries
ii. Examining consequences of unbridled or suppressed emotions
iii. Nonverbal adjuncts to therapy
iv. Affective engagement that is containing & protective of self/other
v. Engaging with projections
vi. The value of silence

S. Self-Esteem Regulation

1. Fleshing out aspects of the self (inner figures, roles, stereotypes, personal dynamics)
2. Supporting self esteem without false reassurance
3. Tolerance and affection for the despised part(s) of the self
4. Humor
5. Allowing and acknowledging patient's influence
6. Therapist's admission of mistakes, vulnerabilities

7. Addressing borderline and narcissistic personality issues (e.g. splitting, grandiosity, devaluation, idealization, projective identification)
8. Self-other boundaries including with therapist
9. Who is that voice? Naming parts—beginning to make them ego dystonic

T. Relational Experience

1. What heals is interactive engagement with authentic other. rship btw sub and subj.
2. Negotiation of rship and its vicissitudes constitute the locus of therapeutic action. Here and now engagement btw pt and th is profoundly transformative
3. advance pt's understanding of what s/he is playing out in the therapy rship and to deepen level of engagement btw pt and th.
4. Th as subject, authentic subject who "uses" the self (CT) to find and to be found by the pt.
5. Theorists: Relational theorists: Miller, Mitchell; Intersubjectivists: Stolorow; Special constructivists: Hoffman; Relational perspectivists Aron; Interpersonalists: Ehrenberg, Levenson; Interactive theorists: Bollas, Casement, Sandler; Developmentalists: Beebe & Lachmann, Stern.
6. What is healing/therapeutic action:
    a. Authentic engagement: Th remains centered on his/her own experience, her own subjectivity and pt's impact on it. (contemporary psa)
    b. Th participate as old bad then as new good object
    c. Interactive engagement btw pt and th anable pt to develop the capacity for healthy authentic rships
    d. Th as container for pt's projective identifications, ability to process and return the metabolized projections to pt for the pt to experience containment and greater integration..
    e. Experience of finding and being found by a therapist not afraid to be used as a container for pt's disavowed psychic gunk, not afraid to put herself out there on behalf of a pt who keeps herself out of rships, a therapist who can use her authentic self to engage and to be engaged by th pt.

U. Corrective-provision model: Relational Experience that Attends to Deficit

1. Corrective Emotional Experience: Phrase by Franz Alexander (1948) for analysand's refreshing discovery that his analyst's attitude differs from his parents. This relaxes the patient and permits freer self expression

2. "To re-expose the patient, under more favorable circumstances, to emotional situations which he could not handle in the past. The patient, to be helped, must undergo a corrective emotional experience suitable to repair the traumatic influence of previous experiences." (Alexander & French, 1946, p.66).
3. If the parents were harsh, the analyst deliberately adapts a more tolerant and sympathetic attitude. If the parents were overindulgent, the analyst leans toward firm limit setting. And so on.
4. Nowadays 'corrective emotional experience' is regarded to be a result not of analyst's accommodations to transference pressures but an interpretive resolution of that very transference; this can be called 'corrective analytic experience'.
5. The patient's developmentally driven search for new objects would also be seen to facilitate his or her need and capacity to have a 'corrective emotional experience'.
6. Occurs throughout the therapeutic process, whenever the patient experiences the therapist as someone who reacts differently from the pathogenic "other."
7. Importance of linking this with corrective experiences which will occur more outside therapy once patient discovers/experiences that his changed behavior is related to different treatment
8. Self psychology and object relations emphasize internal recording of parental failure as deficit or absence of good. Deficit arises from failure in the early-on environmental situation –btw infant and caregiver
9. Structural deficit: impaired capacity to regulate self-esteem internally. Unable to feel good about herself. Deficit creates a need for an object (selfobject) that provides external regulation of self-esteem. Need for object to complete the self
10. Aim to provide what was not provided consistently and reliably by caregiver. Rship btw th and pt gives opportunity for reparation, with new rship, a corrective for old one.
11. What is curative is not an experience of the truth but of being provided for in the way a good mother provides for her young child.
    a. Self psychology: th is empathic selfobject who offers pt validation of experience
    b. Object Rns: th is a good object-good mother who offers pt a corrective emotional experience.
12. Th becomes effective bc comes to assume the importance of the original parent. When vested with such power, only then can therapy rship serve as a corrective.

13. Empathic response as opposed to interpretation. Focus the pt's attn on what is inside his/her awareness, to validate pt's experience. Intervention speaks to where pt is.
14. Th as selfobject, as new object. Emphasis on emotional experiencing.
    a. Theorists: Corrective emotional experience (Alexander 1946); Corrective symbiotic experience (Mahler 1967); New beginning (Balint 1968); Benign regression (Balint 1968); Therapeutic dependence (Guntrip, 1973); Facilitating environment (Winnicott, 1965); Symbolic gratification (Modell 1984); Empathic ambience (Kohut 1971); Selfobject matrix (Kohut 1971)
    b. What is healing: Healing power of a corrective (emotional) experience through empathic recognition or actual response
    c. What is therapeutic action in self psychology: Some theorists: Experience of gratification. Others: experience of working through frustration against a backdrop of gratification promotes structural growth
    d. When selfobject th has been experienced as gratifying ("good") then as frustrating ("bad") pt deals with disappointment by taking in the good that had been there prior to the introduction of the bad. Preserves internally a piece of the original experience of goodness. Pt must master both disillusionment with th and make her peace with having been failed. She must grieve. By grieving, pt works through th's empathic failures. By internalizing aspects of the selfobject, pt is able to fill in structural deficit and develop further internal structure
15. What is therapeutic action in object relations
    a. Meeting pt where s/he is—like a mother who recognizes and responds to child's need.
    b. Good enough mothering. Gratifying and frustrating
    c. Containment may be perceived as frustrating and not gratifying (e.g. setting limits) but demonstrates th's recognition of pt's need for containment, corrective experience of being held
    d. Th must discern continuously which of pt's needs should be gratified and which frustrated
        i. Winnicott: id needs (related to needs for instinctual gratification) can be frustrated, but ego needs (related to pt's needs for objects) need to be gratified.
        ii. If id need is frustrated, pt experiences rage belonging to here and now situation and in lager part to the original traumatic failure situation. Opportunity to rework the original environmental failure situation through working through the rage pt feels now at the th.

iii. If ego need is frustrated, pt experiences retraumatization reinforcement of original traumatic failure

V. Self-object Transference Work

1. Therapist as "selfobject" for patient is central: Therapist to aid in repairing self-deficits. "Holes" in pts development may manifest as skill, knowledge, experience deprivations and deficits (not repressed conflicts or warring object relations)
2. Often requires active interventions/engagement at this stage which is healing due to symbolic and relational value.
3. Analysis of ruptures in the therapeutic bond is crucial
4. Discrimination of subtleties in intersubjective field and mutual contrbutions
5. Attending to resistances esp fear of retraumatization
6. Empathy—vicarious introspection, method of continuously gathering data
7. Change occurs through optimal frustrations where transmuting internalizations may occur (process of structure formation where aspects of the self-selfobject function are internalized via pressure of optimal frustrations)

W. Neutrality

1. Remaining "equidistant from the id, ego, and superego (A. Freud)
2. Avoidance of suggestion or deliberate influence upon patient—less emphasized in its pure form in contemporary analytic approaches

X. Symbolic attitude

1. Attending to the symbolic dimension of the material. Not concrete reality. Often involves dialoguing with symbolic, implicit themes and a language of metaphor.
2. "What might this be?"

Y. Mentalizing

1. The process of making sense of mental states in one's self and others.
    a. We mentalize when we treat others as persons rather than objects.
2. Interpreting and responding to behaviors of self and others in terms of intentional mental states: desires, feelings, beliefs.
3. Our capacity to play is a harbinger of mentalizing (Leslie, 1987).

4. Especially crucial to represent the same situation in multiple ways, think of alternatives, adopt multiple perspectives; imagine various ways in which others may think and feel
5. Capacity for meta-representation, being able to think about our own thoughts and feelings.
6. Being mentally flexible is inherent in having well-developed representational capacities. Allows for being curious about possibilities, playing with reality, and playing with mental realities.
7. Involves helping our patients become curious about the workings of their mind and the minds of others. Engage them in the process of exploring various possible meanings of feelings, dreams, and actions.
8. Distinction between implicit and explicit mentalizing
    a. "The primary evolutionary role of the mind is to relate us in certain ways to the environment, and especially to other people. My subjective states relate me to the rest of the world, and the general name of that relationship is 'intentionality'…the general term for all the various forms by which the mind can be directed at, or be about, or of, objects and states of affairs in the world. (Searle, 1998, p. 85)

Z. Active Imagination

1. A method of assimilating unconscious contents (dreams, fantasies, etc.) through some form of self-expression.
2. give a voice to sides of the personality that are not heard, establishing communication between unconscious and conscious which may involve the use of creative mediums.
3. The first stage is like dreaming with open eyes. It may occur spontaneously or be induced. Observational stage.
    a. In the latter case you choose a dream, or some other fantasy-image, and concentrate on it by simply catching hold of it and looking at it. You can also use a bad mood as a starting-point, and then try to find out what sort of fantasy-image it will produce, or what image expresses this mood. You then fix this image in the mind by concentrating your attention. Usually it will alter, as the mere fact of contemplating it animates it. The alterations must be carefully noted down all the time, for they reflect the psychic processes in the unconscious background, which appear in the form of images consisting of conscious memory material. In this way conscious and unconscious are united, just as a waterfall connects above and below.["The Conjunction," CW 14, par. 706.]
4. Second stage, observation, involves consciously participating in them; honest evaluation of meaning; and a morally and intellectually binding commitment to

act on the insights. Transition from perceptive or aesthetic attitude to judgment.

a. Although, to a certain extent, he looks on from outside, impartially, he is also an acting and suffering figure in the drama of the psyche. This recognition is absolutely necessary and marks an important advance. So long as he simply looks at the pictures he is like the foolish Parsifal, who forgot to ask the vital question because he was not aware of his own participation in the action. [An allusion to the medieval Grail legend. The question Parsifal failed to ask was, "Whom does the Grail serve?"]. . . But if you recognize your own involvement you yourself must enter into the process with your personal reactions, just as if you were one of the fantasy figures, or rather, as if the drama being enacted before your eyes were real.["The Conjunction," CW 14, par. 753.]

b. The judging attitude implies a voluntary involvement in fantasy-processes, which compensate the individual and collective. The purpose is to integrate the unconscious, assimilate compensatory content, and produce a whole meaning, which makes life worth living and, for not a few people, possible at all. [Ibid., par. 756.] (Sharp, 1991)

c. Even when the end products-drawing, painting, writing, sculpture, dance, music, etc.-are not interpreted, something occurs between creator and creation that transforms consciousness.

AA. Verbal Techniques:

1. Observation: Verbal and nonverbal; implicit and explicit
2. Interpretation
3. Affirmation
4. Conjectures
5. Linking themes
6. Tracking
7. Pattern identification and naming
8. Symbolic and metaphorical language
9. Paradoxical intention: the deliberate and conscious practice of a habit or symptom in order to understand and change it.
10. Self distancing; An attempt to look at the self from the outside and dialogue with it. Making something ego-dystonic
11. Self-transcendence: Relating to a less mature aspect of one's self from a more mature, whole, and spiritual aspect of one's self
12. Exaggeration: exaggeration through humor, play, and use of relationship—verbal and nonverbal

13. De-reflection: Actively employing awareness and self-dialogue to quiet internal voices.
14. Exaggerated self observation—making them more noticeable;
15. Socratic Method: incisive questions—includes listening through a symbolic and unconscious lens
16. Dynamically oriented psychoeducation
17. Focusing (Gendlin): Holding an open, non-judging attention to something which is directly experienced but is not in words. May clarify feelings/desires. Differentiated from other methods of inner awareness: the "felt sense:" the unclear, vague, pre-verbal sense of 'something', which is experienced in the body. This bodily felt 'something' may be an awareness; wound; or creative expression or product a quality of engaged accepting attention and experiential listening;
18. Deepening: Develop the pt's concerns--help deepen the pts initial understanding of their concerns through questions, linkages, elaboration, pattern naming
19. Amplification—develop relationship between unconscious and conscious through expressive, verbal, and nonverbal modalities
20. Self-Awareness: Help link pts conscious awareness of particular sx w/deeper underlying condition
21. Inner exploration--help pts with inner discovery--allow thoughts, impulses, emotions, subjective material to emerge w/o editing
22. Free assn, dreams, "focusing"; two-chair work; searching, unfolding

BB. Dream analysis: Contrasting the Perspectives of Freud and Jung

1. Origins: Personal Unconscious—Personal elements specific to our life and experiences. Comes from life history, development, personal experiences, constitution….
2. Collective Unconscious—Universal elements common to all across cultures. Includes archetypal material that is comprised of mythological, anthropological, cultural, spiritual and transpersonal themes that are common to all people. Emerges from material that is not coming directly from day events and life history
3. Dreams have a classic dramatic structure:
4. exposition (place, time and characters)--shows the initial situation.
5. the plot (action takes place).
6. culmination or climax (a decisive event occurs)
7. the lysis, the result or solution (if any) of the action.(Sharp, 1991)

a. Freud—Primarily our impulses, wishes and instincts specifically centering around conflicts, especially sex and aggression

b. Jung—Primarily material from development and personal life that is unacceptable to conscious awareness and may be parts that require development or greater consciousness

    i. Way of restoring psych balance. Dreams are living realities that must be experienced/observed and give clues to what one needs to learn, provide meaning, enlightenment, purposive, compensatory

8. Thoughts on Dreams: Freud:

    a. Dreams are wish fulfillment—the, "disguised fulfillment of a repressed wish"

    b. Dreams reveal hidden conflicts and wishes that are disguised through various symbols in the dream.

    c. "A fragment of the superceded psychic life of the child." Often represent infantile trauma and conflicts stemming from childhood.

    d. What you are <u>really</u> feeling is…..

9. Thoughts on Dreams: Jung:

    a. Dreams are a message about the inner psychic life

    b. Dreams are compensatory and complementary for what is lacking in the person's conscious position

    c. Dreams indicate what is required for wholeness

    d. Dreams are a message from a more superior, yet archaic, form of intelligence

    e. "A highly objective, natural product of the psyche…a self representation of the psychic life-process" that "shows the inner truth and reality of the patient as it really is: not as I conjecture it to be, and not as he would like it to be, but as it is."

    f. "Rectify the situation. It contributes the material which was lacking and which properly belongs to it and thereby improves the attitude."

        i. Dreams are neither deliberate nor arbitrary fabrications; they are natural phenomena which are nothing other than what they pretend to be. They do not deceive, they do not lie, they do not distort or disguise. . . . They are invariably seeking to express something that the ego does not know and does not understand.["Analytical Psychology and Education," CW 17, par. 189.

    g. In symbolic form, dreams picture the current situation in the psyche from the point of view of the unconscious.

i. Since the meaning of most dreams is not in accord with the tendencies of the conscious mind but shows peculiar deviations, we must assume that the unconscious, the matrix of dreams, has an independent function. This is what I call the autonomy of the unconscious. The dream not only fails to obey our will but very often stands in flagrant opposition to our conscious intentions["On the Nature of Dreams," CW 8, par. 545.]

h. Jung acknowledged that in some cases dreams have a wish-fulfilling function (Freud) or reveal an infantile striving for power (Adler), but focused on symbolic content and compensatory role in self-regulation of the psyche: reveal aspects of oneself that are not normally conscious, disclose unconscious motivations in relationships and present new points of view in conflict situations.

i. In this regard there are three possibilities. If the conscious attitude to the life situation is in large degree one-sided, then the dream takes the opposite side. If the conscious has a position fairly near the "middle," the dream is satisfied with variations. If the conscious attitude is "correct" (adequate), then the dream coincides with and emphasizes this tendency, though without forfeiting its peculiar autonomy.[Ibid., par. 546]

10. Properties of Dreams

a. Condensation: Several meaningful issues are condensed or incorporated into one element of dream. “Composite structures” whereby several issues are melded into one symbol. Some commonality to link all together.

b. Dilation: One meaningful issue is repeated across several symbols in the dream. The meaning is repeated throughout the dream.

c. Displacement: The feeling connected to an object is transferred to another—the “real” feelings are disguised

d. Intrapsychic Elements: The symbols in the dream indicate aspects of the dreamer, their psyche and internal world. This can include defenses.

e. Interpersonal Elements: The dream is expressing relationships with others and reveals transferential material.

11. Methods of Dreamwork

a. Freud:

i. Free associations elicited from dream.

ii. Therapist interprets in terms of wishes, conflicts and disguised repressed material.

iii. Therapist interprets the “latent” content that underlies the manifest material.

iv. Therapist helps uncover what is hidden and disguised

v. Therapist often interprets in terms of hidden erotic wishes

vi. Therapist focuses on "reductive" or early childhood issues, conflicts and developmental arrests

b. Jung:

i. Associations (ideas, memories, reactions, images) that come to the patient's mind are gathered and the emotional core or charge—the affective response—is sought through additional working through including more exploration, questions, increased imaging, word repetition techniques…Careful attention must be sought to details of the association—multiple levels of meaning

ii. Use the same sensory mode utilized by the patient in the dream when questioning

iii. Emotions and feelings toward dream image

iv. Ground associations with present life, childhood memories and past issues, and therapist-patient relationship

v. Only when the affective core is touched, can issue be worked through experientially

vi. Explanation—Generally accepted facts—"the thing in it self"--objective, rational elements that have both collective and personal meanings. Realities regardless of person's associations. Knowledge of the objective object is considered as potentially meaningful. It is not "disguised."

vii. Emotions and bodily reactions—affects and bodily sensations elicited during the dream or while telling the dream are potentially meaningful and should be questioned.

- Note gestures, nonverbals, facial expressions—impressions from this information may be incorporated in dream interpretation (although not necessarily articulated to patient). Therapist may also directly query into these reactions

viii. Fantasy, imagination, enactment—Invent missing pieces of the dream, begin at any point and refashion dream; alter the dream by carrying it backwards or forward, encourage personal enlargments

- Intensify the bodily movement; exaggerate a response
- Finish the dream imaginally
- Imagine you are looking at your dream on a movie projector screen—where did it come from? Where is it going?

- "Put the dream on stage" and enact various parts
- Amplification—Expand the meaning of the dream's personal content with myths from the storehouse of collective material and universal symbolism—myths, fairy tale, folklore, symbolism. Cultural and archetypal meanings accessed.
- Widens one's story and builds connection with the larger collective
- Often utilized when personal associations are absent, deficient, fail to embrace the feeling-tone of the dream

c. Reductive work—Using dreams to work on infantile issues, trauma, developmental material that is influencing the present (past is in the present). What happened to person? (Psychic and objective reality levels…)

d. Prospective work—Using dreams to anticipate future possibilities; future development—ascertains what is needed for wholeness—what meaning does the present reality have for one's future (future is in present). Where is person going?

e. Subjective attitude—the dream applies to the dreamer's inner state; inner architecture

f. Objective attitude—the dream applies to objective, external reality

g. Active Imagination—A fantasy process carried out in a relaxed but focused waking state—individual engages in imaginary dialogue with figures in dream. Other methods: art, painting, sculpture, music, dance, acting—artistic methods that are not necessarily verbal which expand the dream and, from this expansion, develops greater understanding and useful hypotheses to explore

h. Dreams about the Therapist
    i. The real therapist and his/her objective qualities
    ii. Personal and collective/archetypal transference projections onto therapist
    iii. The patient's own inner therapist/inner healer
    iv. Observations regarding the therapist's countertransference
    v. Statements regarding the therapeutic process
    vi. Qualities in the patient that are projected onto the therapist

Evidence-Based Psychoanalytic Psychotherapy and Psychoanalysis
Helen Marlo, Ph.D.

Excerpted and modified from: The Heart and Soul of Change, Eds. Barry L. Duncan; Scott D. Miller; Bruce E. Wampold; and Mark A. Huble, American Psychological Association, The Efficacy of Psychodynamic Psychotherapy (Shedler); Effectiveness of Long-Term Psychodynamic Psychotherapy (Leichsenring and Rabung) ; The Efficacy of Short-Term Psychodynamic Psychotherapy in Specific Psychiatric Disorders (Leichsenring and Rabung);

"Would you tell me, please, which way I ought to go from here?" "That depends a good deal on where you want to get to," said the Cat. "I don't much care where—so long as I get somewhere," Alice added as an explanation. "Oh, you're sure to do that," said the Cat, "if you only walk long enough." (Lewis Carroll, Alice's Adventures in Wonderland)

"What is it you want to buy?" the Sheep said at last… "I don't quite know yet," Alice said very gently. "I should like to look all round me first, if I might." (Lewis Carroll, Through the Looking Glass)

"Everybody has won so all shall have prizes" (Lewis Carroll, Alice's Adventures in Wonderland)

I. Evidence-Based Practice Defined

A. Presidential Task Force on Evidence-Based Practice defined *evidence-based practice* as "the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences"

B. Services are most effective when responsive to the client's condition, values, preferences, strengths, personality, sociocultural context, and practitioner knowledge and skills.

C. Includes the importance of the idea of "practice-based evidence," monitoring outcome and adjusting accordingly on the basis of client feedback

D. Includes input from the clinician and patient—extends beyond the laboratory

II. Evidenced-based treatments

A. EBT—Evidence-based treatments

B. EST—Empirically-supported treatment :

1. "…lists of ESTs reflect a political or theoretical bias more than they reflect treatments that work."

C. Efficacy vs. Effectiveness

1. Efficacy: two good between group experiments or three single-subject experiments showing evidence of positive effects (compared with a pill, placebo, or other treatment) or effects that are equivalent to those of an already established treatment; this is likely to occur in__% of the time. Statistical significance.

a) Highly specific approach to evaluating ptx outcome: Tx of interest contrasted w/other comparison group (placebo, wait list control). Pts are randomly assigned to groups and have a single problem or single diagnosis (decreases generalizability. Rigid adherence to specific number of sessions, techniques and theory. Therapist can't be chosen.Treatments are done by manuals and therapists must adhere to manuals

2. Effectiveness: Ptx Outcome Research: Effectiveness Study: Asks, in general, does ptx work? Under what conditions does it work? Outcome is central but less rigid definitions for outcome evaluation. More fluid study of ptx process, "real life"--no time limits, no treatment manuals, modifications and alterations can be made in process, more representative of "real" treatment where people select own therapist, people are not excluded for having multiple problems

1. includes "real world" and naturalistic design that attempts to assess entire phenomena including aspects that can not or are challenging to quantify. Clinical significance.

B. Evidence based practice understands that scientific evidence is tentative while evidence-based treatments restrict themselves, confidently, to available evidence

C. Evidence-based practice values clinician autonomy and individualized treatment decisions while evidence-based treatments believe in greater structure and consistency in treatment.

D. Both rely on an unscientific synthesis of evidence about what really works. EBP may be less affected because it considers other sources of evidence

II. Common Factors

A. Describes the humanistic interaction of therapist and client. There are commonalities of various treatments and these commonalities are responsible for the benefits of psychotherapy.

1. emphasize the collaborative work of therapist and patient, focus on the transaction between them

2. The overriding principle is that the specific ingredients stipulated in the various treatments are relatively unimportant and give primacy to the engagement of a therapist and client in the healing process.

3. Research supports that these common factors are indeed the "heart and soul" of therapy.

a) Rosenzweig (1936) precisely predicted that common factors are critical to successful psychotherapy and not the focus on treatment related to outcome.

(1) Other theorists concur: Jerome Frank, Judd Marmor and Sol Garfield

B. Healing practices have existed since the dawn of time and found indigenously, across the globe. Modern medicine has banked on documentation of its effectiveness and psychotherapy is the only other healing practice that has been subject to similar rigor and scrutiny.

1. Common components to all forms of persuasion, healing and change: Primitive healing, conversion experiences, faith/spiritual healings, shamanism, magic, folk and western medicine and ptx all share common components across the world (Frank, Persuasion and Healing, 1961)

a) A trained, socially sanctioned healer, whose healing powers are accepted by

b) sufferer and his/her social group

c) A sufferer who seeks relief from a healer

d) A circumscribed, structured series of contracts btw healer/sufferer whereby healer,

(1) often with aid of group, attempts to produce changes in sufferer's emotional state, attitudes, behavior.

e) Healing influence is primarily exercised by words, acts and rituals

f) participated in by both healer and sufferer though physical adjuncts may be used.

g) Magnetism of healer and patient's faith in the ideology of the healer which helps for making sense of problem and treatment

III. Effectiveness of Psychotherapy:

1. Hans Eysenck (1952, 1966) claimed that research demonstrated that psychotherapy, on predominately psychodynamic and eclectic treatments but not ones based on Learning theory (i.e., Behavior Theories) were not only ineffective but possibly harmful.

2. Smith and Glass Metaanalysis: Two decades after Eysenck's claim, Smith and Glass (1977, 1980) refuted this claim, and found that psychotherapy was remarkably effective; yielding an effect size estimate of .80, which is statistically significant and remarkably robust.

a) Led to the "Do-Do Bird Verdict:" All have won and all get prizes"

3. Smith and Glass' was first major meta analysis of psychotherapy. Outcome studies included 475 studies and yielded

an overall effect size (taking into account various diagnoses and treatments) of 0.85 for patients receiving psychotherapy compared to untreated controls (Smith, Glass & Miller, 1980).

a) an effect size of .80 means that the average score on whatever outcome measure used to assess functioning (e.g. symptoms, functioning, well-being) is .08 standard deviation better than the score of those who did not receive any treatment.

b) that the average client receiving treatment would be better off than about 79% of untreated clients. That is clearly significant.

c) Psychotherapy compares well with established medical practices such as interventions in cardiology, asthma and giving aspirin as a prophylaxis for heart attacks.

d) It is generally as effective, when compared in large studies, as drugs for emotional problems, more enduring, and creates less resistance to multiple administrations than drugs. In general, analyses of individuals with more severe problems usually indicates that a combination of psychotherapy and medication is most effective.

e) Subsequent meta-analysis have similarly supported the efficacy of psychotherapy.

f) Numerous Meta-analysis of psychotherapy have been published in recent years. Recurring finding that the benefits of psychodynamic therapy not only endure but increase with time: a finding that has emerged from at least five independent meta-analyses (Shedler, 2010)

B. Consumer Reports Study (n= 2900)--Seligman : Results:

1. Long-term tx is more effective than short-term tx
2. No differences were found in individuals receiving ptx alone vs ptx and meds
3. Psychologists, psychiatrists, MSWs did equally well
    a. Marriage counselors did not do as well
    b. in the short-term, seeing a family doctor was as good as seeing a mental health professional
4. Patients who selected their own therapists did better than those who were assigned to therapists
5. No psychotherapy approach was better than any other
6. Patients w/insurance which selected therapist and time of termination show less improvement than pts w/free choice

7. Bottom line: Ptx works better than no tx and amt of tx is positively correlated w/improvement

II. Contemporary Findings: Evidence-Based Practice of Psychodynamic Psychotherapy

A. Current Research.

1. Psychodynamic treatments significant empirical support; however there are limitations in the literature (Shedler, 2009):

2. The number of randomized controlled trials for other forms of psychotherapy, notably CBT, is considerably larger than that of psychodynamic therapy.

3. Relatively few clinical practitioners, including psychodynamic practitioners, are familiar with this research reviewed in this article.

4. ill-prepared to respond to challenges from evidence-based colleagues, students, utilization reviewers or policymakers, despite the accumulation of high-quality empirical evidence supporting psychodynamic concepts and treatments.

5. Effect sizes for psychodynamic therapies are as large as those reported for other treatments that have been actively promoted as “empirically supported” and “evidence-based”.

6. It indicates that the “active ingredients” of other therapies include techniques and processes that have long been core, centrally defining features of psychodynamic treatment.

7. Evidence indicates that the benefits of psychodynamic treatment are lasting and not just transitory and appear to extend well beyond symptom remission.

8. For many, research suggests psychodynamic therapy may foster inner resources and capacities that allow richer, more free and fulfilling lives.

9. “ Effectiveness of Long-term Psychodynamic Psychotherapy: A Meta-Analysis” by Falk Leichsenring, DSc, and Sven Rabung, PhD. Joural of the American Medical Association, 2008.

a) LTPP was “significantly superior to shorter-term methods of psychotherapy with regard to overall outcome, target problems, and personality functioning.” It yielded “large and stable” effect sizes for chronic mental disorders, personality disorders, and multiple disorders, and the effect sizes increase after the end of therapy (at follow-up).

b) Effects for LTPP Across Various Mental Disorders: Effect sizes were consistently very large across factors pretherapy vs posttherapy, and pretherapy versus follow-up (overall effectiveness, target problems, psychiatric symptoms, personality functioning, social functioning), all over 0.8 with the exception of personality functioning (0.78).

c) Therapy Duration and Effect Sizes: Number of sessions of LTPP alone had a significant correlation with target problem outcome, though therapy duration did not show significant correlation.

d) Effect Sizes for LTPP Alone in Patients With Personality Disorders: LTPP alone showed significant effects in treatment of personality disorders, with a large effect size, over 0.80, but it was not possible to perform a test of significance because of the small sample size.

e) Effect Sizes for LTPP with Chronic Mental Disorders: Chronic was defined as over one year, and LTPP showed significant and large (over 0.80) effect sizes in overall outcome, general psychiatric symptoms, personality functioning, and social functioning at posttest time.

f) Effect Sizes for LTPP with Multiple Mental Disorders: LTPP alone showed before-after effect sizes that were significant in all outcome domains except personality functioning. All effect sizes, including at follow-up, were large (over 0.80).

g) Effect Sizes for LTPP With Complex Depressive and Anxiety Disorders: LTPP alone had effect sizes that were significant and large in social functioning, general psychiatric symptoms, and overall outcome at post-test, and all effect sizes were large (over 0.80).

h) There were eight studies that allowed for comparison of psychodynamic psychotherapy with twelve studies of other forms of treatment: CBT, dialectical-behavioral therapy, supportive therapy, cognitive-analytic therapy, short-term psychodynamic therapy, family therapy, and psychiatric treatment.

i) The mean number of treatment weeks for LPTT was 53.41, and 102.57 sessions. The mean number of treatment weeks for other types of therapy was 32.58, and 32.58 sessions

10. Specific Disorders: Randomized controlled trials support the efficacy of psychodynamic therapy for depression, anxiety, panic, somatoform disorders, eating disorders, substance-related disorders and personality disorders (Shedler, 2010).

a) Recent study of patients with borderline personality disorder demonstrated treatment benefits that equaled or exceeded another evidence-based therapy, dialectical therapy.

b) Additionally, showed changes in underlying psychological mechanisms (intrapsychic processes) believed to mediate symptom change in borderline patients (specifically, changes in reflective function and attachment organization). These intrapsychic changes occurred in patients who received psychodynamic therapy but not in patients who received dialectical behavior therapy.

c) These intrapsychic changes may account for long-term treatment benefits

d) Another study showed enduring benefits of psychodynamic therapy five years after treatment completion and eight years after treatment initiation (i,e., treatment as usual – 87% of patients continued to meet diagnostic criteria for borderline personality disorder compared to 13% of patients that received psychodynamic therapy).

e) No other treatment for personality pathology has shown such enduring benefits.

f) Short Term Psychodynamic Psychotherapy: The Efficacy of Short-term Psychodynamic Psychotherapy in Specific Psychiatric Disorders**.** Arch Gen Psychiatry**;** Falk Leichsenring, DSc; Sven Rabung, MSc; Eric Keibing, DSc, 2004

g) STPP was significantly superior to no treatment and "treatment as usual," conditions. No difference found between STPP and CBT or other psychotherapies concerning changes in target problems, general psychiatric problems, and social functioning. These results differ to previous report that found STPP was inferior to alternative forms of short-term psychotherapy

Board of Psychology Adopts New MCEP Regulations
Distance Learning Now Approved

Effective December 24, 1999, The California Board of Psychology adopted new regulations that affect the Mandatory Continuing Education Program for psychologists. The previously required 7-hour course in the detection and treatment of alcohol and other chemical substance dependency is no longer a requirement for license renewal. In its place is a newly required course, no less than 4 hours in length, on the subject of laws and ethics.

According to the BoP, "This course shall cover [California] laws and regulations related to the practice of psychology; recent changes/updates in ethics codes and practice; current accepted standards of practice; and application of ethical principles in the independent practice of psychology." SDPA's Ethics Committee will present this required course as part of the November 4, 2000, Fall Conference.

Of particular interest to many is the long-awaited change that now allows distance learning for up to 8 hours of the mandatory 36-hour continuing education requirement for license renewal. Distance learning as defined by the BoP includes courses delivered via the Internet, CD-ROM, satellite downlink, correspondence and home study. All ...tance courses, however, must be approved by meeting the ...me content requirements as all other MCEP approved courses.

Search for courses online:
www.calpsychlink.org (Accrediting Agency link)
www.ceusearch.com

To obtain APA's Independent Study Catalogue, call (800) 374-2721

Distance learning courses must be offered and/or approved by one of the following entities:
- The APA Continuing Education Committee
- The Academies of the specialty boards of the American Board of Professional Psychology (ABPP)
- The MCEP Accrediting Agency

What has not changed is the BoP's general philosophy of encouraging psychologists to participate in courses that cover subject matter for which the legislature finds cause. ...ch courses include spousal or partner abuse assessment, ...tection and intervention; geriatric pharmacology; and the characteristics and methods of assessment and treatment of AIDS.

Countertransference Check-up

By Helen Marlo, Ph.D.

Since the beginning of clinical training, most of us learned that the cornerstone of healing in psychotherapy is the quality of the psychotherapeutic relationship. What influences the development and maintenance of the therapeutic relationship is more nebulous, inexplicable and complex. Frequently cited are a psychotherapist's reactions to his or her patient (i.e., countertransference).

Failures to monitor and address countertransference have been related to wounding experiences, impasses, termination and boundary violations, including sexual transgressions. Yet, countertransference is a multi-layered phenomenon, influenced by many issues. What encompasses counter-transference? What are some sources of countertransference? How are such reactions managed? How unexamined responses affect the psychotherapeutic common sources within yourself may encourage exploration of these questions for you and your clinical practice.

Countertransference
- Any response to patient (i.e., thoughts feelings, fantasies, images, desires, conflicts)
- Reactions to being the recipient of the feelings and desires of another
- Affective response to patient's manifest presentation (e.g., gender, age, physical appearance, diagnosis, referral source and reason, attractiveness, status, occupation)
- Affective response to patient's personal style (e.g., issues, personality, emotions, interpersonal behaviors, problems, strengths, values, morals, needs)
- Affective response to patient based on your personal history
- Defenses against emotional reactions aroused by patient
- Responses that inform you about patient and how others may respond to him or her
- Complementary responding like or with the patient (empathic, parallel)
- Concordant responding like other individuals responded to the patient (reactionary)

Sources of countertransference in psychotherapists
How do the following influence you, your patients and your clinical work?

- **Personal Identity**, including self-representations, introjects, identifications, internal voices and typical relationship roles

- **Inner Life**, which involves familiarity, comfort, and integration of inner world. Includes fantasies, images, memories, symbols, desires, dreams, complexes, longings and challenging emotions including love, aggression, grief, anger, lust, competition, jealousy, envy and hatred

- **Personal History**, including early relations, attachment, temperament, family environment, relationship history, other/object representations, heroes, traumas, losses, successes, vulnerabilities and strengths

- **Current Personal Concerns** that pertain to stressors, psychological struggles and issues in your lifestyle, family, spouse/significant other, children and parents

- **Professional Identity**, including professional image, reputation, knowledge, activities, allegiance to particular theory or style and reactions acquired from previous patients

- **Professional Training and History**, including relationship to training program/institution, mentors, positive and negative training experiences, supervisory experiences, relationships to supervisors, messages during training, biases and limitations of training

- **Current Professional Concerns** that involve trends and current professional practices, limitations in clinical work, professional conflicts and competition or rivalry with colleagues

- **Cultural and Gender Identity**, including beliefs regarding gender, culture, sex roles, cultural and gender stereotypes, masculinity, femininity, cultural history, beliefs and practices

- **Spiritual Life**, including belief system, spiritual practices, guiding philosophies, spiritual crises, values, transformative experiences, and sense of meaning and purpose

- **Body Image**, including your relationship to your body, bodily concerns and reactions to bodily experiences such as past and present developmental events, illness, injury, touch, physical or sexual abuse, pregnancy, infertility, bodily changes and aging

- **Previous and Current Psychotherapy**, including areas of integration and non-integration, wounds or violations and healing from own psychotherapy. Involves degree of vulnerability and capacity to suspend therapist role in your personal psychotherapy as well as the ability to differentiate between your therapy and your patient's therapeutic experiences

Suggestions for Addressing Countertransference

- Noting and exploring psychological reactions including images, memories, dreams, bodily sensations, associations and fantasies about the patient in and out of sessions
- Noting alterations in clinical style and unusual responses. This includes uncharacteristic reactions, atypical behaviors, and unusually positive or negative responses from patient

- Formal and informal consultations with colleagues, a specialist or a consultation group

- Formal, engaging consultation with a trusted consultant. A regular consultation relationship can foster a greater understanding of dynamics in psychotherapy. The consultant may also provide mentoring and support, aid with recurring issues and, based on a more in-depth understanding of you as a clinician, help deepen your psychotherapeutic work.

- In personal psychotherapy. Psychotherapy is relevant for continued personal growth and for working through the personal components of intense, emotionally laden conflicted or trauma-based reactions triggered by clinical work.

If countertransference issues or personal and professional concerns are challenging you or your colleagues, consider contacting CLASP - Colleague Assistance and Support Program - which provides information and support for colleagues. Their confidential information and referral number is (888) 262-8293.

Helen Marlo, Ph.D., is a clinical psychologist in private practice in Burlingame and Palo Alto. She also serves on the Stanford University School of Medicine, "Surviving Childhood Sexual Abuse Study" and teaches at the College of Notre Dame, Institute of Transpersonal Psychology and Professional School of Psychology. She is a member of the Colleague Assistant Support Program (CLASP) Executive Committee. This article first appeared in the May 2000 issue of CPA's Californi. Psychologist.

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CALIFORNIA INSTITUTE FOR HUMAN SCIENCE
website: www.cihs.edu

CIHS is a private, State approved graduate school and research institute located in Encinitas, CA. It was founded in 1992 by Dr. Hiroshi Motoyama for the purpose of fostering the study of the person as an integrated biological, psychological, and spiritual being. Toward this end its educational component offers a Master's degree in General Psychology and a Ph.D. in Clinical Psychology and a Master's degree and Ph.D. in Human Science. The Ph.D. program in Clinical Psychology provides advanced courses in the study of the person as a complex psycho-social-cultural entity. The contemporary "push" from within and outside of psychology to regard the person in terms congenial to somatic medicine is given critical attention.

A unique feature of the clinical psychology program at CIHS is the opportunity to select elective courses from the Human Science program, which is dedicated to the investigation of subtle energies and their deliberate utilization in many Eastern healing and meditative traditions. The nature of dissertation research—whether qualitative, hypothesis testing, etc.—is flexible, determined by careful consideration of the problem to be investigated. Issues of "ecological validity" and methodological distortion are carefully evaluated.

The total cost of the 80 quarter-unit Ph.D. program (an M.A. or equivalent is a prerequisite) is approximately $16,000. Attendance can be full or part-time. classes are scheduled on Saturdays and in the evenings.

To speak directly to the Clinical Psychology Program Director, call David H. Jacobs, Ph.D., at 760-634-1771 xt. 114.

FOR A CATALOG AND APPLICATION
Phone: 760-634-1711 Fax: 760-634-1772. Email:cihs@adnc.com

Association Exercise: List the first three words that come to your mind.

Word	Association 1	Association 2	Association 3
Work			
Friend			
Heart			
School			
Body			
Mother			
Vacation			
Money			
Dry			
Nature			
Baby			
Car			
Loss			
Sex			
Play			
Enemy			

Word	Association 1	Association 2	Association 3
Soul			
Student			
Technology			
Birth			
Home			
Food			
Father			
Pet			
Sick			
Career			
Joy			
Rejection			
Holiday			
Betrayal			
Cooking			
Bath			
Hold			
Brother			

Word	Association 1	Association 2	Association 3
Eat			
Sad			
Tree			
Sister			
Book			
Lonely			
Doctor			
Family			
Feelings			
Tantrum			
Health			
Sleep			
Water			
Toy			
Car			
Wet			
Late			
Sharp			

Word	Association 1	Association 2	Association 3
Doll			
Teacher			
Death			
Spirit			
Change			

Please try to answer with the first answer that comes to your mind. It is understood that this question may have many "right" answers. Rather than trying to come up with the best or perfect answer, please just answer with whatever response comes to you right now. Feel free to skip any that you do not have a response to.

Please name your favorite:

Food:

Color:

City:

Country:

Author:

Musician:

Artist:

Athlete:

Actor/Actress:

Movie:

Animal:

Sport:

Drink:

Candy:

Hobby:

Restaurant:

Museum:

Please try to answer with the first answer that comes to your mind. It is understood that this question may have many "right" answers. Rather than trying to come up with the best or perfect answer, please just answer with whatever response comes to you right now. Feel free to skip any that you do not have a response to.

If I was (a) _____, I would be (a)_____:

Car:

Restaurant:

Food:

Store:

Clothing:

Furniture:

Famous:

Animal:

Kind of music:

Precious stone or rock:

Kind of art:

Sport:

Book:

Luxury Item:

Alcohol:

City:

Superhero:

Candy:

Country:

Describe an interaction when you responded to a stranger with a lot of feeling:

Describe an interaction when a stranger responded to you with a lot of feeling:

Describe an interaction when you responded to your mother with a lot of feeling:

Describe an interaction when your mother responded to you with a lot of feeling:

Describe an interaction when you responded to your father with a lot of feeling:

Describe an interaction when your father responded to you with a lot of feeling:

Describe an interaction when you responded to an important “other” with a lot of feeling:

Describe an interaction when an “important other” responded to you with a lot of feeling:

Please name the first 5 adjectives that come to your mind:

Mother
1

2

3

4

5

Father
1

2

3

4

5

Self
1

2

3

4

5
Sister(s)/Brother(s)
1

2

3

4

5

Please name the first 5 adjectives that come to your mind:

Sister(s)/Brother(s)
1

2

3

4

5

Friend
1

2

3

4

5

Important/Influential Adult
1

2

3

4

5

Important/Influential Teacher
1

2

3

4

5

My favorite subjects in school:

A description of one of my childhood friends from school

A description of a favorite teacher:

One of my best learning experiences:

One happy memory from childhood:

One of my earliest memories from childhood:

Something others do not know about me:

A favorite way for me to spend a day off is:

The perfect vacation for me:

What I find interesting in the field of psychology:

What I hope to do in the field of psychology:

An activity that supports my mental health:

An activity that challenges my mental health: