

**Ways of Being:
Psychoanalytic Perspectives on Self, Suffering, Healing, and Growth**

2018-2019

Instructors: Suzanne Little, Ph.D. and Melanie Israelovitch, M.D.

Suzannelittlephd@mac.com

M.israelovitch@wawhite.com

This course offers a contemporary reading of personality and its problematic forms. Our focus will be self-other relations in four clinical domains: Schizoid detachment, narcissistic vulnerability, mind-body dissociation, and the compulsive nature of drug and alcohol addiction.

Building on Sullivan's (1953) idea of personality shaped in interaction, we track the interpersonal patterns and vagaries of self-experience that give each mode its distinct character. Analysts think and work in many relational domains, from non-reflective behavior to mutual recognition, which inform our understanding of the patient's predicament and potential for change. Using readings and case material we will evaluate the impact of analytic assumptions and choices in each clinical situation.

Personhood and Self-experience

(Little, Dec. 4)

The role of self and personality in health and illness has long concerned Interpersonal analysts of humanist, hermeneutic, and intersubjective stripes. Do we conceive of self as a physical entity, an existential state, a set of interactional processes or some amalgam? How do we account for subjective reality in a two-person psychology? Sullivan's model of social mind was criticized for "naïve environmentalism." Is that a fair assessment? As the relational paradigm exposes the limitations of an intrapsychic-interpersonal dichotomy, how might integrative perspectives expand a vision of self-experience and social relatedness in mental life?

Mitchell, S. (1988). The Intrapsychic and the Interpersonal: Different Theories, Different Domains, or Historical Artefacts? *Psychoanalytic Inquiry*, 8(4): 472-

Crastnopol, M. (2006). Untangling views of Self in Interpersonal and Relational Theories, *CP*, 42 (4): 529-533.

Optional:

Crastnopol, M. (2002). The Dwelling Places of Self-Experience. *Psychoanalytic Dialogues*, 12(2): 259-284.

Recommended:

Ghent, E. (1989). Credo—The Dialectics of One-Person and Two-Person Psychologies. *CP*, 25: 169-211.

Levenson, E. (1991), “Character, Personality, and the Politics of Change,” in *The Purloined Self*. New York: Contemporary Psychoanalysis Books, pp. 239-253.

I. Schizoid Solutions, Detached Selves

Overview - Shut-in / Solo Personalities

(Little, Dec. 11)

Although alienation (personal, social, political) pervades modern life, Guntrip’s (1969) insights into self-estrangement remain deeply perceptive and clinically useful. Building on Fairbairn’s model of divided mind, Guntrip emphasizes regressed states and strategic compromise in schizoid withdrawal. Optional but recommended: McWilliams personal perspective on schizoid idiosyncrasy and creativity.

Guntrip, H. (1969). In: *Schizoid Phenomena, Object Relations, and the Self*. “The Schizoid Condition,” pp. 17-27; “The ‘In and Out’ Program,” pp. 36-44; and “Summary,” p. 48.

Guntrip, H. (1961). The Schizoid Problem, Regression, and the Struggle to Preserve an Ego. *Br. Journal of Medical Psychology*, 34: 223-244. Read: “Clinical Description of the Schizoid Personality,” pp. 228- 232. “Causes and Stages of Schizoid Withdrawal,” pp. 233-240.

Optional:

McWilliams, N. (2008). Some Thoughts About Schizoid Dynamics. *Psychoanalytic Review*: Vol. 93, No. 1, pp. 1-24.

Need-Fear Dilemmas

(Little, Dec.18. No class: Dec. 25, Jan. 1)

How do we reach patients too sealed off or shut down to be therapeutic partners without risking prolonged retreat or paralysis? Even if one applies Greenberg’s (1995) judicious reworking of neutrality – equidistant between safety (old object) and risk (new object) – the technical matter of optimal

closeness is crucial. The analyst's task is compounded by the inherently schizoid nature of the psychoanalytic endeavor and the analyst's avoidant tendencies, both of which pull for mutual detachment.

Grand, S. (2009). Termination as Necessary Madness. *Psychoanalytic Dialogues*, 19(6): 723-733.

Buechler, S. (2002). More Simply Human than Otherwise. *CP*, 38 (3): 485-497.

On Being Hard to Reach

(Little, Jan. 8)

Using readings from the prior week and our own clinical experience, we further consider why analysts can't engage some patients or why some patients feel tenaciously unreachable. We explore a definition of clinical disengagement that encompasses premature or unexpected termination. In brief presentations we describe a clinical moment of disengaged awareness or interaction.

Stern, D. (2011). The Hard to Engage Patient: A Treatment Failure. *Psychoanalytic Dialogues*, 21 (5): 596-606

II. Narcissistic Illusions, Vulnerable Selves_ (Little, Jan. 15)

Contemporary views on Narcissism and Self

If narcissism is a fundamental part of human experience, what generates its perverse forms – grandiosity, defensive idealization, hyper-sensitivity, self-absorption? We will examine the contributions of the late Interpersonalist-Humanist, John Fiscalini, for whom narcissism implicates a dual disturbance in interpersonal security needs and personal growth strivings. Fiscalini elaborates his generative vision with a narcissistic typology of special, spurned, shamed, and spoiled selves.

Fiscalini, J. (2004). In: *Coparticipant Psychoanalysis*. Columbia University Press. "The Self and Narcissism," pp. 101-108. "Clinical Narcissism: Psychopathology of the Self," pp. 109-125.

Calibrating Treatment for Narcissistic Dynamics (Little, Jan. 22)

Fiscalini's coparticipant inquiry, tailored to the narcissistic dyad, and the importance of personal agency, offers a counterpoint to intrapsychic models that emphasize defense and deficit (Kernberg, Kohut). We'll consider Fiscalini's ideas in tandem with those of Sheldon Bach. A contemporary Freudian, Bach describes narcissism as impairments in self and object constancy that get expressed in split (inflated/deflated) polarities. How might we apply coparticipant inquiry to Bach's destabilized narcissistic interactions?

Fiscalini, J. (2004). Narcissistic Dynamics and Coparticipant Therapy: Further Considerations. In: *Coparticipant Psychoanalysis*. Columbia University Press. PP. 141-152.

Bach, S. (1994). Problems of Narcissistic Love. In: *The Language of Perversion and the Language of Love*, pp. 29-49. New York: Jason Aronson

Analytic Pride and Shame

(Little, Jan. 29)

Although the analyst's narcissistic need (neediness) is implicated, directly or indirectly, in virtually every treatment, one's pride and shame sensitivities are often activated with entitled, devaluing patients or even those with covert (shy) narcissism. What generates analytic shame and how do we manage it? We'll explore in readings and case material the relative merits of various stances – inquiry, reverie, containment, self-disclosure.

Buechler, S. (2010). Overcoming our own pride in the treatment of narcissistic patients. *Int. Forum Psychoanalysis*, 19 (2): 120-124.

Solomon, A. P. (2008). The Analyst's Shame. *CP*, 44(1):65-82

Psychopharmacology and Psychoanalysis

(Israelovitch, Feb. 5, 12)

These two modalities are often used in conjunction, although their integration or co-existence can occur in multiple configurations. We will discuss a contemporary perspective where both medication and psychoanalysis are considered somatic treatments and review some recent evidence. Points of discussion will be how they are integrated within the different permutations, whether medication is facilitating or an impediment to analytic process, and how to explore the meaning of prescribing or being on medication.

Sandberg, L.S., and Busch, F.N. (2012) Psychotherapy and Pharmacotherapy: A contemporary Perspective. *Psychodynamic Psychiatry*, 40(3) 505-532

Tutter, A. (2006). Medication as Object. *JAPA*, 54: 781- 804.

III. Self and Embodied Mind

Overview

(Little, Feb. 19. No class Feb. 26)

Post-cartesian views of the mind-body interface have been fueled by interest in intersubjectivity and a need to reach patients on multiple registers. Analysts are increasingly using experiential focus and other somatic techniques as well as body-based countertransference across the personality/pathology spectrum, not just with psychosomatic disorders or body dysmorphia. We evaluate whether mind-body disturbance is based on a dissociative process and consider implications of working within an embodied mind paradigm.

Sletvold, J. (2014). The Embodied Mind. In: *The Embodied Analyst: From Freud and Reich to Relationality*. London and New York: Routledge, pp.1-13.

Lombardi, R. (2017). Body-Mind Dissociation and Transference onto the Body. In: *Body-Mind Dissociation in Psychoanalysis: Development after Bion*, London and New York: Routledge, pp. 21-39.

Aron, L. (1998). "Self-Reflexivity and the Body," pp. 19-26/30 (excerpt from Ch. I). In: *Relational Perspectives on the Body*, edited by Aron, L. and Anderson, F., Analytic Press.

Embodied Identifications / Disidentifications

(Little, Mar 5)

Bodies are powerful conduits for emotional communication. Sullivan's (1951) view of anxiety is essentially a contagion theory of mother-infant affect transmission. Despite evidence for "body-based inter-affectivity," analysts can minimize (dissociate?) their input and responsiveness to embodied meaning. What gets evoked when we attend to our somatic permeability?

Boston Change Study Group. (2018). Moving through and Being Moved By: Embodiment in Development and in the Therapeutic Relationship. *CP*, 54 (2): 299-321.

Slavin, J. (2016). Slow Dancing: Mind, Body, and Sexuality in a new Relational Psychoanalysis. *Psychoanalytic Perspectives*, 13 (2): 152-167.

Body Listening

(Little, Mar. 12)

Does the body have a lexicon -- a “body English?” to borrow a Jazz term. How do we each “read” gesture, posture, silence, the language of symptom, or the way the body moves and expresses itself in dreams?

Sletvold, J. (2016). The Analyst’s Body: A relational perspective from the body. *Psychoanalytic Perspectives*, 13 (2): 186-200. Sletvold, a student of Reich, has a particular style of intersubjective listening to bodily phenomena. Excerpt to be assigned.

IV. Addiction, Compulsivity and Craving

Neurobiological & Psychoanalytic Frameworks

(Israelovitch and Little, Mar. 19)

Substance use, misuse, and addiction and all the behavior in between exists in our patients/analysts whether or not it is addressed or even inquired about.

We address a common split between psychoanalysis and substance abuse treatment that may account for why this diagnostic category can be neglected and ignored. Addiction and substance use do not preclude analyzability, and we consider historical factors and assumptions that have led to this inappropriate conclusion. A central issue is the perceived incompatibility between neurobiological and psychoanalytic models of addiction that hinders an embrace of both perspectives as clinically useful and mutually enhancing for diagnosis and treatment. We will explore theories and formulations about the genesis of substance use and what drives chronic and compulsive drug use and craving. Our discussion will extend to case material within the papers assigned and otherwise.

Volkow, N. , Koob, G., McLellan, T. Neurobiologic Advances from the Brain Disease. Model of Addiction; *N Engl J Med* 2016, 374: 363-371. DOI: 10.1056/NEJMra1511480

Dodes, LM (1990). Addiction, helplessness, and narcissistic rage. *Psychoanalytic Quarterly*, 59: 398-419.

Optional:

Johnson, B. (1999). Three Perspectives on Addiction. *J. Amer. Psychoanal. Assn.*, 47(3):791-815.

Omnipotence and Dissociation (Israelovitch and Little, Mar. 26)

Director, L. (2005). Encounters with Omnipotence in the Psychoanalysis of Substance Uses. *PF*, 15(4): 567-586.

Burton, N. (2005). Finding the Lost Girls: Multiplicity and Dissociation in the Treatment of Addiction. *Psychoanalytic Dialogues*, 15 (4): 587-612.

Krystal, H. (2005). Commentary and responses to Director and Burton. *Psychoanalytic Dialogues*, 15(4): 621- 625.

Clinical Case Presentations in Addiction (Israelovitch & Little, Apr. 4).

Director, L. (2002). The Value of Relational Psychoanalysis in the Treatment of Chronic Drug and Alcohol Use. *Psychoanalytic Dialogues*, 12(4):551-579

Optional:

Rothschild, D. (2007). Bringing the Pieces Together: Relational Psychoanalysis and Harm Reduction Therapy in Treatment with Substance Abusers. *Psychoanalytic Perspectives*, 5 (1): 69-94.