

Description of the CTP Program

This document gives a first amplified description of the CTP program as of 2008

It was partially intended to highlight congruence with the curriculum developed by the Alliance of Psychotherapy Training Institutions (APTI) for advice to the Transitional Council of the College of Registered Psychotherapists and Registered Mental Health Therapists (CPRMHTO)

It remains current in its descriptions of the nature and the required elements of the program. Some lectures, concentrations and seminars have changed over the years. Find the current program at <http://www.ctp.net/PDFs/currentoutline.pdf>

*For clarity's sake we have changed "Formation Phase" to "**Clinical Phase**" and "Practicum" to "**Pre-Supervision Seminar**". These are our current terms.*

The Preliminary Planning Stage

The CTP program was formulated in the mid 1980s. It was the work of a network of professionals brought together by their shared sense of the need for a training program in psychotherapy in Toronto that was more generic than existing ones. They soon decided to adopt as their program the main features of a training in which several of their steering committee were involved and to build upon it.

Key decisions were soon agreed upon, all of them after considerable effort:

1. Admission to training would depend upon aptitudes such as capacity to learn clinical theory at an advanced level, life experience, moral strengths, emotional intelligence, interest in others. It was decided that academic degrees could not be defended as necessary, specific preparation for psychotherapy training. Furthermore, they would arbitrarily exclude gifted and capable applicants. A thorough interview process for candidacy would therefore be necessary.
2. Participation in a psychodynamic training group would be required.
3. The program, which was first conceived with a more ambitious and eclectic range, would be psychodynamic.

CTP offers a Psychodynamic Training

Psychodynamic therapy began in the 19th century and represents the beginning of psychotherapy itself. Its pioneers were Pierre Janet, Sigmund Freud, Alfred Adler and Carl G. Jung. It emerged from the effort to help people who were *traumatized and were showing certain signature features: *embodiment of psychic suffering; and *splitting or multiplicity of consciousness. Consciousness was seen to be *continuously active, and its multiple intentionalities sometimes *conflicted. Hence the term "psychodynamic." [* indicates central concepts throughout the tradition.]

Psychodynamic therapy *developed from a preceding treatment that focused on the use of hypnosis. *It began as praxis--*praxis which was closely observed and *learned from collaboratively. * "Expertise" in effect shifted from the practitioner *onto the sufferers themselves and their disclosures.

Effectiveness was seen to depend on the *relationship between healer and sufferer. *The quality of the healers' presence and receptivity depended on a corresponding subjective discipline on their part.

These are the seminal features of psychodynamic work.

*The psychodynamic "genius" of the early psychotherapists was seminal because it was a praxis, a mutual activity. It was closely and freshly observed, thought about, discussed and written about with others who were engaged in the same praxis both with themselves and with others.

*Praxis constantly gives rise to theory and its revisions. This dialectic continues to account for the most vital elements and edges of psychodynamic clinical theory.

Psychodynamic psychotherapy informs the clinical foundation, the organizing principles and the didactic training approaches offered by CTP:

1. Praxis is its ground. The faculty are practicing psychodynamic psychotherapists (and therefore have been in personal therapy). Students enter the training only after two years in psychodynamic therapy and continue in it throughout their training. They study clinical theory with a view to practicing it themselves.

2. Knowledge and understanding in this discipline is relationally acquired. The students learn from instructors and study in groups as well as reading alone. They participate in a psychotherapy training group. They meet with the supervisors of their choice for individual consultation and also work in supervision seminars with their peers. These modes of learning are consonant with the long, collaborative and often oral tradition through which psychodynamic theory and practice has developed. (Freud referred to it as "an exquisitely social profession.")

3. Lectures and seminars give privileged place to students reading the works of key figures in that tradition, that is, to primary texts. The fertility of the psychodynamic tradition owes much to relationships among many gifted people who were and are deeply affected and creatively stimulated by one other. Their writings are always part of an ongoing conversation. The lecture series reflects that reality.

4. Psychodynamic training and practice emphasize formation in collegiality. It is considered a sine qua non for learning and doing, as well as for the evolution of the profession itself.

Sharon Maclsaac McKenna

Admission

An interview committee of three to four faculty members meets individually with applicants who have completed at least 80 hours of individual therapy with a psychodynamic therapist of their choice, and have submitted an autobiography and letters of reference.

The interviews are meant to evaluate the candidate's motives for entering training, their life experience, their relational capacities and emotional range. They look also for evidence that applicants have the intellectual capacity and resilience to handle theory at advanced levels of difficulty and variation; are self reflective and open to and interested in others; and have the ability to sustain intense emotional engagement.

I. THE FOUNDATION PHASE

Lectures and Seminars

The lecture series spans two years of weekly evening meetings, for a total of approximately 140 hours. The lecture cycle as a whole is designed to introduce students to the wide variety of psychodynamic approaches that continue to evolve.

Students also participate in small tutorial seminars that discuss the lectures and readings. The seminar leader as a practicing psychotherapist can bring clinical and experiential dimension to the discussion. They meet monthly for a total of 30 hours each year.

Each clinical perspective helps broaden the students' capacity to think, evaluate and respond with flexibility and without over reliance on one theoretical orientation. They must study primary texts and enter into conversations about them with both instructors and fellow students. Typically, students are surprised at the emotional impact of exploring such material. Their individual psychotherapy is essential to gradual and non-defensive learning.

Many students participate in a psychotherapy training group while they are attending lectures and seminars. Group and individual psychotherapy enliven clinical theory, and they in turn are deepened and intensified. . Participants must hold emotional states differently but intact in each of these various settings. Lectures and seminars become a learning field that encompasses: intellectual capacity, emotional intelligence, self reflection, assessment of therapeutic affinity, and ability to enter into professional dialogue and form peer relationships in the interest of building collegial support.

Sharon Bedard and Barbara Milroy

Description of Lecture Topics

Early Psychodynamic Psychotherapy

Lectures begin with the Alternative consciousness paradigm as developed by the Marquis de Puységur's Magnetic-Sleep Model of the Mind, Pierre Janet's Multiple-Consciousness Model of the Mind and Frederic Myers's Subliminal-Self Model of the Mind. This opening lecture sets the task of conceptualizing the mind from paradigms used to explain unwanted thoughts, beliefs and actions. Three paradigms are presented: 1) **the Intrusion Paradigm**, 2) **the Organic Paradigm** and 3) **the Psychological Paradigm**. **Over two hundred years ago, a new psychological paradigm, the Alternate-Consciousness Paradigm, arose. This paradigm challenges the unitary conception of mind, consciousness, and awareness.** This model differs from a Freudian topographical model. In the alternate-consciousness paradigm, there may be multiple inner centres of awareness. **Each inner centre of consciousness, with its own particular awareness, may remain unavailable to other centres of consciousness, particularly that of the normal functioning self.** This means that there may be conscious processes going on in the individual that one knows nothing about.

A phenomenological sketch of the psyche would suggest that all selves are characterized by: 1) experience/consciousness, 2) free choice, 3) unity/coherence, 4) a set of individual characteristics, 5) relationship to the body and 6) participation of the "I". The remote inner world exhibits elements that unify the individual's life, are not directly known and are intelligent yet not experienced as a person. The ultimate "I" is unknowable, the ultimate source of the individual and the ultimate agent/owner of the psyche. Trance is one method for evolving self focus to allow inner resources to emerge and act. The evolving self of the individual is able to make requests of the responsive elements of the psyche in the remote inner world, although these requests may be blocked by subconscious complexes. These theories challenge models of mind based on a unitary consciousness. Beginning with magnetic sleep, spiritualism and automatism, and through developing alternative models of self, "I", and mind, this lecture prepares students for later theoretical developments in dissociation and a broad spectrum of dissociative identity disorders.

Adam Crabtree

Pierre Janet, Trauma and Dissociation

The study of psychological trauma and its therapy opens the second year of the lecture cycle. The great psychologist Pierre Janet was first to undertake this study and his influence can be felt in the history of this phenomenon to the present day. Although the notion of trauma resulting in psychological symptoms was first noted in connection with the physiological effects of railway accidents, it quickly became clear that similar symptoms could also arise as a result of

emotional injuries. Janet recognized this fact and, in studying several women who suffered from what at the time was called hysteria, realized that some kind of traumatic shock was implicated in their condition.

In the process of his investigations, Janet posited the existence of something he termed “subconscious mental acts,” and established that there is a dynamic hidden world of mental/emotional activity at work in this syndrome. He identified what he called “dissociation” in connection with the interaction between the normal consciousness and subconscious mentality. Noting evidence that there could be one or more centers of conscious life at work in the individual outside normal awareness, he showed that these centres could be active in intrusive ways for the individual patient, causing emotions and compulsive actions to occur, as well as other phenomena such as anesthesia and paralysis. Janet developed a psychotherapy for identifying and healing the individual by either altering or integrating these troublesome dissociated states.

Although Freud and Breuer were influenced by Janet’s early work, Freud in particular came to see Janet as a rival in working with traumatic neurosis. Janet accused Freud of using his ideas without ascribing them to him, and Freud said that his own system was very different from that of Janet and that he was not significantly dependent on him. In fact these two men did move in quite different theoretical directions. Janet thought of the human psyche as capable of being divided into many separately existing and functioning centres of consciousness, whereas Freud insisted there is only one consciousness, the one we are normally aware of in our everyday existence.

The course also examines the continuing history of trauma as it showed itself in newly developing contexts. This First World War produced “shell-shock” with it traumatically induced dissociative disorders. The Second World War involved the traumatic murder and torture of Jewish people, with resulting traumatic emotional conditions experienced both by those who suffered this treatment and survived, but also those who were close to them, and, as we have come to see, those who have descended from them. More recently, the Viet Nam war produced its own kind of traumatic experiences for its combatants. The return of Viet Nam veterans to civilian life created a class of traumatic victim whose treatment eventually led to the creation of a new diagnostic category: post-traumatic stress disorder. The growing awareness of traumatic abuse of children, both physical and sexual, has brought about the extension of our knowledge of dissociative disorders, its forms and its treatments. This course deals with this history and relates it to the populations of traumatized individuals that today’s therapists must be able to understand and treat.

Adam Crabtree

Sigmund Freud: Psychoanalysis

Students are introduced to the clinical language and practice that Freud initiated and termed “psychoanalysis.” In so doing, he began a conversation that other psychodynamic theorists have entered into in distinctive ways.

Freud’s concepts derive from a life long practice from neuro-psychiatry to psychoanalysis. His work is characterized by remarkable (and trained) powers of observation, continual revision and broad collegial discussion. The study of Freud is most effective when it reflects these same characteristics. Students read his own texts especially his case histories and discuss them in small study groups that culminate in an oral examination with the lecturer.

Freud’s body of work is daunting. It features in both years of the lectures. Students are introduced to certain key themes.

- His theory and influence derived first from his therapeutic initiatives: from a commitment to ***free association as “the fundamental rule” in the therapeutic relationship**. Out of this as well as **his self analysis**, came insight into **the meaning of *dreams**. And to the pivotal power of ***transference as the necessary condition for underlying change to occur**.
- **He was introduced by his psychodynamic teachers to the dimensionality and multiplicity of consciousness, his own first descriptions of it are “spatial”: the *unconscious, the *preconscious and the *conscious spheres.**
- **His understanding of human behaviour was an evolutionary one. He privileged *infancy and childhood. He introduced the *maturational or *developmental perspective into the study of personality and functioning.**
- First and best known of his developmental theories focus on the ***psychosexual stages of development**. He brought **the sexual/ *sensual/erotic forward as a major motivational and relational factor in human life and health**.
- **Also radically deriving from an evolutionary perspective are his theories on the nature of consciousness. The dawn of intelligence, responsiveness and memory lay down the first structures of consciousness**. The infant rapidly develops new capacities, notably the capacity for communication, eventually in words as well as actions. With complexity the inchoate and simple first experiences grow increasingly remote. Reversal is impossible: access diminishes. **Yet the first and more embodied experiences remain and may be activated in behaviour. These constitute for Freud the *Unconscious in its deepest reaches: the *primary repressed and therefore the most inaccessible because its**

experiential modalities, overlaid by maturation, become foundational—structures of consciousness, and as such out of its own view.

- There are multiple ***modes of psychic functioning**, and they are always simultaneously in play. He called them primary and secondary: 1) ***primary in that they characterize infancy and childhood** but continue to shape the freer, imaginative, nonverbal, more embodied, plastic processing; 2) ***secondary inasmuch as they give dominant place to the ordering of thought and verbal communication. This modal distinction more radically differentiates psychic activity than whether it is conscious, preconscious or unconscious.**

- The extent to which psychic activity is conscious is also regulated in complex, largely involuntary ways: we are also **“dynamically unconscious.”**

- **The * “I” (“*das Ich*”, the *ego) regulates.** It must shield against excessive stimulation, in order to judge (perception and memory) and act. **When weak it defends against *reality, *represses, *resists.**

- **The “I” also develops maturationally:** shaped by forces and conditions considered above. **The ego comes into being through *relationships (“object relations).**

- **The “I” is “a bodily I,” embedded in earliest experience and its modes (the **“It”* or **“Id”*), relationally identifying with and internalizing its caregivers’ regulation, (the **“Uber Ich”* or **“Superego”*).** Internal negotiations among these quasi agencies are unceasing, mostly unconscious and often conflictual. This is **the shifting, multiple “I” of the adult human being.**

- **Psychotherapy is an alliance between the “I” of the analyst and the “I” of the patient:** a shifting and multiple interaction therefore. A relationship that strengthens so that experience can be **remembered and “worked through” rather than blindly “enacted” or “repeated.”** Early relational experience that is only engaged and altered by relationship (***transference**), always involving turbulence, confusion and pain, so that gradually ***what was “It” can become “I”.** **Dreams** an indispensable guide.

Freud played a major role in the emergence of psychotherapy as a disciplined effort at subjective awareness that is arrived at relationally. His place in the evolution of psychotherapy is discussed:

- As one of the pioneers of psychodynamic therapy at the turn of the 20th century.

- As a major figure in the ferment and diversification of psychoanalysis during his lifetime (reflected in the lecture series).
- His current relevance, in such authors as Hans Loewald, Christopher Bollas, Jonathan Lear, Norman Doidge; in the new English translation of Freud's works under Adam Phillip's General Editorship, and in the first (2006) *Psychodynamic Diagnostic Manual*.

Sharon MacIsaac McKenna

Sándor Ferenczi

The Ferenczi lectures focus on two of his major contributions to the development of psychoanalysis as a healing art. They are: 1) Ferenczi recognized that the therapist must develop his capacity to listen until he can hear the client telling him that he "isn't getting it" and **that the therapist needs to listen until he begins to hear the unspoken dimension of their client's effort to communicate**. 2) As a disciple of Freud, who was also

Freud's chief collaborator, Ferenczi learned that his faithfulness to Freud's teachings required him to displease Freud by insisting publicly that interpretation alone was not therapeutic for severely disturbed clients. It had to be preceded by **an indefinite period of co-creating with the client a context of security in which the client's certainty that his uniqueness would never be seen was gradually replaced by his experience of being seen and accepted for himself. Short of this experience the client will never dare the new beginning which is possible in this hard won relationship.**

Sándor Ferenczi has made many unique contributions and developments to Freud's theories. Amongst these were his challenges to his colleagues regarding the structuring of the therapeutic stance. He advocated a less experience-distant perspective on the part of the therapist and insisted that the therapist was an active participant to the work. **Ferenczi refused to accept that transference material was restricted to the client's disturbance and expanded the meaning and importance of countertransference experience.** This may be seen as a development towards two-person models of the therapeutic relationship and away from an exclusively intrapsychic drive model.

James T. Healy

Carl Jung

Jung's model of psychotherapy places less emphasis on early experiences. While these factors are important, **the individual's striving for individuation and an understanding of the individual as a unique point of entry for the archetypes of the world, characterize Jung's theories.** Life tasks include working with archetypes and the individual's expressions of them, recognizing those life tasks that further individuation and realizing personal limitations, such as: 1) bodily constitution, 2) psychological type, 3) phase of life, 4) cultural context and 5) personal experience.

Archetypes and their expression through dreams, artistic and creative productions and relational patterns inform the therapeutic stance. Integration into the ego of aspects of the shadow, anima/animus, individual complexes, dissociative parts and splinter psyches are important parts of therapeutic work.

Jung refused to adopt a strictly psychosexual model of human development. This approach may be appropriate when working with individuals within a certain early stage of their life. Jung understood however, that this approach was insufficient when he was working with individuals later in their life.

Adam Crabtree

Melanie Klein

1) In the history of psychoanalysis Melanie Klein (1882-1960) is one of the most significant *women. Working with children she moved the focus of psychoanalysis to the *pre-oedipal relation of the infant to the mother. All her critical theoretical initiatives are located there. She explores how the infant's *phantasy life is all based on bodily parts and bodily functions—but it is a psychic world of phantasy and not the actual bodily life of the infant that is her focus. She had little interest in biology.

In that *internal world she finds defensive *splitting of the *object and the *self as a first way to deal with love and hate (aggression).

Aggression arising from the *death instinct is handled first by *projection on to the mother or the *part objects that stand for her.

This early *paranoid-schizoid position is moved beyond by cancelling splitting, accepting one's own hate, accepting guilt and making *reparation: the *depressive position.

2) In the psychoanalysis of children, she used the child's *play as their form of *free association. "Actions replace words." She gave clear and confident interpretations, and judged their correctness by the diminution of the child's *anxiety. Contemporary child therapists avoid this confident *a priori* and rely more on interactive play.

3) In exploring the earliest defences, Klein opened the way for her followers to work directly with *psychosis.

4) Her work is part of the movement to **Object Relations in psychoanalysis, though it is the *internal objects that are her primary focus.**

5) She introduced a new focus on **the *symbolization of the body, on *envy and *gratitude, *projective identification and artistic*creativity.**

6) Many see her as "saving the soul" of psychoanalysis in a time when it was in danger of becoming a therapy for social *adjustment. When therapists find themselves dealing with very primitive elements in a therapy, her writings are often a resource and an illumination.

Philip McKenna

Wilfrid Bion

1) Bion (1897-1979) was forever marked by his experience in World War I. Melanie Klein was his therapist and “she was working,” he said, “with a dead man.”

2) He was a **brilliant theoretical innovator in his work with therapy groups.**

3) Following Klein’s lead, **he worked with *psychotic people and especially their corporeal *symbolizations.**

4) **He argued for a fluidity between the paranoid –schizoid position and the depressive position, the place of non-pathological *projective identification in ordinary life, *language itself as psychic reality, a universal psychic function of *containing.**

5) **He was the first to put forward a psychoanalytic theory of *knowledge development, which embraced imaginative creativity, science and transcendental knowledge.**

6) As a therapist he was emphatic on the need to be open to the uniqueness of the client. The therapist should avoid having an agenda, coming to the work, as far as possible, “without *memory or *desire.”

Philip McKenna

William R.D. (Ronald) Fairbairn

Ronald Fairbairn was a pioneer in his time and remains important in contemporary psychoanalysis in several ways. He was among the first theorists to place clinical emphasis on the centrality of ACTUAL, EXTERNAL caregiving experiences, rather than only on internal, instinctual experiences; this placed him in a relational model and his famous phrase was that **the infant is object-seeking rather than pleasure-seeking as in Freud’s drive model.** He believed that early experiences with caregivers involved **some splitting of the self as a universal phenomenon in all humans** and that **this splitting created internal templates of relating that formed the foundation for psychological health or pathology in adulthood.** He called the collection of these templates of early relating ‘**the basic endopsychic situation**’, an internal system of dynamically interacting aspects of the self in on-going relations to complementary internalized aspects of significant others.

From this basis, Fairbairn elaborated on the notion of splitting of the self in early development and introduced the term ‘**the schizoid position**’; he used this phrase to outline the various degrees of splitting and the resulting various forms of human suffering (pathology) ranging from schizoid elements or sectors of the personality to rigidified schizoid functioning of the entire personality. He believed that early environmental failures such as neglect or abuse were at the root of schizoid dilemmas and the more severe the failure, the more serious the splitting.

Fairbairn combined his interest in the work of Janet with his psychoanalytic thinking and his theoretical elaborations foreshadowed much of contemporary thinking in the field of 'developmental' trauma and in particular the area of contemporary notions of structural dissociation.

Bev Witton

Harry Guntrip

Guntrip's formulations develop within the intersecting influences of Winnicott and Fairbairn. He is credited with keeping Fairbairn's complex theories available to contemporary readers by translating them into more accessible language. His major personal contributions to Fairbairn's work were to **re-emphasize the psychological vulnerability of the young child within the early caregiving situation and to insist on an additional split in Fairbairn's model of the mind (endopsychic structure)**. This final split, which resulted in what he called **the passive regressed ego**, involved protecting the self by withdrawal from relationships in the external world and a psychic retreat into passivity and oblivion as a means of seeking safety and security.

Bev Witton

Donald Winnicott

Donald Winnicott organized his developmental theory around the principle that **"there's no such thing as an infant" and that self structure derives wholly from within a relational matrix**. Thematically, this relational model is outlined by the following: **"the good enough mother", "primary maternal preoccupation", "the theory of mirroring", "holding", "beginnings of the ego", "the capacity to be alone", "the capacity for concern", "transitional objects and transitional phenomena", "the true and false self", and "the use of an object"**. Through these themes Winnicott outlines the relational matrix out of which the structure of the self develops. **His contributions focus on the integrity of a person and those conditions that facilitate the individual's development as a separate and creative unity with an awareness of that separateness within a relational context.**

Peter Dales

Heinz Kohut

Kohut's psychology shares with Object Relations theory an emphasis on relationships, but his psychology of the self differs significantly. **The structure of the self arises through the interplay of its innate potentials and the needed responsiveness of its caregivers or selfobjects**. There are **two main constituents of the nuclear self: the grandiose exhibitionistic self and the idealized parent imago**. As the self matures and increases its cohesiveness and integration, grandiosity gives way to realistic pursuits and the idealized parent imago is internalized as an

idealized superego that both regulates the self and provides ideals. **The fate of the child's early primary narcissism, the necessary "narcissistic nutriment" that allows for appropriate goals and feelings of accomplishment and satisfaction, rests with the selfobjects capacity to steadily respond.** Eventually, in the face of ordinary failures the child builds up its own internal structures, gradually replacing those that the selfobject provides. The need for selfobjects matures and endures throughout the life of an individual.

Severe selfobject failures to mirror a child, or to fulfill the child's need to idealize, will result in either a horizontal or vertical splitting of the self. Kohut reoriented the psychoanalytic community towards a clearer understanding of **the importance of early narcissistic development and outlined a new perspective and psychotherapeutic technique for working with Narcissistic Personality Disorder and Narcissistic Behaviour Disorder.** He also enlarged the **therapeutic understanding of depression** indicating the causal role of deep narcissistic wounding. **His formulations of narcissistic injury used transference constellations to both understand selfobject failures and to initiate repair through the use of the transference relationship.**

Ken Ludlow

Intersubjectivist Theory

This theory and therapeutic approach was developed through the collaborative efforts of **George Atwood, Bernard Brandchaft, Frank Lachmann, Donna Orange and Robert Stolorow.** Although its founders do not formally identify their approach as a *stream* of Self Psychology, they do acknowledge important similarities and the influence of Kohut's thinking. **As with Self Psychology, the emphasis of Intersubjectivist theory is on the vicissitudes and dynamics of self-experience, with less emphasis on the psychology of drives.** Theirs is a radically contextualized understanding of self-states that argues that **the individual self cannot be meaningfully understood apart from the ever-changing intersubjective contexts that it inhabits.** This also applies to disorders and disturbances of the self that impair the individual's ability to function in the world.

Thus, as a therapeutic approach it focuses much attention on the unique intersubjective field that gets created between the therapist and each client. What takes place through the moment to moment fluctuations within that field shapes both individuals' experience of the therapeutic encounter. Transference and countertransference are regarded as manifestations the underlying organizing principles that therapist and client both bring to the situation. One of the therapist's main tasks is to monitor its fluctuations with an eye towards determining when the client is experiencing *therapeutic disjunction*, an indication that the therapist is currently apprehending the client's material in a way which is out of tune

with what he or she needs in that moment. The ultimate goal of the therapy is to help the client uncover and alter unconscious organizing principles that are dysfunctional because of their archaic and rigid nature.

Ken Ludlow

John Bowlby: Attachment Theory

John Bowlby, the founder of Attachment Theory, was the first analyst to bring the significance of scientifically based infant and child studies to the attention of psychoanalysis. Now some fifty years after its introduction, Attachment's place as a key resource in the development of psychoanalytic theory is firmly established.

Bowlby's contribution arose from two original goals. One was **to bring psychoanalysis into a closer relationship with the content and methods of kindred social and biological sciences.** Another was **to establish the human urge for attachment--the need in children to establish specialized bonds of affiliation with more competent adults--as a distinct inherent drive on the same order Freud had placed aggression and sexuality.** Both were achieved during his lifetime and the influence of attachment research continues to grow.

With important contributions from early fellow researchers such as **Mary Ainsworth and her famous diagnostic tool "The Strange Situation"**, Attachment Theory has scientifically validated the existence of four major infant attachment patterns which have strong correlations with particular parenting styles and attitudes. What is of particular interest to psychoanalysis is how enduring a given attachment strategy is once it has been adopted. Bowlby has demonstrated that **attachment patterns established during the first year of life form the basis of unconscious cognitive structures he calls *internal working models*.** These deeply imbedded habits of mind will continue to shape the individual's self image and relational world throughout his or her life.

One of the ultimate goals of a psychotherapy that is informed by Attachment Theory is to help the client gain greater awareness of the dysfunctional internal working models that limit his relational life and give rise to selfdefeating patterns of behavior. This greater self-awareness is made possible by the fact that **the primary goal of the psychotherapist is to establish a therapeutic alliance that provides what Bowlby called a *secure base*, a re-constituted secure attachment relationship that enables the exploration of these unconsciously embedded patterns.**

Ken Ludlow

Interpersonal and Relational Psychoanalysis

A defining element in Interpersonal and Relational Theory is that the individual's feelings, desires, and conflicts are embedded in the shifting and competing relational patterns of experience with significant others, past and present, real and imagined. A person can only be understood from within their environment.

Harry Stack Sullivan: Interpersonal Theory

In North America Harry Stack Sullivan's Interpersonal Theory evolved over a thirty year period from the 1920s, within the developing discipline of American psychiatry faced with the returning World War I veterans and the struggles of the comparative newcomer, the immigrant. The cultural climate of the time fostered a pragmatic, process oriented, non-ideological intellectual practice creating an open field for new ideas.

While acknowledging a debt to Freud, Sullivan proposed the independent view that interpersonal relations experience with its biological underpinnings forms the basis for human psychology.

Human experiences being the organizing principle for Sullivan's theory, he elaborated two major concepts: first, the nature of subjective experience and second, the need for satisfaction of potential and for security in the form of relief from anxiety and the maintenance of self-esteem.

Sullivan's focus on the interpersonal self underlined the significance of the reflected appraisals of others and the ways one is shaped through anxious experience. As a result, Sullivan assumed that **the psychotherapist is both an observer and a participant in the client's experience**, that **both have an unobservable intrapsychic experience**, that **speaking about subjective experience is transformative**, and that **the level of the client's anxiety in the session is a focal point for both.**

Sullivan's theory has been refined and altered through the work of contemporary interpersonal clinicians who continue to focus on the articulation of the client's subjective experience and on the here-and-now therapeutic situation as the center of the work.

Stephen Mitchell: Relational Theory

Relational Theory proposed by Stephen A. Mitchell in the mid 1980s, combines Interpersonal Theory with British Object Relations Theory. Mitchell's scholarly curiosity, intellectual imagination, breadth of perspective, and belief that one cannot have a meaningful exchange without affecting and being affected by the other were foundational elements in his dialogue with theorists of both the past (Freud, Sullivan, Klein, Fairbairn, Winnicott, Kohut and Loewald) and the present (Ogden, Benjamin, Atwood, Ghent, and Aron). Mitchell sought to reach a selective critical integration of compatible sources, while avoiding an orthodox single-theory approach or haphazard eclecticism.

Mitchell developed a broad theoretical framework that consisted of three dimensions: a self pole, an object pole and an interactional pole that allows for the formation of new configurations in the process of creating a unique theoretical relational integration. Mitchell's lasting legacy was his ability to stimulate dialogue with and among his colleagues and to encourage them to publish their original work.

Mitchell presented his theory as an alternative to the drive model; believed it could be the basis for understanding human sexuality; discussed the dangers of conceptualizing the client primarily as a child or an infant, as in "the developmental tilt", and underlined the importance of conflict.

There are specific themes that pervade Mitchell's theory, one being that a person creates a sense of self out of an integration of one's genetic constitution and a matrix of earliest relationships; another, that one inescapably becomes conflicted as a result of the loyalties to significant others along certain lines; and a further two are that from one's inception a person seeks connection with others because, as Fairbairn maintained, one craves relatedness, while, concurrently, making choices designing the best way to be.

Mitchell assumes that in psychotherapy the psychotherapist's focus will include the sense of self the client has created; the individual's agency; the person's repetitions, restraints and the only way to be; and the therapist's ability to engage another in an intersubjective encounter.

Gayle Burns

Margaret Mahler, Beatrice Beebe and Frank Lachmann

Margaret Mahler's early influences in the Hungarian psychoanalytic world of Sandor Ferenczi, as a pediatrician trained in Germany, then as a psychoanalyst in Freud's Vienna, and as a child analyst working in New York psychiatric institutes with children unable to form meaningful relationships with others, led to her vision of the relevance of direct observation of infants alone and with their mothers.

Assuming a theoretical basis in Freud and Hartmann's Ego Psychology, albeit reading Kohut and Winnicott, Mahler inferred from her observational studies the following specific **phases of infant psychic development in the separation-individuation process: normal symbiotic(1-5 months), differentiation (6-9 months), practicing (10-18 months), rapprochement (18-24 months), and consolidation of individuality (24-36 months).** Regarding psychotherapy Mahler assumed that the therapist and adult client are discrete entities; that the content of issues, like oneness and separateness and motivational issues like needs and wishes, will be addressed; that disruption and repair are the basis for psychic structure formation; that heightened affective moments are essential; and that

understanding, listening, exploring and clarifying are preparatory to explanation through confrontation, working through and interpretation. Since the 1970's in New York, Beatrice Beebe and Frank Lachmann's research using computerized, split screen technology has continued Mahler's focus on the primacy of the infant-mother relationship. They integrate relational and systems theory approaches with their findings regarding the perceptual and cognitive capacities that the infant and later, the adult, uses in organizing experience and in self- and interactive regulation with others. **The three organizing principles identified from their infant research: 1. ongoing regulations, 2. disruption and repair, and 3. heightened affective moments** are applicable to the patterning, the internalization, and the nonverbal and implicit interactive processes within psychoanalytic therapy. **Beebe and Lachmann offer a relational dynamic integrated with the individual's experience** that has significant import for the transformational potential of the client-therapist relationship.

Gayle Burns

Daniel Stern

Stern brought his unique model of infant development to the psychoanalytic community in the mid 1980's. It is a model based in the research tradition and in direct observation of infant-mother interactions. He roots his theory in three main domains of development: **nonverbal, verbal and narrative. Stern's emphasis is on the nonverbal**, which is a contemporary way of viewing Freud's pre-oedipal period. In his elaboration of the nonverbal domain, Stern elucidates **four "senses of self" and "self with other" that emerge in the infant-mother relationship:** 1) **Emergent**--how new ways of being come into existence, maturation and the organization of experience. Vitality affects and cross-modal/amodal perception are crucial aspects of this. 2) **Core self**--concerns the physical/bodily dimensions of being as the basis for an embodied, cohesive self and as a basis for physical safety and physical intimacy, 3) **Core self with other**--concerns self and interactive/mutual regulation. This is the basis for **Stern's notion of attunement.** 4) **Secondary intersubjectivity**--concerns the capacity to share matters of the mind. Psychic intimacy is now possible which forms the basis for **Stern's notion of empathy.** This model shifts the emphasis toward **the development of "senses of self" throughout the lifespan**, establishes a broader based understanding of **an adult's way of being-in-the-world and being-with-others** and moves away from the point of origin model contained in traditional theory.

Bev Witton

The Neurobiology of Trauma

This section of the lecture gives students **a developmental understanding of neurobiological functioning and maturation beginning in the first two years of life.** The autonomic nervous system, its limbic component and brain development are covered in some detail **in order to give attachment**

theory, regulation and developmental theories grounding in the body.

An understanding of sympathetic and parasympathetic system and how their neurobiological controls are laid down through early relationships, handling and attachment provides understanding for latter complex theories of regulation, anxiety and trauma responses. Emotional responses such as shame, excitement, fear, panic and anxiety are also explored in relation to the infant's maturational process and relational patterns. **Understanding brain development also helps students understand age appropriate skills and experiences.**

These lectures ground the student's understanding in the body and its maturation; and prepare them for current theories focused on infant and infant-parent direct observation. Recent developments in the treatment of developmental trauma are surveyed to give students an introduction to how these developmental traumas might be treated by psychology.

Joel Whitton

Hermeneutic Phenomenology and Existential Psychotherapy

Phenomenology is a discipline with both philosophical and psychodynamic roots. Initially described by philosophers such as Husserl and Heidegger in the period roughly concurrent with Freud's lifetime, phenomenology's attentive stance is already evident in the pioneering work of pre-Freudian psychodynamic practitioners. Phenomenology provides important possibilities for contemporary psychotherapy, regardless of the therapist's theoretical bias. These biases – e.g. psychoanalytic, object-relational, intersubjective, existential – become an important part of the teaching of hermeneutics (a philosophical description of interpretation), which adds a relational dimension to phenomenology. **With hermeneutics, therapists are challenged to pay attention to their own interpretive awarenesses and to the “prejudices” that shape these interpretations.** These prejudices – or predictors of experience – are part of the particularity of every therapist's work and of the unique context shaped by each therapeutic relationship. The fundamentals of hermeneutic phenomenology arise originally from the nuanced analysis of human existence developed by Heidegger in *Being and Time*.

Heidegger's thinking (from *Being and Time* through later essays to the Zollikon Seminars) is offered at various points in the programme, and the study of existential therapy (which includes Daseinsanalysis) becomes another important stream, along with the psychoanalytic and alternative consciousness streams, that informs CTP's teaching perspectives.

Cathleen Hoskins

Daseinsanalysis and Martin Heidegger

The name **Daseinsanalysis** was first created by **Ludwig Binswanger** (1881-1966) in connection with his reading of **Martin Heidegger's Daseinsanalytik in *Being and Time*** (1927). Binswanger, a philosophically educated Swiss psychiatrist, influenced by Freud and a lifelong friend and admirer of Freud, **found the psychoanalytic framework too restrictive in his work with deeply troubled psychiatric patients**. In Heidegger's phenomenology of existence (Dasein) he discovered a broader more helpful way of understanding human suffering.

Medard Boss (1903-1990), also a Swiss psychiatrist, had been in analysis with Freud in his twenties and practiced as a psychoanalyst in Zurich where Binswanger introduced him to *Being and Time*. After the war (1947) Boss contacted Heidegger and a friendship and fruitful collaboration developed. **All of Boss' writings grew out of this creative dialogue. Daseinsanalysis became a distinguished psychotherapeutic framework. From 1959-1969 Heidegger participated in seminars with Boss' students of psychiatry and psychotherapy, later published as the *Zollikon Seminars*.**

Martin Heidegger's (1889-1976) work *Being and Time* was of major influence to European thinkers. **His opening question "What is being?" leads him to the inquiry of the one being that is destined to ask about being, including his/her own being. Heidegger sees human existence as being-in-the-world, always already within a context, inevitably involved with all that is, including other people. Relatedness is primary; we never exist as independent subjects or objects. At the same time we have to live our lives as our own. We are our existence. We are Dasein (here/there-being).** This is a radical leap in Western thinking. It also leads to a whole new understanding of the psychotherapeutic situation.

From the foundation of Dasein as being-in-the-world Heidegger explores **the fundamental (ontological) aspects of existence like temporality, spatiality, embodiment, mood, understanding, language, facticity ("thrownness"), possibility, choice, disclosedness, truth, being-towards-death, anxiety, guilt, conscience and authenticity.**

These themes are also at the heart of every psychotherapy. Daseinsanalysis does not work with them as explicit philosophical questions but explores them in **their specific (ontic) dimensions as they show themselves within each therapeutic relationship.** Besides the importance of its content, ***Being and Time* also introduces us to a particular, and for psychotherapists relevant, way of exploration: the method of hermeneutic phenomenology.**

The careful study of Heidegger's work provides a deeper and broader understanding of our shared human existence, and of that of ourselves and our clients. **It inevitably influences our ways of being in the world, which will change our ways of being with our clients.** *Being and Time* is a difficult book to read and is best done together with others. For this reason it is offered in the Clinical Phase of the program as a two-year concentration.

Anna Binswanger Healy

Academic Requirements of the Foundation Phase

Writing

Students are required during the two year lecture component to write three papers of 2000 to 2500 words and participate in a Freud oral discussion group. Writing is an essential and effective component of several aspects of the student's training at CTP. Psychodynamic psychotherapy is at one dimension an oral tradition – students learn to talk and listen, not merely as a matter of practice, but as a manner of training – they are in individual therapy, group therapy, individual supervision, group supervision, seminars and concentrations – in other words they are with others and they talk. But they are also writers – this is communicated to them immediately as they write their autobiographies when they apply to CTP. Students go on to write their application to the Clinical Phase, their application to supervision and their regular supervision updates, and they write their case histories – through which they express their development as therapists. Students are writing about their ability to think, theorize and remain humanly present – not just in their therapeutic clinical work – but in their writing as well. Students and faculty alike join a tradition and an ongoing dialogue carried out through the medium of the written word. Students are trained to be writers as a subsidiary task to their training as psychotherapists.

Sharon Bedard

The Freud Study Group and Oral Exam

Students themselves set up small groups of three or four to study a “psychoanalytic literacy” lexicon of Freud's language and concepts. This conversational exploration best reflects the ways in which Freud and the early psychodynamic originators developed their own discoveries and collaboration, and which accounts for the remarkable fertility of the tradition to the present day.

Students read, absorb, articulate, dialogue, and thus appropriate concepts that underlie in some form all psychodynamic theories--even where they differ widely. They are helpfully prepared for other theoretical approaches, more alive to their similarities and differences, and more able to bring a critical capacity to appreciate current trends. Further, these study groups form lasting peer relationships and develop a highly rewarding *habitus* that most students hone throughout their training and beyond.

Sharon MacIsaac McKenna

Students successfully completing the Lecture/Seminar requirements receive a Certificate of Psychodynamic Studies

Full completion of the Foundation Phase, however, includes participation in a psychotherapy training group and is necessary for advancement to the Clinical Phase.

Psychotherapy Training Group

The kind of groups carried out in CTP are referred to as psychoanalytic psychotherapy or psychodynamic groups.

Participants are asked to pay attention to how they are being affected by the group process. This includes attention to their thoughts, emotions, and physical states, as they experience them. It also includes attention to how they are reacting internally to their own responses. Are they, for example, ashamed or afraid of them, disgusted by them, strengthened by them? Participants are also asked when they express themselves, to try to convey their experiences as transparently as they are able. The group process must be kept confidential: all communication about group exchanges is to take place only in group sessions where everyone is full party to them. The only exception is the work in one's personal therapy. This is the group contract. Care is taken beforehand, in the interview process and in meetings with the group therapists, to explain the common contract as clearly as possible. Much care is given to discerning whether candidates are ready for this challenging therapeutic tool. Each participant must be in weekly therapy with a psychodynamic therapist for at least two years before and for the duration of the group.

The group contract or modality derives from psychoanalytic psychotherapy: It is based on disciplined attention to oneself as subject, in interaction with others committed to the same discipline. What is focused on in group sessions is not imposed but emerges from the initiatives of its members. Groups are conducted by specially trained therapists, usually a pair. Their work is to build an environment where participants come to feel both moved to express themselves and safe enough to do so.

The group modality gradually reveals itself as offering therapeutic change that is on the one hand both profound and foundational and on the other, specific and irreplaceable as a therapeutic tool. When a group is working well (cf. Wilfred Bion's "working group") people mediate to each other a different kind of learning than that of the one on one session. The mirroring by the individual therapist is inestimable and must be a personal resource for all group participants. Group members commit themselves to truthful feedback to each other, including about subjective responses they may not endorse. Responses to the same interactions may vary widely among participants. People learn to discern defensive distortions such as sadism, advocacy and alliances--and above all the grounding power of responsible

truthfulness. The group contract creates a special resource that is scarcely to be found elsewhere, even among friends and loved ones: it seeks to guarantee that no interests beyond the psychotherapeutic come into play.

The group contract clearly differs from the relationship with one's individual therapist. Indeed one of the most difficult things for group members to learn is not to be with each other as therapists. Their effort is to meet each other as peers, to be present to interactions based on that objective, or you might say subjective, challenge. Because of its focus on the Oedipal complex followed by the necessary corrective of the importance of the mother, **the psychodynamic tradition has been slow to recognize the radical need of the human person for community; for communities to which they can belong as a valuable participants.** Psychoanalysis rightly reveals the literally formative relationship with the mother. But though the attachment to the mother prepares us for life, the human child cannot live from and with it alone. She/he yearns for relationships with other children and to find a place in the world, in life, outside the home. **This wider experience, though slightly later, is in its way as profound and foundational. It provides, or does not provide, a grounding and belonging in the world for which there is neither substitute nor compensation. The finding of one's place is similarly unconsciously negotiated in both primary (nonverbal) and verbal modalities (and includes the creation of new neuronal pathways).** While a great deal of this experience regularly comes into individual therapy sessions, it cannot be adequately reenacted in the (asymmetrical) dyadic relationship. It comes intensely to life, however, in a therapeutic medium where many are present.

Being-with-one and being-with-many are essentially distinct modes of primary experience. They are elemental tasks of learning and adaptation that develop with intricate cross-modal complexity throughout life.

Group members frequently speak of almost overwhelming responses to simply being in the room together, even before any exchange has begun. Their hearts pound; they feel blank and stupid; they want to bolt from the room. They cannot account for the dimensions of their state though it often has a nightmarish familiarity. Very little in the clinical theory they have been studying prepares them for the power of being-with-many-at-once. The body of theory that has so invaluablely elucidated the becoming of the infant inside and beside the mother tends to do so by discussing that relationship in abstraction from its living context: that is, being with mother is being with mother alone. **But even very early an infant's experience of mother is of mother with others and active with them.** How mother is with others affects the infant viscerally: is she lively, happy, laughing, calmed? Is she afraid, contracted, wrathful, agitated, and so on? From very early in life we are with more than One: with the family, father, siblings, significant other adults and children. Or with very few of them. **Our early experiences of**

mother are conditioned by the presence of other children, of father, of significant others, all of it registering unconsciously as a *gestalt*. These transmutative modifiers may not be remembered consciously, but they nevertheless embed the early registrations and are therefore operative. Here is where psychodynamic group therapy has so much to teach.

Group therapy is difficult: it catalyzes powerful emotional states that are active underground and are comprehended only gradually. Important individual reactions cannot be attended to in the same session: Thus expressions of others can be easily misconstrued because of their incompleteness; the silence of others including the group therapists is easily interpreted as indifference or tacit agreement. Participants are (usually) not so much deliberately untruthful as obtuse by reason of dissociation and unconscious defense. Key interventions can come from any participant and do. A group is engaged in a collective struggle for resolution which is dependent on each individual, a constant dialectic of blindness and fragility, openness and courage. It cannot be accelerated. It will have these qualities even when it is working well.

Group therapy can be difficult not only for those participating in it but also for those in its environs. The emotional states gripping group members can unconsciously rock significant others and the student body--yet their source must be kept confidential. The group effort is bound to draw negative judgment from some, as something going wrong or a really bad idea in the first place. While the individual therapy of each group member plays an indispensable role in group resolutions, it is a challenging partnership for individual therapist and client alike. It is difficult to have one's client concurrently in another kind of therapy that is so profoundly affecting and at which one is not present. There is much to discuss here.

For people who have been or are studying psychodynamic theory, participation in a group brings profound, "implicated" as it were, understanding of that discourse. An obvious treasure trove is the breadth of experience to be had in a group committed to the therapeutic task. Among the concepts that members come to grasp as realities are:

- the prevalence and power of phenomena such as *transference, *defenses, *projection, *projective identification, *grandiosity and *omnipotence
- *identification as a basic and constant principle of relating
- the challenge of *otherness
- how to listen "with the third ear" for the different register that reveals, for example, the modifying grip of *compulsiveness in all kinds of activities; the surprising extent to which behaviour, is encoded with *enactment; the extent to which *fantasy structures perception of self and others; the *Imaginary being exposed to the *Real; the subversion of narrative

- the elemental drive to find one's place with the many, to be with others while being oneself. The fears of *overstimulation and of *insignificance, of *loss or throwing away of self that attends the desire to be with a community. The fears of *exclusion from connection and from shared activities, of *inferiority, *dissent and *loss of love or *abandonment should others become important, of *sadism
- the stoking of *rivalry and *competitiveness; the complex and troublesome state of *envy
- the revival among participants of powerful *early attachments and *sexual desires—and the hidden forms they take, the *shame they arouse
- the covert damages wrought by *trauma, such as *dissociation, *compulsiveness, failure to realize one's importance to others, to imagine one's *internalization by others, *splitting, *inconstancy. The conviction that one's abuse was deserved, which has been entrenched in the totalitarian secrecy of the home, seems to be most effectively undermined by telling these experiences to a circle of people who respond with horror at its injustice. Is it because they represent society, the wider order that brings judgment to those marginalized as children?
- the tenacious hold of the *victim/oppressor interpretation with its attendant *blaming and *grievance collecting. Pain and suffering tend to be interpreted as inflicted; the arousal of memories or of painful truths in group interaction are often regarded as sadistic. Other group members may support these arrested states, leading to alliances in *resistance, *denial, a climate of *paranoia and outrage that obstructs and obfuscates interaction.
- the subtle and cryptic ways in which each subject participates, usually by long adaptation, in their own oppression; hard won knowledge come by only in a maturing group free of a climate of judgment and blame
- the underlying *despair of ever changing; the pain of *powerlessness; the slow discovery of *agency and *freedom within it (which the discipline of subjective awareness slowly strengthens)
- the processes of *working through that group work so effectively assists, for example, through people testing the validity of their perceptions and responses
- the strengths of *intuition, the importance of learning to rely on it
- and on the other hand, the limits of *intuition about others in the face of their self-disclosure. Groups and *dreams alike impress the fact that until a person reveals his/her inner life and previous experience we do not know them

A therapy group in a training school also instills in students appreciation for the *therapeutic container. Participants though not present to each other as therapists commit to co-creating the container, by confidentiality, by abstaining from outside references to group work and from involvements with each other outside the group.

The importance of these boundaries takes a surprising length of time to

learn because the transgressions, e.g., compassionate or inquiring remarks on the way home from group, seem only human; and because involvements outside the group are so attractive to people bonding so deeply. However they learn unforgettable lessons about the williness of resistance and the effect of any such transgressions on fellow group members. These will disable a group unless they are discontinued. Just as they will any therapy which these people in training may eventually practice. Nothing compares to learning through experience about the necessity of boundaries in psychodynamic therapy.

Collegiality is another invaluable fruit of group therapy. A learned way, it becomes the preferred way, characterizing the study habits of students and their eventual professional development.

Group psychotherapy is a challenging component of a training program. Its therapists must be skilled, be alive to it and gratified by its riches, able to contain its powerful currents and stresses. It takes nerve. It cannot be carried out without the support and direct personal experience of groups by its faculty as a whole. There is always the risk that students leave a group (even when their required time is over) with enactment still dominant in their behaviour. Then they must defend against their group experience to some degree. Even with a careful interviewing process the occasional admission of students who turn out to be unable to participate in group seems inevitable. Nevertheless, the rewards of “working” psychodynamic groups within the school and beyond are immeasurable.

Sharon MacIsaac McKenna

2. THE CLINICAL PHASE

Students must apply to be accepted into the Clinical Phase. This application requires the student to address themselves to an assessment of their readiness and an evaluation of their strengths and those areas of personal development that they know they must attend to if they wish to proceed towards working with clients under supervision.

The faculty takes this advancement seriously in its individual and collective consideration. The faculty retains for itself the decision to admit students to Pre-Supervision Seminar and to Supervision.

Pre-Supervision Seminar

Students will enter into Practicum for a total of 60 hours. Practicum introduces the student to those facets of **meeting and interviewing** prospective clients, **setting the boundaries of a therapeutic relationship** – issues of fee setting, session time and frequency and non-dual relationships. They begin to develop **a capacity for the formulation of client status**, which they will enrich in the seminars dedicated to

Psychoanalytic Understanding and Clinical Practice of Character and Character/Personality Disorders Part I and II. Students will also learn the various phases of therapy, techniques that enhance therapeutic work, the therapeutic relationship; role playing and group discussion allow for the trial of these dimensions of a therapeutic interaction. Outside resources to supplement psychotherapy are covered. Students develop an understanding of the importance of note taking and the relevant information in a session that they will need to attend to. Specific topics such as ethics, crisis and referral to other modes of therapy are also covered. The business aspects of a psychotherapy practice are covered as is the manner of handling the appropriate and timely termination of a therapy relationship. Practicum is distinctly set apart from group experience and furthers the student's shift into a more objective framework.

Psychotherapy Training Group

Students continue in their psychotherapy training group until they have completed a minimum of four years.

Concentrations

Concentration seminars offer students a more intensive study of theorists, schools or themes they were introduced to in the lectures. Students choose from topics offered by faculty (often in response to student request). Students must successfully complete two concentrations of 30 hours each. Generally a concentration consists of about seven students and the faculty leader. The structure of the concentration varies, but typically it involves: a close reading of the selected theorist's writings, a seminar presentation, papers and considerable discussion. Other media, for example, literature or film may be used to bring the theory to life.

Martin Heidegger: Being and Time

Through the lecture series students have already been introduced to Martin Heidegger's *Being and Time* and its potential importance for the practice of psychotherapy. The two-year concentration is devoted to a careful reading of this challenging text, which tries to put into language the fundamental questions that have been with Western mankind at least since the early Greeks. After an initial experience of bewilderment among many of the participants with Heidegger's difficult use of language, through reading out loud together, an intensive dialogue develops. Since the themes raised in this book speak directly and profoundly about our own ordinary experiences, everybody is able to relate personally to the text. For many people this leads to a new awareness in their daily living, which inevitably affects their psychotherapeutic work. Experiences like being-with-others, anxiety, fear or denial of mortality, choosing, guilt, to name a few, begin to take on new meaning. This does not invalidate psychoanalytic theories but leads to an expanded way of listening. Heidegger's careful, experience-near writing (hermeneutic phenomenology) is an inspiration to speak more precisely

about the therapeutic situation without referring too quickly to the use of theoretical language.

Most participants will continue for a third clinical year, which consists of case-presentations and readings. Each member speaks about his/her work with a particular client, often in connection with a chosen relevant theme from *Being and Time*. Readings during this year include texts from existentialist therapists (Medard Boss, Hans Cohn, Alice Holzhey-Kunz), but mainly articles from psychoanalytic authors who are philosophically inclined and/or tend to use phenomenological language (Hans Loewald, Jonathan Lear, Donnell B. Stern, Guy Thompson, Philip Bromberg, Robert Stolorow.) Because of the increasing familiarity with each other, the dialogues are open, personal and direct, which deepens the learning for everyone.

Anna Binswanger Healy

Other examples of Concentrations offered include: Intersubjective Clinical Work, Winnicott, Guntrip, Jung, Relational Psychoanalysis, Neurobiology of the Infant, Women in Psychotherapy, Dissociation, Transference and Countertransference, Gender - Sexuality - Sexual Orientation.

Clinical Seminars

Topics of the Clinical Seminars range quite broadly: they may be experiential; they may focus on specific clinical issues or on theoretical perspectives drawing from literature, philosophy or the arts. Students are required to take three formation seminars; two of these are required, a third, elective. Seminars take the form of small groups and are held for a total of 30 hours.

Dream Seminar: Required

The work of this required seminar is experiential rather than theoretical and centres on the dreams of the participants. Telling one's dream and hearing another's dream in a group, especially one where most have begun working clinically under supervision, is a unique experience.

The participants' focus is the dreamer in a process of mutuality and collaboration. Both the dreamer's and the hearers' experience of the dream engage attentive listening, free association, and being attuned to and, thereby, alert to how one is affected by subjective responses in the interchange. The dream may be considered from metaphorical, thematic and affective perspectives. Thoughts, feelings, images and sensations are welcomed as valid for sharing or not. Timeliness, silence, inviting clarification and elaboration along with accepting and discarding offerings are in the mix. Valuable unconscious connections among participants are inevitable. All participants maintain confidentiality and are in an individual psychotherapy relationship that affords further personal exploration.

Not only are dreams intimately self-disclosing but they are revealing in ways not always anticipated. Consequently the ambience created is crucial to the

group's effectiveness. The group environment must be trusting, receptive, and candid. To facilitate such an atmosphere, some form of relaxation may be used.

Because of the personal readiness required for such an exercise, participation is limited to students who have completed three years of a Training Psychotherapy Group. The seminar which meets for two hours weekly for fifteen weeks has only about six members, so that each member can bring in at least two dreams.

Gayle Burns and Adam Crabtree

Therapeutic Use of Trance States: Elective

Without realizing it, we all go in and out of trance states in our everyday lives. This means that we have an innate capacity to experience trances and use them to our advantage. When we are in a trance state, we are absorbed in something and oblivious to everything else. Trance states enter into our relationships, our work and creative activity, our experiences with the various groups we are a part of, and our inner life of meditation or prayer. **Therapeutic trance states can be very effective tools for the practice of psychotherapy, often helping the client to more easily uncover unconscious feelings and thoughts.** Surprisingly, trance states are not used by many psychotherapists, largely because the actual nature of this therapeutic aid is wrongly understood. This course explains the real nature of trance states in general (which are part of ordinary life) and therapeutic trances in particular. It assists the therapist in learning how to facilitate these states and how to use them within psychotherapeutic practice, also providing an initial acquaintance with the use of finger signals.

Adam Crabtree

Authentic Movement: Elective

"Movement never lies . . . it is a barometer telling the state of the soul's weather to all who can read it." (Martha Graham)

Authentic movement is about the relationship between one or more people moving with eyes closed, while one or more persons witness the movement. It is about seeing and being seen. There are no directions, rules or stimuli from without. A potential freedom is offered, similar to free association in a psychoanalytic process. The attention is focused on one's bodily experience, following its impulses, letting happen whatever arises from within. This includes---to varying degrees--feelings, images, thoughts, fantasies, memories, sounds, language and so on. An attitude of inner openness, concentration and patience is needed.

As movers, our eyes are closed to help us turn inward and to diminish the input of the one sense-organ which most powerfully guides our interactions with the world. In tuning into ourselves we may also become more aware of

what's around us. Our other senses; hearing, smelling, sensing and proprioception are often heightened. Authentic movement is a uniquely individual and at the same time deeply shared experience.

As movers we are also witnesses to ourselves. Authentic movement is not about letting go of all consciousness, but about a deepened awareness of ourselves with ourselves in the present moment. If a mover begins to feel overwhelmed by strong feelings or impulses, he or she can always open their eyes and sit on the side.

As witness or witnesses we are allowed to see, not only with our eyes, but with our whole being. We are allowed to look directly and for long periods at people's bodies, faces, movements and gestures, to experience their interactions with each other and to let ourselves be affected bodily and emotionally; open to our own associations. There can be much visible movement and feeling, barely perceptible movement, stillness, sound, touch, solitude. What shows itself is often astounding: similar movement-patterns arise here and there in the room, simultaneously, sequentially or returning again later. A choreography might unfold, where people move together: a hand reaches out at exactly the right time and height to meet another; two people walk close by each other, never touching; several people get involved in playing, etc. Often a common theme evolves which may or may not become conscious to the witness but reveals itself in the dialogue at the end of the session.

After the movement time, which lasts anywhere from 20 to 90 minutes, we spend about 15 minutes, each writing about our own experience. Then we gather back in the circle, talking--or not--for the last half hour. This can be a time of deep discoveries of our connectedness, similarities and differences, of amazing stories unfolding. Whatever happened tells us something important about our present way of being.

Authentic movement can be an important aspect of a training for psychotherapists. **It helps us to develop a deeper awareness of our own and others' embodiment and to strengthen the sense of comfort and connectedness with ourselves and others. It allows us to explore a dimension of which we are mostly unconscious but which holds rich and meaningful information, even though its translation into language is limited. All this contributes to the capacity for expanding our openness and attunement to the intimacy of a therapeutic relationship.**

Anna Binswanger Healy

The Psychoanalytic Approach to Character/Personality Types and Disorders, Level 1: Elective

This course studies the major psychoanalytic approaches to character formation and personality disorders. The psychoanalytic approaches are: drive theory, ego psychology, object relations and self

psychology. Character types and disorders are understood by examining the levels of developmental organization and the defensive style of individuals. **Developmental organization indicates a person's degree of health (individuation) or pathology** and is understood as resulting from parental influences, genetic contributions (temperament, adaptive processes) and traumatic experiences. **Developmental organization is described on a continuum from normal, neurotic, borderline, to psychotic. Defensive style, the habitual use of defenses, defines the individual's character type**, such as: schizoid, depressive, hysterical, paranoid etc.

The course discusses the difference between **character, temperament (genetic endowment), personality, and personality disorders**, the benefits and limitations of diagnosis, primary and secondary defenses, the limits to personality change and the therapeutic techniques effective in working with character types and disorders.

The course emphasizes the importance of treating the individual's whole character instead of treating only isolated symptoms

Character types such as schizoid, narcissistic, borderline, hysterical (histrionic), masochistic (self-defeating), psychopathic (antisocial), paranoid, obsessive/compulsive and depressive/manic are discussed under the following headings: general characteristics and symptoms, drive, affect, temperament, adaptive and defensive processes, object relations (etiology), the development of the self, transference and countertransference and the psychotherapeutic process.

Some of the psychoanalytic concepts discussed are: repression, suppression, oedipal conflicts, introjection, identification, regression, idealization, devaluation, sexual identity, superego, ego ideal, ego identity, affect regulation, affect tolerance, affect storms, observing ego, experiencing ego, separation/individuation, differentiation of self and object representations, self-structure, self-esteem, self-cohesion, selfobject functions, empathic listening and response, the therapeutic frame, projection, splitting, projective identification, denial, mania, moralizing, moral superiority, depressive position, paranoid/ schizoid position, withdrawal and schizoid compromise.

Textbooks studied: *Psychoanalytic Diagnosis, Understanding Personality Structure in the Clinical Process*, Nancy McWilliams.

The psychoanalytic contributors studied in the course: S. Freud, A. Freud, Fairbairn, Guntrip, Kernberg, H. Kohut, E. Wolf, D. Shapiro, Berliner, Lindner, Strasburger, Hare, Goleman, Klein, Winnicott, Bion, Hinshelwood.

Judy Dales

The Psychoanalytic Approach to Character/Personality Types and Disorders, Level 2: Elective

All the same themes are discussed as outlined for Level I. The course delves more deeply into the complexities and subtleties of character types and disorders and discusses effective therapeutic practices. Special attention is given to borderline personality organization which offers a challenge to many clinicians.

Psychoanalytic contributors: Kroll, Kernberg, Smith, Minde, Frayn, Levy, Shapiro, S. Freud, Gabbard, Coen, Brenner, Bone, Oldham, Weiss, Auchincloss, Cooper, Baudry, Fonagy.

Judy Dales

History of Ideas: Required

The History of Ideas is taken near the end of the students' academic curriculum, when they are familiar with the major theorists of psychodynamic psychotherapy and have been working with clients under supervision. This required seminar is intended to help students develop a critical and historical overview of therapeutic ideas and practice. It is also an opportunity for students to reflect on their own deeply held views and therapeutic positions. Each week students are asked to write creatively out of their experience as therapists as a balance to their ongoing reflection on theory.

Philip McKenna

Special Topics

1. Each year a day's presentation and discussion is devoted to the topic "**What is Psychotherapy**". The whole student body and graduates are invited. Faculty take turns presenting their reflections on some aspect of the practice of psychotherapy. Some examples are: changing developments in the practice of psychotherapy as exemplified by current discussions on regulation, changing legal requirements, the body in psychotherapy, depression, transference and counter-transference from a historical perspective; a dramatization (involving a large cast) of key encounters and interactions among the psychodynamic pioneers studied in the course of the program.

2. In each two-year cycle of the Lecture Series a full-day seminar is offered to Foundation students on: **Sexuality, Gender, Sexual Orientation**.

3. Each year a full-day seminar is offered to Clinical students on:

- **An introduction to the Diagnostic and Statistical Manual in its most recent edition.**
- **An introduction to the Psychodynamic Diagnostic Manual**
- **Child Abuse**

Supervision

Once a student has completed this portion of their Clinical Training they may communicate their interest and readiness to enter into Supervision. Students are asked to write an application with specific attention to

questions about the process by which they consider themselves ready to begin work with clients, their personal strengths and areas of personal development. They are also asked to imagine themselves into the role of therapist and to decide whom they feel that they are able to work with clinically.

This transition begins the phase of their training when they will see clients. A student will be required to complete two years of Group Supervision for a total of 120 hours and Individual Supervision for 80 hours. A student will select one primary supervisor based on their own sense of affinity for that supervisor's method of practice, and they are encouraged to select one or two secondary supervisors for breadth. The student must see five clients; at least one of these for 100 hours in order to establish a capacity for an ongoing therapy, another for 80 hours, and some combination of client work for another 120 hours. This totals a minimum of 300 hours of practice with clients.

Supervision Seminar

Supervision seminars provide an opportunity for therapists who are in the early stages of their practice to present and discuss their clinical work with others who are at a similar level of experience. **Therapists-in-supervision meet weekly in a confidential setting with six to eight of their colleagues and a faculty supervisor to take turns at presenting their work with a chosen client.** The group setting allows training therapists to experience first-hand the on-going learning process of colleagues whose therapeutic sensibilities and burgeoning individual style might be quite different from their own. It also provides the opportunity for the presenting therapist to receive perceptions and responses regarding his or her work from a number of individual vantage points. Students are often with the same seminar members for two (or more) years, which allows for the establishment of a close-working and trusting atmosphere that is conducive to the exploration of countertransference. **The on-going presentation of a client and confidential dialogue within a small group helps the learning therapist to arrive at therapeutic formulations and insights that may not manifest in individual supervision or on his or her own. The seminar setting also provides opportunities to discuss psychotherapeutic theories and their application to actual therapies.**

Ken Ludlow

Individual Supervision

Individual supervision takes place within a supervisory relationship that is on-going for a minimum of two years. Because the supervisor is chosen by the student, and the supervision usually lasts well beyond that minimum requirement, **these relationships allow for an in-depth and intimate working alliance with a careful focus on the student's development as a psychotherapist. The therapist-in-supervision is encouraged to be**

mindful of her/his various subjective reactions to clients and to speak of these as openly as possible within the safety of the supervision relationship. One of the supervisor's main tasks is to help the learning therapist become aware of meaningful patterns in his or her countertransferential reactions. Individual supervision also presents numerous opportunities for the discussion of clinical applications of psychotherapy theory. In addition to providing regular supervision for work with particular clients, **the individual supervisory relationship is an important forum for the learning therapist to discuss and explore numerous aspects of his or her development as a psychotherapist.** At the completion of these requirements the student must compose two case studies. One of these must be extensive: approximately 3000 words and the other of a length decided by the student and supervisor. Major case studies are read by at least two faculty members; the briefer study by the faculty member supervising the therapy.

Ken Ludlow

Graduation

The Graduation ceremony is held in high regard, as the culmination of a training that has been lengthy, challenging and intense both for students and those closest to them, some of whom have not been directly involved in it. At Graduation, all of these: faculty, fellow students and graduates, family and friends come together to celebrate this rite of passage. A faculty member speaks to the graduates about their presence and influence amongst us. The highlight of the evening is the address of each graduate to the assembly about what their training process has meant to them.

Minimum Requirements for Graduation with a CTP Diploma

Personal therapy for a minimum of 80 hours with a psychodynamic therapist before beginning the program and a regular ongoing therapy throughout the program.

Foundation Phase

2 years of lectures 140 hours
2 years of seminars 60 hours
Submission of 2 or 3 papers 2000 – 2500 words each
Participation in a study group and oral examination on Freud and if desired, on a second theorist in place of a paper.
2 years of a Psychotherapy Training Group 220 hours

Clinical Phase

2 years of a Psychotherapy Training Group 220 hours
Practicum 60 hours
2 Concentrations (30 hours each) 60 hours
3 Formation Seminars (30 hours each) 90 hours
Dream Seminar (required)

History of Ideas Seminar (required)
One Seminar of Choice
Special Topic Seminars (3) 18 hours
DSMIV
Psychoanalytic Diagnostic Manual
Child Abuse
2 years of Supervision Seminar 110-120 hours
Individual Supervision 80 hours
Supervised practice with 5 clients 300 hours
Submission of 2 case studies Major - 3000 words
Minor – length to be decided
by student and supervisor

Jackie Herner

Graduate Seminars

As part of an ongoing commitment to professional development and the importance of collegial relationships, CTP faculty offer further studies in a seminar format. Several of these graduate seminars are also open members of CAPT (Canadian Association for Psychodynamic Therapy).

Dissociation or Repression

My seminar is designed to meet the needs of psychotherapists who have been practicing long enough to have encountered what are often described as 'difficult' clients, difficult because of the unexpected challenges they present to the therapist's personal and professional development. The core of the seminar is the effort to grasp **the subtle distinction between repression and dissociation.**

Appropriate readings in these concepts are assigned and discussed in the seminar meetings; and the participants bring examples from their practices to enable us to say aloud how we understand and apply what practitioners and theoreticians have been adding worldwide to the development of psychodynamic psychotherapy's capacity to assist deeply disturbed clients.

The camaraderie developed in the seminar is an important factor in enabling participants to be of help to each other in dealing with the emotional impact on the therapist of such clients.

The assigned readings are chosen from Freud, Ferenczi, Balint, Loewald, Bromberg, (D.B) Stern and Lear.

James T. Healy

Literature and the Art of Psychotherapy

Thinkers as diverse as Freud and Heidegger place literature at the heart of how we come to know what it is to be human. The graduate seminar on Literature and the Art of Psychotherapy explores various modes of thinking about the forms and meanings of human existence revealed in a wide range of classic and contemporary poetry, fiction and drama. (Texts recently

studied include poetry by Emily Dickinson and Margaret Atwood, short fiction by D.H. Lawrence, Doris Lessing, Mavis Gallant and Nadine Gordimer, Virginia Woolf's *To the Lighthouse*, Dostoyevsky's *Notes from Underground*, O'Neill's *Long Day's Journey into Night* and Sophocles' *Oedipus the King*.) These explorations lead us to the intersections, both subtle and vivid, of these imaginative writings with theories of the psychodynamic tradition. In this monthly seminar, practicing therapists respond to issues such as narrative, character, fantasy, symbol, motivation and metaphor from the vantage point of clinical, literary and personal experience.

Cathleen Hoskins

Transference and Countertransference

It is a given that **the twin concepts of transference and countertransference are fundamental to the psychoanalytical method**. It is true also that both of these concepts have undergone an evolution of understanding throughout the twentieth century and are still subject to various, sometimes elusive and confusing definition. This course will concentrate on a selection of major texts from the psychoanalytic tradition (from Freud to the Intersubjectivists) in an attempt to familiarize the student with that tradition and to help clarify each person's own understanding of the nature and the interdependence of transference and countertransference. To this latter end, clinical material from one's own work will be welcome. The major texts to be used are Aaron H. Esman, (ed.) *Essential Papers on Transference* (1990); and Benjamin Wolstein (ed.), *Essential Papers on Countertransference* (1988).

Peter Dales