CASE SEMINAR: THE DEVELOPMENTAL LENS AND ADULT ANALYTIC WORK

(one credit)

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This is a course in which students will present clinical material (process) from ongoing psychoanalytic and psychotherapy cases. The focus of the discussion will be to use the clinical material to develop our understanding of our patients and of our work with them. Although we will discuss the particular patient and the approaches one might or might not use, this is not to be a supervision group, in the sense of telling the presenter what they “should” or “should not” be doing. When relevant, I will recommend papers that people can read that will help us better understand the individual and/or the issues under discussion. I will be both a facilitator of this discussion and a participant. The perspective that I bring, Contemporary Freudian at the core, is strongly influenced by a strong developmental background which is based on my clinical work with children and their families. I would also like us to be aware of how this development took place within a particular culture that was part of what influenced our patients and their families. The role of these cultural influences, including generational trauma, will be part of what we will examine.
I would like to tell you a little about my experience and the resulting impact on my work with adults to give you a sense of this approach. My child/family work has had a number of different influences on my adult work.

One influence has been the way my experience with children has influenced my understanding of the backgrounds of the people with whom I work. I have had a great deal of experience in seeing how the child’s individual difficulties are often intertwined with the parents and how in order to be of help you have to work with the parent and child together as well as separately. I often feel in my child/parent work that I am witnessing early stages of internalization: internalization of ways of managing the external environment (both human and nonhuman) and ways of managing the internal world of unconscious processes, emotions and the body. What has become more and more apparent to me is how these ways of managing have been, and still are, significantly influenced by the child’s, and later the adult’s, attempt to hold on to and manage important attachment figures. With adults this includes the therapist who often becomes a primary focus of attachment issues in the transference. Therefore, in working with adults I am very aware of how attachment issues may be playing out with regard to the problems with which they struggle and within their relationship to me, the therapist.

Another influence is my interest in the development of the individual’s ability to symbolize their experience. The ability to represent one’s experience symbolically is something that naturally
develops throughout childhood culminating with adolescence. It is part of becoming a differentiated individual who is able to separate one’s internal world from the external world. With those adults who have completed this journey and are able to represent their experience symbolically, our more traditional ways of working are effective. However, there are many adults whose ability to represent their experience symbolically is problematic. These are people who can seem very concrete in their thinking and whose experience may be represented through action rather than through language. Their ability to reflect on themselves and their situation is extremely limited. They find it impossible to see things from the other’s point of view. The reasons for this vary and our approaches need to change depending on our understanding of the underlying causes.

This brings me to a third related interest. This is my love of, and belief in, play therapy. I have used it with my child/parent work and have learned how “playing” allows a space for new ways of experiencing oneself and others to emerge. Winnicot has written about this in his description of the development of the “transitional space.” It is within this “transitional space” that the ability to begin to see things from the other’s perspective is born. I have become more and more aware of how the idea of creating this transitional space with adults is crucial in the work that we do. I am hopeful that we can use the clinical case material to talk about this aspect of psychotherapy and psychoanalysis.

Finally, I have become more and more aware of how important it is to be aware of the cultural and gender issues that are part of the context of
our work. This is very much an area that I am exploring and I would like our thinking about the development of our adult patients to take this context into account.

Below is a description of the different areas that I would like to explore with you in the course of discussing the clinical material that is presented. I have added readings that are relevant to these different areas of interest.

**Learning Objectives for the clinical case presentations**

*Learning objective:* to be able to describe how early attachment issues influence the current difficulties of the patient.

*Learning objective:* to be able to describe how early attachment issues are influencing you and your patient’s relationship and the transference and countertransference.

Some papers relevant to this focus:

Peter Costello, “An attachment based view of development” in Attachment-Based Psychotherapy, American Psychological Association 2013 p.17-123

I find Peter Costello’s view of development and the way he integrates attachment theory very helpful. However, how this understanding of the role of attachment impacts my view of the therapeutic approach differs from Peter Costello’s.


Dr. Bach has had a profound influence on my work. Many of his papers deal with how his understanding of development influences his approach.


This came from a panel at NYU and it includes an introduction from Lew Aron, a case presentation of a patient of mine, and then discussions from Sheldon Bach, Mary-Joan Gerson, Sue Grand, and Steven Knoblauch. The case is a good example of Sheldon Bach’s description of a sadomasochistic object relationship.

**Learning objective:** to be able to describe the level of differentiation and the resulting level of symbolic functioning of the patient that is being presented.

**Learning objective:** to be able to discuss how the level of differentiation and the resulting level of symbolic functioning of the patient effects the type of intervention the therapist may use.

Some papers relevant to this focus:

A close look at the internal psychic journey towards differentiation.


This is a French analyst who works with mute children using play therapy. I find it relevant because he is interested in early steps in the development of symbolization with these children. In particular, how the move from disorganized patterns of behavior to repetitive patterns of behavior represent a move towards representational thought. It is interesting to think of this chapter in relationship to our work with very concrete adults.

*Learning objective:* to be able to create a therapeutic process that will expand the patient’s ability to think of issues from different points of view i.e “a play space”. More concretely, you will be able to list different ways of interacting with a patient that will expand his or her ability to think of issues from different points of view.

Some papers relevant to this focus:

This is an elaborated description of a panel given at NYU that looked at play in adult work. It has been developed in order to eventually be published. There are four examples of play in a session from different developmental stages from four different therapists (Marsha Levy-Warren, Alan Kintzer, Rhonda Sterberg and Sara Weber). Michele Bartnette introduced the panel and I was the discussant.


Russ is a psychologist who writes about the research on play. I find her writing about the relationship between play and what she calls “divergent” thinking useful.


Winnicot’s view of the complex development of the ability to differentiate oneself and one’s internal world from the external world is crucial to our understanding of our work with people. This includes his description of the transitional space which is crucial in this process.

Learning objective: to be able to select which behaviors are representative of early traumatic experiences and which are not.
A paper relevant to this focus:


This is a wonderful paper that describes how early trauma manifests itself through enactments between the patient and therapist that develop over the course of the treatment.

Learning objective: to be able to analyze and describe cultural influences in the patient’s early environment and in the family history (past generations) that may be involved in some of the issues with which the patient is struggling.


Fascinating discussion and description of how the silence around the historical trauma in a family, in these cases slavery, corrodes the present.


A wonderful description of the complexity of being white and of the unconscious and historical processes that are part of that
experience. What makes this paper special is that the analyst describes her own very personal journey.

*Learning objective:* to be able to analyze and discuss the influence of growing up in a family that has moved from one culture to another.

Video on “Parenting across cultures: the different ways we raise our children” (https://www.youtube.com/watch?v=BJic9NryKOY). A U-tube video of a conversation between a diverse group of people who have been involved in studying the impact of raising one's children in a different culture from which you have been raised. A mixture of personal experience and relevant research is discussed.


A look at the research on the impact of immigration. The emphasis of the article is on 1) how to sort out true pathology from the normal impact of coming from a different culture and 2) distinguishing patient’s issues that are due to stressors that are endemic to the experience of immigration from those which are due to trauma that has occurred prior to, during, or after the immigration.