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**PSYCHOANALYTICALLY INFORMED COMMUNITY WORK:
 DIFFERENT PROJECTS; DIFFERENT APPROACHES.**

As Elizabeth Danto has established (2005), Freud believed that psychoanalysis could benefit people from many different backgrounds. Thus, in a spirit of social egalitarianism his contemporaries established free clinics in Germany and other parts of Europe. These clinics existed from the early nineteen twenties until nineteen thirty-three. They were staffed by many of the first psychoanalysts, some of whom later came to the United States.

Later, in post-World War II America, under the rule of medically trained psychoanalysts, Freud's wide-ranging ideas about who could benefit from "his" treatment were pushed aside for a variety of reasons, above all economic. Less remunerative community work continued, nevertheless.

Recently the status of this work has begun to change. This has come about for several reasons: despair that psychoanalysis reaches so few is one. Greater difficulty in securing high paying patients another. Shame and guilt about the prejudices implicit in wishing only to treat the wealthy a third. Passion to help individuals in life-threatening situations a fourth. The list continues.

This one credit course will look at the ways in which psychoanalytic concepts have been used in a few carefully chosen settings from different parts of the world. Indeed, the location of the projects included in this course represent only a handful of those that exist. In addition to readings describing these projects, candidates will be encouraged to present community-related work of their own if they so desire. Cultural differences will be underscored throughout.

Questions to be addressed during the course will include the following:

- 1. Does community work expand the analyst's identity? How have analysts addressed this question?**
- 2. In what ways does community work affect analytic understanding of the following: child development; definitions of so-called "normal" adult behavior; the bounded space in which psychoanalytic interactions should take place?**
- 3. What resistances exist in the analyst to this kind of work, in regard to: a) anxiety about losing the safety of well-defined boundaries; b) anxiety about the need for economic remuneration; c) anxiety about how "exciting" the work will seem, given the potential uncertainty about whether it will achieve its goal and be sufficiently recognized.**

CLASS ONE: Introduction: Overview of psychoanalytically informed community work.

READINGS:

Hassinger, J.A & Pivnik, B.A. (2022). The 'community turn': Relational citizenship in the psychoanalytic community collaboratory. *International Journal of Psychoanalysis*. 120-143.

FOR THIS CLASS, PLEASE READ PAGES 120-125.

Twemlow, S.W. & Parens, H. (2006). Might Freud's legacy lie beyond the couch? *Psychoanalytic Psychology*.23: PLEASE READ PAGES 430-435.

Ruth, R. & Fallenbaum, R. (2013). What is psychoanalytic activism? *Psychoanalytic Activist*. On-line at: <https://www.apadivisions.org/division-39/publications/newsletters/activist/2013/04/activism>

Nguyen, L (2012). Psychoanalytic activism: Finding the human, staying human. *Psychoanalytic Psychol.* 29:308-317. Pages: 19-21

Goals:

1. To understand the different roles the analyst takes up engage in regard to work a) **with individuals** from differing backgrounds vs .b) **with community organizations** themselves.
2. To consider some of the ways in which community work is believed to widen the analyst's identity.
3. To open discussion of possible candidate contributions and to schedule these. This discussion will continue from class to class.

CLASS TWO: Developmental considerations: Widening developmental perspectives in work with individuals from different social/cultural milieus.

READINGS:

Tummala-Narra, P (2022). Can we decolonize psychoanalytic theory and practice? *Psychoanalytic Dialogues.* 32:217-234.

Eisold, B (2012). The Implications of Family Expectations, Historical Trauma, and Prejudice in Psychoanalytic Psychotherapy with Naturalized and First-Generation Chinese Americans. *Contemporary Psychoanalysis*, 48(2): 238-266.

Foster, P. R-M. (1996) What is a multicultural perspective for psychoanalysis? In R.M. P. Foster, M. Moskowitz, R.A. Javier (EDS): *Reaching Across Boundaries of Culture and Class*. Northvale, NJ: Jason Aronson. Pp. 3-20.

Goals:

1. To introduce the existence of different social/cultural norms which profoundly affect child development; examples: differing attitudes towards dependency; differences in the primary focus within the family on the well-being/achievement of the **child** versus focus on the well-being/achievement of the **family as a whole**.
2. To introduce other aspects of culture and social milieu which also affect child development. Examples: the presence of multiple versus single objects of attachment, the existence of conventional prejudices, and/or historically related trauma.

CLASS THREE: Different approaches to foster care: working with individual foster mothers; working with an agency.

READINGS:

Kliman, G. (2008). Methods for maximizing good effects of foster care: Evidence-based strategies to prevent discontinuities to foster care and raise IQ. *International Journal of Applied Psychoanalytic Studies.* 3: 4-16.

Cohen, P; Remez, A.; Edelman, R.C; Golub, A; Pacifici, A; Sentillan, Y; Wolfe, L. (2016). Promoting mentalization for parents and young children in the foster care system: Implementing a new training and treatment approach. *Journal of Infant and Adolescent Psychotherapy.* 15: 124-134.

Goals:

1. To consider two different psychoanalytically informed approaches to foster care, one focused

specifically on individuals, one which includes the foster care organization.

CLASS FOUR: Some limitations of the concept of psychological “normality”: The implications of syndromes.

READINGS:

Hegeman, E. (2013). Ethnic syndromes as disguise for protest against colonialism: Three ethnographic examples. *Journal of Trauma and Dissociation*. 14: 138-146.

Fanon, F. (1967). The North African Syndrome. In *Toward the African Revolution*. New York: Grove. Pp. 3-16.

Gherovici, P. (2003) *The Puerto Rican Syndrome*, N>Y Other Press, Chp 3: What is the Puerto Rican syndrome?

Goals:

1. *To consider the ways in which analytic definition of “normality” can limit understanding of client behavior, leading to diagnoses of personal “pathology” when that same behavior is more likely to have been caused by socially determined communication difficulties.*

CLASS FIVE AND SIX: Addressing the effects of persecution and war: at home and in the United States.

Class Five: Psychoanalytically informed work with war victims in their own countries: Two very different approaches to feelings of self-devastation, an outcome of war.

Bragin, M (2012). So that our dreams will not escape us: Learning to think in times of war. *Psychoanalytic Inquiry*. 32: 115-135.

Jabr, S & Berger, E. (2017). Trauma and humiliation in the occupied Palestinian territory. *Arab Journal of Psychiatry*. 28: 154-159 (doi:10.12816/0041719)

Class Six: Psychoanalytically informed work evaluating asylum seekers in the U. S.

Eisold, B.K. (2019). A) Introduction. B) The nature of psychosocial asylum evaluations: Implications for client and clinician. In B.K. Eisold, *Psychodynamic Perspectives on Asylum Seekers and the Asylum Seeking Process: Encountering Well Founded Fear*. N.Y: Routledge. Pp. iv-xxv; 1-39.

Goals:

1. **War Victims:** *To consider two psychoanalytically informed approaches each of which addresses feelings of self- devastation caused by war, one organizational, one individual.*
2. **Asylum Seekers:** *To consider the role of the analytically informed evaluator of asylum seekers as follows:*
 - a) *To assess and then describe symptoms of trauma because these are accepted by our legal system as “evidence” of persecution.*
 - b) *To be aware that the written report is, in fact, a political statement in support of the rights of asylum seekers to seek protection elsewhere, as defined by international law. These laws are presently frequently disregarded around the world.*
 - c) *To be aware that the psychoanalytically informed evaluator creates a potentially therapeutic space for the client in which she (client) can emerge feeling that she has*

better organized her traumatic experience, and has been both “witnessed” and profoundly affirmed.

CLASS SEVEN: Candidate presentations.

CLASS EIGHT: When the patient goes too far: Ethical conflicts in the analyst while doing “socially just” professional work.

Straker, G. (2007). A crisis in the subjectivity of the analyst: The trauma of mortality. *P.D.*: 17:153-164.

Seeling, B. J. (2017). Altruism and boundary violation. *Psychoan. Inq.* 37: 474-486.

Goals:

1. *To consider the necessity of keeping certain boundaries in mind, above all ethical ones, in doing work which the analyst considers “socially just.”*
2. *Summing up: To consider the drawbacks of community work as well as the satisfactions.*