Course Description
This course aims to contradict your expectations. It is the first in the program’s theory series, but it is not an “introductory” course. It is a course which attempts to offer an overview of the major points of view in our field, but it is not a “survey” course.

Both terms usually imply a kind of simplifying gloss, a spoon feeding of baby food until you are developed enough to eat heartier fare. My aims for this course, however, are much more ambitious. In order to approach the quite varied and at times even contradictory-seeming perspectives in our field from an integrative vantage point, you need in some ways to understand each of the major points of view more deeply than most of their proponents do. You need to get beyond their jargon and their buzz-words and see the substance behind them (and, where appropriate, the lack of substance that is hidden by the jargon).

It is only when you understand in great depth the core assumptions of each point of view that you can begin to see clearly where they fit together and where they diverge. Equally importantly, you need to understand the ways in which those assumptions are rooted in values, assumptions, and predilections that are non-empirical but powerfully influential as well as the ways in which they are rooted in different sets of observations that tend to be highlighted by each theoretical perspective. As we will see, proponents of each viewpoint remain committed to their point of view (and opposed to other points of view) in good measure because they each focus upon a different portion of the potentially available observations that are relevant to understanding personality or the therapeutic process. Moreover, as we will see, this commitment is maintained because, in turn, finding their presuppositions seemingly “confirmed” by the particular observations to which their attention is directed, they continue to practice, or to conduct their research, in ways that lead to still more of the very kinds of observations that persuade them to do so still again. A key aim of this course is to enable you to better understand how this self-fulfilling process operates and to be in a better position to think integratively about the range of views and theories in our field.

In addressing the challenges that the diversity of viewpoints in our field present, we will consider a range of questions such as: What do proponents of each point of view take to be the essence of their approach? How does each point of view tend to be caricatured or
misperceived by proponents of other points of view? Where are potential convergences and overlaps concealed by the rather different vocabularies employed in each theoretical domain? What observations are most central in persuading proponents of each viewpoint that theirs is the correct approach? How do their clinical and research practices narrow or skew their field of vision in ways that are likely to generate still more of the same kinds of observations and to “protect” them from the observations that are central to theorists and therapists of other persuasions.

I will argue that many of the seemingly radical differences between theoretical and therapeutic approaches in our field do not so much reflect real substantive differences about matters that can be resolved by better observations and gains in knowledge as they reflect what is closer to ethnic conflict. That is, psychoanalysts view cognitive-behavioral therapists and cognitive-behavioral therapists view analysts through the lens of stereotypes and “us-them” thinking. Often, much the same kind of thing goes on as well within each large grouping – contemporary Freudians and relationalists, for example, viewing each other through much the same kind of stereotyping and caricaturing.

**Goals/Objectives**

The overall aim of the course is to develop your understanding of the way the key approaches to psychotherapy in our field have evolved, to evaluate their often unstated assumptions, their basis in clinical observation and systematic research, and their compatibilities and incompatibilities. We will focus as well on the concrete challenges of actually doing psychotherapy and, through the use of video tapes, role-playing, and other means, enable students to be more skilled and confident in conducting clinical interviews, establishing a therapeutic relationship, and promoting the process of therapeutic change.

**Course Requirements**

1. **Weekly email responses to readings** (10 % of grade)

Each week I want each of you to email me – no later than two days before the scheduled class – at least one question or comment about the assigned readings for that week. You can simply describe a statement or term you don’t understand or would like clarification about; you can question or challenge a point (or, of course, more than one point) in any of the assigned readings, with the idea that I will discuss your challenge to the paper in class. Because your class is larger than previous classes, I am concerned that your having to read so many comments could be burdensome on top of what I realize is a heavy reading list. So in the service of kindness to your fellow students, PLEASE LIMIT YOUR EMAILS TO ONE PARAGRAPH. This will also (usefully) require you to consider what is the really most important issue you want to point to, rather than roaming all over the place.

You needn’t worry about being “politic” about what you challenge. First of all, some of the papers are ones that I disagree with myself, and am asking you to read because they represent prominent views that need to be examined closely, not because I endorse them. More
important, you needn’t worry even if you challenge a view I myself hold strongly. In fact, that is what I welcome and value most in our class discussions. You will find that the students I favor are not the ones who try to be clones of my view (and then try to be clones of other faculty members with different views when they are in their classes) but rather the students who, whatever conclusions they finally reach, probe, challenge, and make me — and all of us — think.

The contribution of this activity to your grade will depend on the quality of your reflections and comments. But in order to get a good grade for the course, you also need to participate each week, with a maximum of two responses that are delayed past the time of the class associated with the readings.

(2) Regular attendance and participation in class discussions (10 % of grade)

(3) Course Paper (80 % of grade)

First state the general theoretical perspective that at this point most seems to guide your thinking about clinical matters. Provide more than just a label (psychoanalysis, relational theory, CBT, DBT, etc), but at least a page or so of jargon-free prose that captures the key framework that guides your thinking. Put differently, for this part of the paper, state as clearly as you can your own theory of therapy at this point in your development – that is, your understanding of what are the central processes or events that yield therapeutic change. If you think that different kinds of processes or experiences are relevant for different types of patients or different types of presenting complaints, indicate that.

Then discuss which aspects of that point of view seem to you most solidly grounded and defensible and which aspects seem to you most questionable or in need of revision or refinement. Do address seriously the strengths and well grounded elements but devote more of your effort to the weaknesses – the ways in which certain clinical observations or systematic empirical research raise questions about your assumptions; the ways in which assertions are made by proponents of this point of view without really addressing these relevant sources of observation; the ways in which its theory is vague, or contradictory, or otherwise problematic.

I want you to be grandiose without being pretentious. That is, I do not want you just to review what others have said, but to make your own contribution. That is the “grandiose” part. At the same time, I do not want you to do this by using a lot of jargon and overly abstract or obscure language. I want you to write in clear, accessible, concrete prose. That is the “unpretentious” part.

This is not easy. But you were chosen for this program because you seemed to us potentially capable of such contributions. I want you to excite me when I read your papers.

The paper should be about 20 pages double spaced (please no playing around with font sizes, using 1 1/2 or 2 1/2 spaces instead of double, changing the margin settings, etc; I’ve used all those tricks myself).
I want you to work very hard on the paper – and to work very hard in the course generally. But I also want – perhaps even more – for you to have fun. Our very first task together will be to create an atmosphere in which we can have intense exchanges while feeling safe, secure, and respected. It will be the responsibility of each of you (as it will be of me) to stick your neck out, play with ideas openly, take risks, think hard. But it will also be your responsibility (and, most certainly mine) to make sure that everyone in the class feels listened to and respected in their struggle with ideas. If we succeed together, it will not feel humiliating to be confused, to not know something, to ask a “stupid” question. Instead, it will feel like you are fulfilling your responsibility to advance our knowledge together by being the one to dare to ask the question that probably half the class would have loved to ask but felt hesitant to

**Weekly Reading Assignments**

I will arrange for most of the papers you will have to read to be available to you via dropbox. In the case of books that are still in print and under copyright, you will need to purchase the book.

For the Freud readings in the first few weeks, I will not be listing specific publishers or editions. Freud’s work is available in many inexpensive paperback editions from a variety of publishers. Some of these paperbacks are slim volumes that contain single works of Freud, but others combine a number of different papers or monographs. Because you are likely to read other works of Freud in the course of your training, but the degree and specifics of your interest will vary, I leave it to you to select the specific paperback editions that you feel best meet your needs, current and future.

Some portion of the readings consists of several books from which we will read different chapters in different weeks. I will give the full bibliographic reference the first time the book appears in the reading list along with an abbreviation in parentheses. Future references to the book further down in the reading list will refer to it just by the abbreviation.

Please note that each week, in addition to the assigned readings, there are also listed additional optional readings. I am aware that the assigned readings themselves constitute a heavy commitment, and thus that for most of you, reading the optional readings as well will probably be too much, given your other courses and commitments in the program. But I list these additional readings because they are useful resources for further delving into the topic in the future, and because you may want to look at some of them right now if there is a theme or topic that particularly interests you or in the process of writing your paper.

**Week 1. Psychotherapy in context: The historical roots and social and cultural foundations of psychotherapy**
In this introductory section of the course, we will look at the origins of psychotherapy in long established cultural and religious traditions (and at how modern, scientifically rooted psychotherapy both follows and departs from those early practices), and also more generally at the relation of psychotherapeutic practice and theory to its cultural context. (In our class discussion, I will draw upon both the assigned readings and the additional optional readings in order to contextualize and expand on our discussion. The additional readings really are optional – I do have at least a dim hold on the reality principle! They are largely designed to provide you with resources to follow up on topics you find of particular interest, whether during the semester or later. But I will draw on them in my own participation in our class discussions.)

We will look as well at the reverse perspective – that is, not only the ways in which culture has shaped our theories and therapeutic practices, but also the ways in which our theories of therapy and personality can be used to shed light on significant cultural and social issues. The observations we make as psychotherapists and the theories on which our practices are based can tell us important things about the culture we live in and the assumptions and experiences it privileges or prioritizes.

In both respects, the aim is to alert us, as best we can, to the blinders and tunnel vision that inevitably afflict us. This, indeed, is an aim of the entire course. It is the tunnel vision afflicting theorists and therapists of all orientations that makes integration of their varying ideas and practices important, as they overlook important contributions from outside their intellectual and theoretical community, thereby building their theories and practices on a narrower foundation than is optimal and leaving room for creative new syntheses of a wider set of observations and methods.


**Optional Additional Readings and Resources for Further Study:**
The central theme of the additional readings for this unit is that you are not being trained just to be psychotherapists. These readings should stimulate you to think about how else your skills and knowledge as a psychologist can be used to help people beyond direct clinical practice.

Week 2. The Origins of Modern Psychotherapy: Freudian psychoanalysis: From Trauma to Fantasy

In order to know how to integrate features of one approach with those of others and to probe for what is compatible and what incompatible, it is necessary to understand deeply the core assumptions and hidden axioms that have accumulated over the years and that have often continued to direct thinking and practice even after they have “officially” been revised and members of that orientation think they have move beyond them. A central aim of this and the next few sections of the course will be to enable you to examine closely those core assumptions and their continuing impact on contemporary theory and practice.

Freud, S. On the psychical mechanism of hysterical phenomena (1893)
Freud, S. The defence neuro-psychoses (1894)
Freud, S. The aetiology of hysteria (1896)
Freud, S. Letter to Wilhelm Fliess, September 21, 1897
(PBTRW) Washington, DC: APA Books Chapters 2-3

Optional Additional Readings and Resources for Further Study:

Week 3. The Original Core of Freudian Technique: Origins of the “Default Position” and its Impact on Therapeutic Practice to this Day.

Note: although the impact of the ideas discussed here is most obvious in the realm of psychoanalytic approaches, in our class discussions we will also look at ways in which it subtly influenced cognitive-behavioral and experiential approaches as well.

Freud, S. (1913). Further recommendations in the technique of psycho-analysis: On beginning the treatment; the question of the first communications; the dynamics of the cure.


Optional Additional Readings and Resources for Further Study:


Wachtel, P. L. You can’t go far in neutral. In Action and Insight, chapter 11


This enormously important book, though now old enough to collect social security, is still in the process of being assimilated by the psychoanalytic community after years of rejection and misunderstanding (see RTPPP, pp. 220-230. It is now out of print, but I have a photocopy of some of the key chapters for any of you who want to explore it further.

Week 4. A Widening Perspective: Taking into Account Defenses and Character

Freud, S. The Ego and the Id

Optional Additional Readings and Resources for Further Study:

Reich, W. *Character Analysis*. New York: Noonday, parts I and II
Mitchell & Black, *Freud and Beyond*, Chapter 2

**Week 5. The Relational Turn**

RTPP, Chapters 2, 3, 4, 6
PBTRW, Chapters 4, 5, 15
Contemporary
_Psychoanalysis, 20, 473-499._

**Optional Additional Readings and Resources for Further Study:**
I am listing more additional readings here than in most sections because (a) the relational point of view is probably the most prominent and widely held perspective in contemporary American psychoanalysis and (b) it is surprisingly underrepresented in our program. I do regularly teach an integrative-relational practicum and, in some years, a course in relational theory. But the overall thrust of the psychodynamic thinking you will learn in the program is not from a relational vantage point. These readings should be a useful resource when you begin to explore the foundations of relational theory more deeply.

Week 6. Treating and conceptualizing anxiety: Convergences and divergences between Psychoanalytic and Behavioral Approaches

Freud, S. Inhibitions, Symptoms, and Anxiety
TC, Chapter 5
RTPP, Chapter 9


**Optional Additional Readings and Resources for Further Study:**


**Week 7 From behavior therapy to cognitive and cognitive-behavioral therapy**

Video: The case of Richard – sessions with Aaron Beck and Donald Meichenbaum
PBTRW, Chapter 16


**Optional Additional Readings and Resources for Further Study:**


Optional Additional Readings and Resources for Further Study:


Week 9. Integrating psychodynamic exploration and active intervention

PBTRW, Chapters 7-11, 14


Optional Additional Readings and Resources for Further Study:


Other valuable resources containing a large number of articles and chapters relevant to issues of psychotherapy integration are:
(1) all issues of the Journal of Psychotherapy Integration

Week 10: Integrating Systemic and Emotion-Focused Approaches

Video: Dawn : Sessions with Paul Wachtel and Leslie Greenberg
PBTRW, Chapter 17
RTPP, chapter 10


Optional Additional Readings and Resources for Further Study:


**Week 11. “The Talking Cure” – What Do We Say? How Do We Establish Appropriate Rapport?**

In discussing the issues in these last few weeks of the course, in addition to the readings we will also draw upon close scrutiny of a video of my session with a patient named Louise. For those interested, further discussion of this session and others, and further illustration of the ways that the principles examined in the last five units are manifested in the transcripts of therapy sessions can be found in Wachtel, P. L. (2011). *Inside the session: What really happens in psychotherapy.* Washington, DC: APA Books.

TC, chapters 1, 5, 6


Optional Additional Readings and Resources for Further Study:


**Week 12. Facilitating change by building on the patient’s strengths**

TC, chapters 9, 10


**Optional Additional Readings and Resources for Further Study:**


**Week 13 – Attribution, Reframing, and the Reconfiguration of Meaning**

TC, chapters 11, 12

**Optional Additional Readings and Resources for Further Study:**


Week 14- Anonymity vs. Self-disclosure

TC. Chapter 13.
RTPP, Chapter 11

Optional Additional Readings and Resources for Further Study:

Week 15. Resistance and the process of working through

TC, chapter 14
RTPP, Chapter 12

Recommended Additional Readings and Resources for Further Study: