

SYLLABUS

Winnicott

Spring 2007

Professor Steve Tuber

I think that a respectful way to approach Winnicott's work is to think dynamically, in the literal sense of the word. That is, to see his ideas as a presentation of paradoxes, never fully resolvable by words alone, yet capable of stirring us to find greater and deeper meanings to even the simplest of gestures and symbols. I'd like us, therefore, to approach this course with paradox and dilemma solving/making as the frame of reference. I'd like us also to use this course simultaneously as didactic seminar/clinical child practicum, using both his work and our own to supplement our review of his theoretical contributions. We'll begin the course with a review of several of his most central theoretical paradoxes, go on to review some of his special terminology and then read some of his major technique papers. After the first class or two, we will always be reading cases from his *Therapeutic Consultations in Child Psychiatry* and attempting to blend theory and treatment as best as we can.

There will be two writing assignments for the course. I want you to take a 3-5 page transcript of a child or adolescent case of yours. I then will ask you to write a 3 to 5 page exercise on how Winnicott would describe the nature and quality of the interaction. Your last assignment will be to analyze a transcript of another psychotherapy session I will provide of from a Winnicottian perspective, both as it pertains to his manner of doing treatment and how you would assess what this girl struggles with from his theoretical perspective.

Week One

What mothers do naturally cannot be taught - a model for the skill of a psychoanalyst.

Primitive Emotional Development
Playing: A Theoretical Statement
The Theory of the Parent-Infant Relationship

Week Two

Something essential about a person is bound up with bodily aliveness and is ultimately unknowable - yet therapy is primarily an interpretive practice.

Communicating and not communicating leading to a study of certain opposites

Week Three

Precocious compliance = psychic death and False Self, yet child's utter dependence as infant promotes compliance.

Reparation in respect of mother's organized defence against depression
Ego distortion in terms of True and False Self

Week Four

Infant as isolate who needs mother to protect the privacy of their isolation- isolated but not insulated as goal.

The capacity to be alone.
The mirror-role of mother....
The use of an object....

Week Five

An object only becomes real by being hated the world feels substantial if one's attempts at destruction are unsuccessful.

The use of an object....

Week Six

Trauma is formative of a gap beyond our grasp, but what fills this gap and illness is all that inhibits spontaneity-pathology originates from breaks in continuity yet continuity must be destroyed to create a Self.

Birth memories, birth trauma and anxiety
Location of cultural experience
Introduction to clinical consultations
CASE OF BOB

Weeks seven and eight

Some essential terms:

CASE OF HESTA

Holding
Using
Playing
Feeling real
illusion & disillusion
transitional phenomena
ruth and ruthlessness
indwelling
Soma

Playing: A theoretical statement.
Group Influences and the Maladjusted Child
The deprived child and how he can be compensated....
Primary maternal preoccupation
Hate in the Countertransference
Mind and its relation to Psyche-

Transitional Objects & Transitional Phenomena

Week nine

Anti-social children and aggression

The anti-social tendency
Aggression in relation to emotional development
Psychoanalysis and the sense of guilt
CASE OF ADA

Week Ten

History taking and diagnosis

CASE OF ROBERT

Weeks eleven- fifteen

Technique

Treatment as provision of a holding Environment

Significant moments in treatment are when a child surprises himself - a release from compliance
Mutuality of treatment relationship
a sign of health in the mind is the ability of one individual to enter imaginatively and accurately into the thoughts and feelings and hopes and fears of another person; also to allow the other person to do the same to us...when we are faced with a man, woman or child in our speciality, we are reduced to two human beings of equal status.

CASE OF PETER

The aims of psychoanalytic treatment

Advising Parents.

Child analysis in the latency period.

Hate in the countertransference.

Countertransference.

Clinical varieties of transference.

Beginning with the second week of class, we will be dividing the class into part theory/article discussion; part review of a consultation by Winnicott from his Therapeutic Consultations (a list of the order of these readings is given below) and part a review of case material you and I will bring up as relevant. I do not want this course to be solely a theory course, nor solely a practicum course, but to be, in the Winnicottian sense, some of both, some of neither and something we don't understand all of!