



The Philadelphia Jung Institute
Syllabus for Analysts in Training
2017 – 2018

NOTE: NEW VENUE! All colloquia for analysts in training with the Philadelphia Jung Institute are held at [The Friends Center](#), 1501 Cherry Street, Philadelphia PA 19102 Philadelphia, PA. Analysts in training join the Philadelphia Jung Seminar for the Saturday presentation from 9:00AM to 4:00PM. Refer to the [Philadelphia Jung Seminar syllabus](#) for those details.

Fall Semester

Case Colloquium: 9AM to 1PM

Friday, September 8, 2016

Friday, October 6, 2016

Friday, November 10, 2016

Friday, December 8, 2017

Case Colloquium

Deborah Stewart, M.Ed., LCSW

The case colloquium provides a dedicated, supportive opportunity to apply Jungian theory to your clinical work. Our aim this semester will be to develop a deeper and more comprehensive understanding of the nature of the psychic conflict in one client. To that end, please select a case that is challenging for you.

In our meetings we will engage in clinical discussion and also attend to what is evoked in the group. Between meetings and over the course of the semester you will also write—section by section—a complete case history of your selected client. An in-depth written case hones analytical thinking as nothing else can. Before September I will send you an outline and sample write-up of the first section (to be handed in at our first meeting). After each meeting I will provide individual written feedback.

I look forward to joining you this semester. Please feel free to be in touch with me by phone or email about any concerns.

Didactic Colloquium: 2PM to 5PM

Friday, September 8, 2016

Friday, October 6, 2016

Friday, December 8, 2017

The Practice of Psychotherapy, CW 16

Julie Bondanza, Ph.D.

September Assignment:

Read Part One, *General Problems of Psychotherapy* and Part Two, Chapters 1 and 2: *The Therapeutic Value of Abreaction* and *The practical use of Dream Analysis*.

Writing assignment for September: Choose one chapter and one analysis to show how the information in the chapter has effected your work together. The paper should be 5-7 pages and you might be asked to present it to the class.

October & December: These two classes will be devoted to the last chapter in Volume 16, *The Psychology of the Transference*, probably Jung's most important clinical paper.

In October, we will look at each picture in the *Rosarium* and apply it to clinical practice. Although I will not be available to meet in November, I will be available for phone consultations on the subject of the psychology of the transference. I understand that this is hard-going which is why I'll be available for consultation as you all come to grips with the important clinical applications of Jung' thinking.

In December, each candidate will present a paper to the class describing the clinical use of this important work in his or her own practice.

Didactic Colloquium: 2PM to 5PM

Friday, November 10, 2016

Introductory Art Therapy in Analytic Practice for the Non-Art Therapist

Sondra Geller, MA, ATR-BC, LPC

The ability to use image when working with early trauma is an essential skill in analytic practice. Kalsched describes the archetypal defenses which form as a result of early trauma. Because

early trauma occurs before a coherent ego is formed, primitive defenses come into play: splitting, projective identification, trance-states, switching among multiple centers of identity, depersonalization and psychic numbing. Talking about early trauma can be re-traumatizing for the analysand and is often ineffective because the trauma has not been represented in psyche; it exists undigested and is characterized by primitive affects which still overwhelm the patient.

Image-making in the presence of the analyst is a primary skill to help such analysands begin to both hold primitive affects and represent trauma. In this experiential colloquium, students will learn how to introduce the importance of and rationale for image-making to analysands and the materials to have available for basic techniques of imaging-making which not require a special set-up in the analyst's office. As this colloquium will emphasize experience, candidness will be guided through at least two very basic techniques for image making (scribble drawing and tempera/finger painting) and discuss how to process the image-making experience with analysands.

Spring Semester

Didactic Colloquium: 9AM to Noon

Friday, February 9, 2018

Friday, March 9, 2018

Friday April 13, 2018

Friday, May 11, 2018

Dream Interpretation

Ronnie Landau, MA

Colloquium description, along with reading and other assignments will be forthcoming.

Case Colloquium: 1PM to 5PM

Friday, February 9, 2018

Friday, March 9, 2018

Friday April 13, 2018

Friday, May 11, 2018

Case Colloquium

Joan Golden-Alexis, PhD

Every psychoanalyst not only has his own method (he himself is that method); the great healing factor in psychotherapy is the doctor's personality. The Jungian project is always a two-person

interchange in which the therapist is inevitably involved in the inter-subjective process and sometimes changed as well—CW 16 p. 88

In this case colloquium, in order to understand the affective transitions, complex archetypal imagery and its myriad amplifications (i.e. the unconscious) and the conscious movements of psyche during treatment, we will open our curiosity to the conversations spoken and unspoken, conscious and unconscious, that exist between and within the analyst and his/her patient. It is these dreams, reveries, and sometimes, wordless thoughts that open us to connections between image, affect, thought, and words, and help bring the inexpressible and expressible into conjunction. These “dreamings” of both members of the dyadic couple also reveal the quality and the gradient of the alchemical interactions of the two personalities involved in the analysis (the transference-counter-transference).

In addition to working directly with case material, we will seek to integrate these personal understandings (from reveries, fantasies and feelings) and the content presented in treatment. We will explore how the analyst can use his/her reverie, which occur during or between sessions (and/or during the presentation of case material). We will also mine the group process of our seminar participants for enriching and emerging aspects of each case. I hope from this enterprise we will all learn ways of listening, participating and understanding in this most intimate of encounters.

So that we may develop a sense of continuity and an in-depth exploration of the movement of psyche during an analytic treatment, each participant will present ongoing clinical work with the same person for each of the four sessions. This will also help to establish a deep and ongoing acquaintance with the analytic dyad that fosters the “work”. In this way, we can endeavor to open awareness to the particular gifts that our personalities offer and how to understand and utilize these gifts in the best way possible.

At our first meeting, be prepared to give the initial presentation of the case, including as much as you can of the material described in the case presentation guidelines below. Please keep this introduction short and concise (5 to 10 minutes). Be ready to continue your presentation using the following suggestions.

In the first (and following meetings) bring detailed process notes that recount as closely as possible significant passages in your work. Your notes should include what you recall of verbal exchanges (as well as affective shifts), the the dreams of both therapist and analysand and the analyst’s reverie (in the forms of feelings, fantasies and images) which occur during, before and after the session. Include as much detail as possible. Include a verbatim in each presentation. It is this detail that will prove to be the gold in your presentation, opening your curiosity, compassion, excitement, and enchantment to the symbolic nature of the inquiry. It is these details that reveal the unconscious processes that will set up reverberations and resonances in and between all the witnesses to analytic material.

Please write all of your presentations in the forms of a “work in progress” as this will help you learn to place your formulations in writing and will improve your clinical sensitivity. If you would like me to comment on these, send them to me after your presentation. For the last meeting only, it is required that you turn in a more polished written case, which I will return with comments.

Reading: David Sedgwick, *Introduction to Jungian Psychotherapy: The Therapeutic Relationship*

Case Presentation Guidelines:

The following are guidelines only. Pick and choose from them to emphasize what brings out the most important aspects of your work. These categories are meant to provoke your thought, helping to bring hidden aspects of your work to light. If you have any questions, feel free to e-mail me at drjgolden@earthlink.net. For your final write-up in May, I will provide a simple template from which you can weave your final written case summary of 8 to 10 double-space pages.

For your initial presentation, try to place your patient in clear context for us: Include a description of the patient including age, gender, marital status, family situation, employment, education and any other distinguishing characteristics. How did you get this referral? Describe the circumstance that brought the individual into analysis. Give an account of your first meeting(s) attempting to describe the analysand both physically and emotionally. What was the impact on you? Did this change over time? How do you assess this person’s coping skills, “ego strengths,” and consequently your thoughts about diagnosis, placing him or her in the “objective” categories of science? Is the analysand developmentally where they should be? Place your patient in a social context describing the analysand’s ability to relate to others. What was your initial and later sense of him/or her? How would you describe the transference and counter-transference? (Is it intense? Subtle? How does it feel? And how does the information about it come to you—direct statements, intuitive thoughts, images?) Try to describe the personal complexes in the foreground of your work. Is your work with this patient, primarily ego work, or do you discern teleological process and direction from the unconscious? Does the patient have a sense of the potential symbolic quality of this work? Does the patient present dreams? If so, pick one or two to help us understand the analysand’s telos. Look carefully into both the subjective and objective aspects of the patient’s dreaming, particularly the initial dream.