Object Relations Institute for Psychotherapy and Psychoanalysis:
Third Decade in Making and Educating Mental Health Professionals.

2012
Object Relations Institute for Psychotherapy and Psychoanalysis was founded in 1991 as a non-profit educational institution, chartered by New York State to provide psychoanalytic education.

The Object Relations Institute offers certificate programs in psychoanalytic psychotherapy and psychoanalysis with a special curriculum featuring the teaching of the British and American Object Relations theorists and their clinical applications. The curriculum stresses pre-oedipal stage psychopathology contributing to character disorders, and modifications and elaborations in Freudian theory and technique made by Object Relations theorists. Object Relations theorists have contributed to deepening our understanding of psychical structures and offer us techniques for dealing with clients who were thought to be unreachable.

This unique curriculum conducted in small group and class settings provides the candidate with the whole experiential dimension of learning related to the processing of “objective countertransference” feelings, associations, and visceral experiences. These issues are seen as the key to understanding the split off and dissociated aspects of the psychotherapy or psychoanalytic patient, as the clinician sits in the room with him or her. This experiential study takes place in supervision groups, which highlight the group process as a medium for the learning personal development process. In-depth communication between candidates in each class is encouraged in relation to their internal processing of their clinical work.

Save the Date
1/5–3/8 *Freud and Object Relations Theory* (Rafael Javier, PhD)
1/5–3/8 *Donald Winnicott and His Contribution to Object Relations Clinical Thinking* (Ruth Danon, PhD)
1/13 *Dialectics of Mortality & Immortality: Time as a Persecutory vs. Holding Object* (Susan Kavaler-Adler, PhD)

Winter 2011-2012 (TBA)
*Neurobiology for Psychoanalysts and Psychotherapists: Introduction* (Inna Rozentsvit, M.D., PhD) (NEW!)

2/25 *ORI’s Annual Conference: Voyages into the internal world: Archetypes, Internal Objects, and Internal Saboteurs. Three ways of looking at self-sabotage (with Jungian, Kleinian, and Fairbairnian perspectives).*

SAVE THE DATE FOR ORI’S 21ST ANNUAL CONFERENCE

Voyages into the Internal World: Archetypes, Internal Objects, and Internal Saboteurs. Three Ways of Looking at Self-sabotage (with Jungian, Kleinian, and Fairbairnian Perspectives).

When: February 25th, 2012 (9:30am-4:30pm)
Where: Lafayette Grill, 54 Franklin Street, New York, NY 10013-4009
Moderator: Dr. Jeffrey Lewis
Presenters: Dr. Michael Vannoy Adams: Jungian perspective; Dr. Susan Kavaler-Adler: Kleinian Perspective; Dr. Jack Schwartz: Fairbairnian perspective

This conference proposes to offer three profound theoretical and clinical perspectives on the collisions, collusions, and polarizations in our internal psychic world, that impede personal and communal evolution and growth. Commonalities, overlaps, and differentiating diversities of the three overarching clinical and theoretical perspectives will be discussed by our three distinguished presenters, senior training analysts, supervisors, seasoned clinicians, and authors – Drs. Michael Adams, Susan Kavaler-Adler, and Jack Schwartz, with thought-provoking introductions by our conference moderator, Dr. Jeffrey Lewis. Grounding it all in the clinical and existential moment, will be the linking theme among the three avenues of thought, - the ever complex theme of self-sabotage that affects each and every one of us each day!

To register: Call 646-522-0387 (ORI administrator) or 212.674.5425 (Dr. Kavaler-Adler), E-mail: admin@orinyc.org or DrKavalerAdler@gmail.com, or Fax your request to 718.785.3270. Visit www.orinyc.org (click on the “Conference” tab) – for more information about our presenters, conference registration forms, and payment information.
With these quotes from Melanie Klein’s thinking and writings, we celebrate her birthday on March 30th.

“[Projection] helps the ego to overcome anxiety by ridding it of danger and badness. Introjection of the good object is also used by the ego as a defense against anxiety. . . . The processes of splitting off parts of the self and projecting them into objects are thus of vital importance for normal development as well as for abnormal object-relation. The effect of introjection on object relations is equally important. The introjection of the good object, first of all the mother’s breast, is a precondition for normal development . . . It comes to form a focal point in the ego and makes for cohesiveness of the ego. . . . I suggest for these processes the term ‘projective identification’…”

“The first bodily experiences begin to build up the first memories, and external realities are progressively woven into the texture of phantasy. Before long, the child’s phantasies are able to draw upon plastic images as well as sensations—visual, auditory, kinesthetic, touch, taste, smell images, etc. And these plastic images and dramatic representations of phantasy are progressively elaborated along with articulated perceptions of the external world…”

“From the moment the infant starts interacting with the outer world, he is engaged in testing his phantasies in a reality setting. I want to suggest that the origin of thought lies in this process of testing phantasy against reality; that is, that thought is not only contrasted with phantasy, but based on it and derived from it.”

Pioneers in Object Relations Clinical Thinking:

Melanie Klein (1882-1960)

Save the Date


3/7–4/11 Object Relations Perspectives on Working with Children in Psychoanalytic Psychotherapy (Charles Bonerbo, LCSW) (NEW?)

3/15–5/24 Sandor Ferenczi and Michael Balint: The Use of Therapeutic Regression in Psychoanalysis (Jeffrey Lewis, PhD)

3/15–5/24 Contributions of Ronald Fairbairn to the Object Relations Theory (Susan Kavaler-Adler, PhD)
On April 28th, we celebrate the birthday of one of the most loved contributors to the Object Relations clinical theory, Donald Winnicott. Enjoy these quotes and share with others:

“In individual emotional development the precursor of the mirror is the mother’s face.... What does the baby see when he or she looks at the mother’s face? I am suggesting that, ordinarily, what the baby sees is himself or herself.”

“Playing takes place in what he called the ‘potential space’ between the baby and the mother-figure... [T]he initiation of playing is associated with the life experience of the baby who has come to trust the mother figure.”

“Creative play does not necessarily mean always playing alone; and this is the nature of an analysis when all is going well.”

“In health there is an evolution from the transitional phenomenon, and the use of objects, to the whole play capacity of the child.”

“… the interpretative work which the analyst must do and which distinguishes analysis from self-analysis. This interpreting by the analyst... must be related to the patient’s ability to place the analyst outside the area of subjective phenomena. What is then involved is the patient’s ability to use the analyst... In teaching, as in the feeding of a child, the capacity to use objects is taken for granted, but in our work it is necessary for us to be concerned with the development and the establishment of the capacity to use objects and to recognize a patient’s inability to use objects, where this is a fact.”
Pioneers in Object Relations Clinical Thinking: Sigmund Freud (1856-1939)

On May 6th, we celebrate the birthday of the founder of psychoanalysis and one of the most influential thinkers of the 20th century, Sigmund Freud. Despite the fact that British Object Relations school of psychoanalysis had many disagreements with Freud’s visions of human psychic structure, Freud was indeed the first one who envisioned object relations as a concept, when he said, “Thus the shadow of the object fell upon the ego” (Mourning and Melancholia, 1917).

“…For the sick neurotic is to us a man into whose conflict we can obtain no insight (empathy) when he presents it to us in the form of the finished product. Conversely, if we are familiar with this conflict, we forget that he is a sick man, just as when he becomes familiar with it he himself ceases to be sick. It is thus the task of the dramatist to transport us into the same illness—a thing best accomplished if we follow him through its development. This will be particularly needful when the repression is not already existent in ourselves and must therefore be effected de novo—which represents a step beyond Hamlet in the utilization of neurosis upon the stage. Where the full-blown and strange neurosis confronts us, in real life we call the physician and deem the person in question unsuitable as a stage figure.”

“We are never so defenseless against suffering as when we love, never so forlornly unhappy as when we have lost our love object or its love.”

Save the Date
5/02–6/20 Advanced Dream Interpretation Course (Margaret A. Yard, PhD, APRN, BC) (NEW!)
May 2012 (TBA) First Seinfeld’s Memorial Workshop/lecture: Exorcising Bad Objects
TBA–Neurobiology for Psychoanalysts and Psychotherapists: Intermediate level (Inna Rozentsvit, M.D., PhD) (NEW!)

For more information contact us | 646.522.0387 | www.orinyc.org | admin@orinyc.org

OBJECT RELATIONS INSTITUTE
FOR PSYCHOTHERAPY & PSYCHOANALYSIS
Our Traditional Programs Include Certificate programs in Object Relations Psychotherapy and Psychoanalysis

• One Year Object Relations Day Program for Practicing Clinicians
• One Year Evening Program: An Introduction to Object Relations Theory & Clinical Application
• Two-Year Evening Program: Advanced Object Relations Clinical Theory & Technique
• One Year Clinical Mentorship Program for Psychoanalysts and Psychotherapists
• Four Year Full Certificate Program in Psychotherapy & Psychoanalysis

Individual courses & seminars (new, since 2011)

• Child Development & Application of Object Relations Theory to Working with Children (Seminar)
• Infant Research & Object Relations Approach (Seminar)
• Interpretation of Dreams & Object Relations Clinical Technique (Advanced Course)
• Neurobiology for Psychotherapists and Psychoanalysts (Seminar)
• Neurobiology of Object Relations (Seminar)
• Group and Individual Clinical Mentorship

ORI Community also enjoys the benefits of

• Annual Conference and Workshop Series
• Exposure to the work of advanced clinicians
• Sliding fee scale therapy referral service for individuals, couples, adolescents, and children
• Professional networking and practice development
Pioneers in Object Relations Clinical Thinking:
Sandor Ferenczi (1873–1933)

On July 7th, we celebrate the birthday of Sandor Ferenczi, Hungarian psychoanalyst, who once was a loyal Freud follower, and who never belonged to the British psychoanalytic circles, but who made a major contribution to the Object Relations clinical theory. Ferenczi became a pioneer of the theory of trauma and understanding of importance of countertransference and therapeutic regression.

“… (W)e meet with considerable resistances, this time resistances in ourselves as well as in our patients. Above all, we ourselves must have been really well analyzed, right down to ‘rock bottom’. We must have learnt to recognize all our unpleasant external and internal character traits in order that we may be really prepared to face all those forms of hidden hatred and contempt that can be so cunningly disguised in our patients’ associations.”

“The analytical situation—i.e. the restrained coolness, the professional hypocrisy and—hidden behind it but never revealed—a dislike of the patient which, nevertheless, he felt in all his being—such a situation was not essentially different from that which in his childhood had led to the illness. When, in addition to the strain caused by this analytical situation, we imposed on the patient the further burden of reproducing the original trauma, we created a situation that was indeed unbearable. Small wonder that our effort produced no better results than the original trauma.”

“A typical way in which incestuous seductions may occur is this: an adult and a child love each other, the child nursing the playful phantasy of taking the role of mother to the adult. This play may assume erotic forms but remains, nevertheless, on the level of tenderness. It is not so, however, with pathological adults, especially if they have been disturbed in their balance and self-control by some misfortune or by the use of intoxicating drugs. They mistake the play of children for the desires of a sexually mature person or even allow themselves—irrespective of any consequences—to be carried away.”
While Melanie Klein became the Mother of the Object Relations clinical theory, Scottish psychiatrist and psychoanalyst William Ronald Dodds Fairbairn could be called its Father, despite some disagreements with Melanie Klein. On August 11, we celebrate Fairbairn's birthday, with appreciation of these thoughts:

“Psychology may be said to resolve itself into a study of the relationships of the individual to his objects, whilst, in similar terms, psychopathology may be said to resolve itself more specifically into a study of the relationships of the ego to its internalized objects.”

“It becomes necessary to adopt the view that repression is exercised not only against internalized objects (which incidentally are only meaningful when regarded in the light of endopsychic structures) but also against ego-structures which seek relationships with these internal objects. This view implies that there must be a splitting of the ego to account for repression.”

“… (T)he development of object-relationships is essentially a process whereby infantile dependence upon the object gradually gives place to mature dependence upon the object. This process of development is characterized (a) by the gradual abandonment of an original object-relationship based upon identification, and (b) by the gradual adoption of an object-relationship based upon differentiation of the object. The gradual change which thus occurs in the nature of the object-relationship is accompanied by a gradual change in libidinal aim, whereby an original oral, sucking, incorporating and ‘taking’ aim comes to be replaced by a mature, non-incorporating and ‘giving’ aim compatible with developed genital sexuality…”

“A real relationship with an external object is a relationship in an open system; but, in so far as the inner world assumes the form of a closed system, a relationship with an external object is only possible in terms of transference, viz., on condition that the external object is treated as an object within the closed system of inner reality.”
On September 8th, we celebrate the birthday of Wilfred Bion, one of the influential British Object Relations theorists and psychoanalytic thinkers. Here are some of his thoughts:

“Psycho-analytic theories suffer from the defect that, in so far as they are clearly stated and comprehensible, their comprehensibility depends on the fact that the elements of which they are composed become invested with fixed value, as constants, through their association with the other elements in the theory. This phenomenon is analogous to the phenomenon of alphabetic script where meaningless letters can be combined to form a meaningful word. The elements in Freud’s theory of the Oedipus situation, for example, are combined, by their association to form the narrative of the Oedipus myth, and so achieve a contextual meaning that gives them a constant value. As elements in a description of a realization that has been already discovered this is essential to their usefulness: as components of a theory that is to be used in the illumination of realizations yet to be discovered it is a defect because the constant value impairs the flexibility needed… The abstractions intended to be elements of psycho-analysis should be capable of combination to represent all psycho-analytical situations and all psycho-analytical theories…”

“Psycho-analysts must be able to tolerate the differences or the difficulties of the analysand long enough to recognize what they are. If psycho-analysts are able to interpret what the analysand says, they must have a great capacity for tolerating their analysands’ statements without rushing to the conclusion that they know the interpretations. This is what I think Keats meant when he said Shakespeare must have been able to tolerate negative capability.”
Remembering ORI’s Scientific Faculty Members and Prominent Object Relations Thinkers Who Passed Away in 2011

Joyce McDougall, Ed.D (26 April 1920 – 24 August 2011) was a New Zealand-French Object Relations psychoanalyst.

Since ORI’s first years, in 1990’s, Dr. McDougall was frequently involved in presenting and participating at the ORI conferences and workshops. She was known as a pioneer of psychoanalytic approach to psychosomatic illness.


Jeffrey Seinfeld, PhD (August 16, 1947 – January 25, 2011) was a deep object relations thinker, dedicated social worker, great teacher and mentor, philosopher, martial arts master, and a great soul. Since 1987, he was a full professor at the NYU Graduate School of Social Work, and since its birth in 1991, he was a great supporter of the Object Relations Institute. Dr. Seinfeld was full of life, energy, and ideas, as he was preparing to be a discussant at our 20th anniversary conference (on Mortality and Immortality: Time as an Object), when he unexpectedly passed away, one month before the event. This conference was dedicated to memory of dear Dr. Seinfeld, as the ORI community was mourning this tremendous loss.

Dr. Seinfeld was also world-known for his books: The Bad Object (1990); The Empty Core (1991); Interpreting & Holding: The Paternal and Maternal Functions of the Psychotherapist (1993); Containing Terror, Rage & Despair: An Object Relations Approach to Psychotherapy (1996); and A Primer on the Negative Therapeutic Reaction (2003).
During this holiday season, please accept our sincere gratitude for your interest and support of our programs and educational activities.

At this time of Holiday Giving, we ask you for support of our Cause on Facebook called “Support Mental Health Education.” As we see it, widespread Mental Health education will reduce and prevent mental illness, and will help all of us to understand the people who suffer from these conditions.

In today’s culture of evidence-based practice, we rely heavily on basic research, and as per recent scientific claims, it is more rewarding to give than to receive. In this light, If you choose to support our Cause financially, donations go to OBJECT RELATIONS INSTITUTE TRAINING FOUNDATION, a 501(c)(3) nonprofit. You can choose where the funds you've contributed to will be allocated, and you can request a report about who exactly benefited from your tax-deductible contribution. To support this cause, please go to our website at http://orinyc.org/ (and click on “Support Our Cause” tab). Please do not hesitate to write to admin@ORINYC.org or call 646-522-0387, to discuss the ways you can contribute to this cause.

Join ORI in the joy of giving, and help us make a difference!

Go to Facebook.com and search for Cause #361700 or type in:
http://www.causes.com/causes/361700-support-mental-health-education

Thank you all again, and wishing you peace, well-being, and prosperity!

For more information contact us | 646.522.0387 | www.orinyc.org | admin@orinyc.org
Pioneers in Object Relations Clinical Thinking: Michael Balint (1896-1970)

On December 3rd, we celebrate birthday of Michael Balint, Hungarian psychoanalyst, neuropsychiatrist, philosopher, biologist, biochemist, as well as a distinguished Object Relations thinker, who became a president of the British Psychoanalytical Society in 1968. Michael Balint was a student and a follower of Sandor Ferenczi, as he continued to work on Ferenczi’s ideas on trauma theory, empathy in therapy, therapeutic regression, and countertransference. Balint developed “self-help” groups (now called “Balint groups”) for health professionals who were interested in discussing patient-doctor relationships. Here are some famous Balint’s phrases from those group meetings:

“The drug ‘doctor’” (i.e. the doctor herself/himself is a powerful medication)

“The collusion of anonymity” (patients may bounce from one specialist to another with nobody taking responsibility for the patient as a person)

“The courage of one’s stupidity” (Go on, say it, you may be absolutely right and if you are not, we will probably still talk to you)

“The mutual investment fund” (All the shared experience and trust that doctor and patient accumulate over many years in general practice)

Please explore our courses and offerings and learn more about trauma and therapeutic regression in the second trimester – with Dr. Jeffrey Lewis! Visit www.ORINYC.org for more information.