

CL 712 Perspectives on Attachment, Loss and Grief

Course Description

Attachment and loss are intrinsic to the human condition. This course explores many dimensions of attachment and loss, particularly as encountered in clinical practice. The historical writings are examined, together with contemporary works. The course looks at the complexity of loss and grief, including their relationship to trauma and attachment issues. The course also examines theories and research on psychodynamic psychotherapy, neurobiology and emotional regulation. The treatment of loss, grief and attachment issues often involves the processing of intense emotions that impact the therapist and client. People may respond to loss with growth in character, spirituality and morally. People may also respond to loss with compulsive reenactments of painful feelings, such as addictive behaviors or self-harm in an effort to relieve otherwise unbearable states of mind. We will consider the idea that some loss, grief and suffering is intrinsic and cannot be relieved

GOALS

1. Establish a psychodynamic, sociocultural, meaning making and neurobiological understanding of the etiology of human suffering,
2. Examine aspects of trauma-related, attachment-based and emotion-dysregulated disorders of adulthood.
3. Deepen understanding of the nature of different types of human suffering, including suffering and the dying process, the trauma of war, domestic violence, prisoner status, addiction, secondary trauma and vicarious traumatization.
4. Deepen an understanding of how trauma and suffering impact the therapeutic relationship, including understanding compassion fatigue and secondary trauma
5. Attend to untangling projective identification in the transference and countertransference in the clinical work.
6. Augment understanding of the dynamic and shifting relationships among theory, research, diagnosis, treatment and the contribution of the historical context.
7. Increase ability to convey diagnostic understanding and clinical application through case illustrations and discussion in both oral and written communication.

EVALUATION

Grades will be based 50% on class participation and 50% on written assignments.

Class participation includes:

- evidence of reading assigned readings
- ability to raise questions about the readings and to relate clinical experiences to concepts presented in the readings and class discussions.

ATTENDANCE

Class attendance is mandatory and emergency absences should be discussed in advance with instructor.

For students who miss more than one class, the overall grade for the course will be lowered one level.

Students who miss than two classes will automatically fail the course; however, in the case of a personal emergency discussed with instructor and Dean, the student will be asked to withdraw from the course and retake it the following year.

CLASS MEETING ASSIGNMENTS

The whole class is expected to read each assignment for every class.

Depending on the size of the class, class members will be assigned one article to discuss for each class. All class members will read every article and send the instructor and class members several questions and/or comments about at least three issues that attracted your attention in the readings. This should take place before the weekend prior to the class meeting. These questions, comments, case vignettes will assist the class in carrying on a discussion of these topics. Class members should be prepared to share with class and enter into discussion about why you picked these issues, relevance to your work, etc.

For Case Presentations

Each class member will distribute their own case presentation to all members a full week prior to the class meeting, and each class member will identify three issues which drew their attention for each of the papers to the person who wrote the paper by the weekend prior to the class meeting. Each member will serve as coordinator for their own presentation

WRITTEN ASSIGNMENTS

Assignment I: Discuss one of your cases that involves human suffering in your client's current life. Provide a biopsychosocial assessment and discuss a practice challenge for you in this case. Give just enough history to help grasp the dynamics of the case. Offer some initial ideas about transference, countertransference, the nature of suffering, including where relevant trauma configurations. Discuss the theory that you have learned that is most appropriate for the case (trauma theory, meaning reconstruction, intrinsic suffering, mourning and melancholia, or transformation). Discuss your own countertransference, including compassion fatigue. Focus discussion on what is happening or not happening in the treatment that leaves you feeling unsettled. If any of the assigned papers have been helpful, discuss what has been helpful.

If you don't have a client who seems appropriate, pick a character in the movie, *Amour*, to discuss.

Write a diagnostic assessment from the perspective of trauma and trauma theory. Discuss the etiology and course of the illness, connecting theory with clinical understanding. Include issues mentioned above.

This paper is due on (or before, if student prefers) midway through the semester [we will discuss the exact date in class].

This paper should be 4-6 pages (double-spaced) in length and use citations from at least 3 of the assigned readings.

Other references should also be used and cited.

The paper will be graded on an A-to-F scale. Any student receiving a grade of C or below will have a chance to rewrite it.

Assignment II: Now that you have completed the class, you will be able to take into consideration many of the theories and research on suffering and incorporate them into your understanding of perspectives on human suffering.

As a focus, use the person you wrote your first paper on.

-Discuss the nature of her or his suffering. If appropriate, discuss how past trauma and/or attachment experiences impact current functioning. Discuss any meaning reconstruction or transformative parts of the client's suffering. Reformulate your bio-psycho-social evaluation discussing what would you focus on in treatment or did focus on. Discuss issues that have or would likely arise for you in working with the client. Discuss your own countertransference, trauma reenactments, vicarious trauma or compassion fatigue. Discuss how you would deal with them now. Use at least 5 of the assigned readings.

This paper is due on the last day of class and should be no more than 12 pages long.

GRADING

Your written assignments will be assessed as follows:

- An "A" paper should reflect a high degree of understanding and demonstrate creativity and critical thinking. It should be well-organized, clearly written and edited for correct grammar and spelling.

- A "B" paper is one that shows a high degree of accuracy in understanding and application of concepts, is well-organized and edited for correct grammar and spelling.

-A "C" paper is one that is written with insufficient depth and demonstrates only an adequate understanding of the material. It is also a grade that is given because of poor organization of material, lack of clarity and coherence, or significantly insufficient editing.

-An "F" paper is one that reflects major conceptual misunderstandings and demonstrates little effort at organization and writing clarity.

Papers must conform to ICSW Style manual.

Assigned BOOKS

Berzoff, J. (Ed), (2012). *Falling through the Cracks: Psychodynamic Practice with Vulnerable and Oppressed Populations*, NY: Columbia U Press.

Wallin, David (2007). *Attachment in Psychotherapy*. New York: Guilford Press. (*read in some detail across the course*)

CLASS 1: Overview of Human Suffering: Meaning making, intrinsic, or relational?

Domrzalski, R. [2010]. Suffering, Relatedness and Transformation. *Advocates Forum 2010*. University of Chicago School of Social Service Administration. <https://ssa/uchicago.edu>.

Rattner, M. and Berzoff, J. Re-thinking Suffering: Allowing for suffering that is intrinsic, *Journal of Social Work End of Life and Palliative Care*, Vol. 12,3. 240-258.

Browning, D. (2005) Fragments of love: Explorations in the ethnography of suffering and professional caregiving, in Berzoff, J. and P. Silveman, *Living with Dying: A handbook for End of Life Care Practitioners*, NY: Columbia U Press, 21-42

Attig, R. (2001) Re-learning the world: Making and finding meanings in (Ed) Neimeyer, R., *Meaning reconstruction and the experience of loss*, Washington, D.C: American Psychological Association, 33-53

Frankl in bits and pieces (find in your portal)

CLASS 2: Suffering at the end of life

Berzoff, J. (2011) The transformative nature of grief and bereavement, *Clinical Social Work Journal*, 39:3, 262-269

Coordinator:

Shelley Cohen-Conrad (2009) Loss in translation: A model for the engagement and interaction with grieving clients, *Families in Society: the Journal of Contemporary Human Services*, 90 (4), 407-412.

Coordinator:

Freud, S. [1917] Mourning and Melancholia. *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Vol XIV [1914-1916]: On the History of the Psycho-Analytic Movement, Papers on Metapsychology and Other Works*, 237-258. History of Trauma Theory.

Coordinator:

Gantt, (2000) Levinas, Psychotherapy and the Ethics of Suffering, *Journal of Humanistic Psychology*, Vol 40, #3, 9-28.

CLASS 3: Adult Attachment: introduction and overview, trauma and neurobiology

This class will be taught on site by Freddy Friedman in person in Chicago

Brandell, J. (2010) Contemporary Psychoanalytic Perspectives on Attachment. In *Psychoanalytic Social Work*, 17:132-157, 2010

Coordinator:

Ringel, S. (2012). Attachment Theory, Infant Research and Neurobiology. in Ringell, S. and Brandell, J. *Trauma: Contemporary Directions in Theory, Practices and Research*. Pp. 77-96. Thousand Oaks, Ca: Sage Publications.

Coordinator:

Fonagy, P. (2005). Attachment, trauma and psychoanalysis: Where psychoanalysis meets neuroscience.

Coordinator:

Coan, J. (2009). Toward a Neuroscience of Attachment. In J. Cassidy & P. Shaver (Eds.), *Handbook of Attachment Theory: theory, research, and clinical applications* (pp. 249-268). New York: Guilford.

Class 4: Trauma Theory and Treatment

Basham, K. (2011). Trauma theories and disorders. In J. Berzoff, L. M. Flanagan, P. Hertz, J. Berzoff, L. M. Flanagan, P. Hertz (Eds.), *Inside out and outside in: Psychodynamic clinical theory and psychopathology in contemporary multicultural contexts, 3rd ed* (pp. 440-474). Lanham, MD, US: Rowman & Littlefield.

Coordinator:

Ringell, S. & Brandell, J. (2012). *Trauma: Contemporary Directions in Theory, Practice and Research*. pp. 41-76. Thousand Oaks, Ca: Sage Publications.

Coordinator:

Pryer, D. A. (2014, June 2). Moral Injury and the American Soldier. Retrieved from <http://www.ciceromagazine.com.php56-15.dfw3-1.websitetestlink.com/features/moral-injury-and-the-american-soldier/>

Coordinator:

Straussner, S. & Calnan, A. (2014). Trauma Through the Life Cycle: A Review of Current Literature. *Clinical Soc Work Journal* 42: 323-335.

First Paper is Due

CLASS 5: Intersubjective Dimensions of Treatment: clinical considerations of trauma treatment and the therapist:

Case Presentations: Half of the class will present their cases: ideally with cases that bring up countertransference, trauma enactments, compassion fatigue

Berzoff, J. and Kita, B. (2010) Compassion Fatigue and Countertransference: Two different responses, *Clinical Social Work Journal*, Vol. 3, 1,341-349

Coordinator:

Davies, J. M., & Frawley, M. G. (1994). *Treating the adult survivor of childhood sexual abuse: A psychoanalytic perspective*. New York, NY, US: Basic Books. (pp. 149-185, Ch. 8 & 9)

Coordinator:

Lindy, J and Wilson, J. (2001). Respecting the Trauma Membrane: Above All, Do No Harm. in J. Wilson, M. Friedman and J. Lindy, *Treating Psychological Trauma and PTSD* (pp. 432-445). New York: Guilford Press.

Pearlman, L. (2001). Treatment of persons with Complex PTSD and other Trauma-Related Disruptions of the Self. in J. Wilson, M. Friedman and J. Lindy, *Treating Psychological Trauma and PTSD* (pp. 205-236). New York: Guilford Press.

CLASS 6: Trauma / loss and suffering and specific populations: Prisons, homelessness, substance abuse and cultural trauma

Kita, B. (2012) Making it thinkable: A psychodynamic approach to the psychosocial problems of prisons and prisoners, in (Ed.) J. Berzoff, *Falling through the Cracks: Psychodynamic Practice with Vulnerable and Oppressed Populations*, NY: Columbia U Press, 40-74

Segal, C. (2012) We're cool, you and me: A relational approach to clinical social work in the city: Psychodynamic psychotherapy within a homeless shelter for formerly incarcerated women and their children, in (Ed) J. Berzoff, *Falling through the Cracks: Psychodynamic Practice with Vulnerable and At Risk Populations.*, 75-106.

Cohen-Konrad, S. and J. Morton, (2012) If I feel judged by you, I will not trust you: Relational practice with addicted mothers, in J. Berzoff, *Falling through the Cracks: Psychodynamic practice with vulnerable and oppressed populations*, NY: Columbia University Press, 107-140

Holmes, D. Culturally Imposed Trauma: the sleeping dog has awakened: will psychoanalysis take heed

Psychoanalytic Dialogues, 26:673–677, 2016 Copyright © Taylor & Francis Group, LLC ISSN: 1048-1885 print / 1940-9222 online DOI: 10.1080/10481885.2016.1235947

The other half of the case presentations will occur, ideally with cases that are special populations

Second paper is due