Emory University Psychoanalytic Institute
Course: Psychoanalytic Listening
Instructors: Carol Levy APRN MPH  Andrew Furman MD
Fall semester 2020: Thursday evenings 6:30-7:45 pm

Course Description:

Psychoanalytic listening is a central tool of clinical psychoanalysis. In this seminar, we will discuss several modes of analytic listening and explore how these styles of listening have been influenced by theoretical and clinical developments in psychoanalysis over the last 100 plus years. Through lecture, readings and class discussion, we will answer such questions as: How does psychoanalytic listening differ from social listening? Is there one form of psychoanalytic listening or are there many? How do analysts choose what to listen for at any given moment? Is there value in using multiple listening styles? How does a listening strategy affect one’s choice of interventions?

In this course, we also will look at how analysts attend to specific surfaces of the mind, a process informed by the analysts’ theoretical and technical convictions, personal characteristics and the specific needs of the patient. While we will touch upon certain theoretical models that inform psychoanalytic listening styles, we will not review psychoanalytic theory in any detail. Specific coursework on the major psychoanalytic theoretical models will follow in later semesters.

Class One: September 10, 2020


**Class Two:** Thursday September 17, 2020
In this brief first chapter of his book, Akhtar provides a template for how psychoanalysts listen in four different, yet often overlapping styles that are informed by the major psychoanalytic theoretical orientations.

Psychoanalytic Listening Approaches (handout)

**Class Three:** Thursday September 24, 2020

The author describes a process of listening that is predominantly objective (positivistic or scientific). He emphasizes the importance of listening for the emergence of observable defensive maneuvers in the patients’ minds as they experience conflict while freely associating (ie. noticeably changing the subject, undoing). He focuses on making these unconscious moments conscious to the patient in order to be worked through. Case examples of this form of objective listening are included.

**Week of October 1 --No class-- Moved to October 15, 2020 6:30pm**

**Class Four:** Thursday October 8, 2020

The author discusses the effects of countertransference on his clinical work. He describes his subjective responses to patients that overtly reflect lapses of control and illustrates situations in which his subjectivity is not immediately visible to him, requiring greater personal reflection and self analysis. His listening style demands that he is aware of his own emotional and physical (bodily) responses to the patient

The author provides case material on patients with whom she feels she has not listened well enough to their “point of view”. She explores her subjective, countertransference responses which lead to questions such as: Who determines the nature of our interactions and our own subjectivity? How can we know what lies outside of our awareness of our own listening? How do we listen for discordant views between the patient’s subjective reality and the analyst’s subjective reality?


**Class Five: Thursday, October 15, 2020**

Fosshage, J. (2011). The Use and Impact of the Analyst’s Subjectivity with Empathic and Other Listening/Experiencing Perspectives. Psychoanalytic Quarterly. 80(1):139-160. The author discusses the *empathic listening style* tracing both its early theoretical roots and the subsequent transformations that have made it a source of controversy (as well as enlightenment) within the psychoanalytic field. Fosshage ultimately sees all analytic listening as being filtered through the analyst’s subjectivity. He describes other subjective forms of listening and provides a clinical vignette.

**Class Six: Thursday October 22, 2020**

Ogden, T.H. (1994). The Analytic Third: Working With Intersubjective Clinical Facts. Int. J. Anal. 75: 3-19. (only read through first clinical case). Ogden presents a clinical case that illustrates his listening from an intersubjective model, incorporating his own subjectivity, the subjective experience of the patient and the intersubjectively generated experience of “the analytic third” (a jointly created unconscious life of the analyst and patient). The subjective experiences of the analyst’s reverie, daydreams, somatic sensations, and mental ruminations are described in his analytic work with the patient.