

## “I WRITE TO KNOW WHAT I THINK”: A FOUR-YEAR WRITING CURRICULUM

The four-year writing curriculum of the Columbia Center for Psychoanalytic Training and Research has as its main objective to teach candidates to learn about analysis through writing. Learning to write about analyses ultimately entails learning to clarify and then express how one thinks and functions as an analyst. Since its inception ten years ago, the program has evolved into its current structure, a stepwise approach through the years of candidate training based on a didactic method called “layering.” For each level of the course, candidates’ typical writing difficulties are examined, and examples given of write-ups and how they were used in teaching. The essential role of the faculty experience is also described.

**F**or many years at Columbia, candidate case summaries were reviewed (if at all) only with one’s supervisor. The original requirements were (1) an initial history and process summary due after three months of an analysis; (2) twice-yearly “six-month summaries” that detailed the process of

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each six-month period but did not include information about earlier periods in the analysis; (3) one overall write-up, required for graduation, that summarized a candidate's longest-running analysis.

Many candidates were routinely tardy in handing in their written work and ended up scrambling to do all of their summaries retroactively, in a crunch to graduate. We understood this to reflect candidates' experience of writing as an isolated, unsupported, and intimidating chore (Stein 1988) and came to recognize that not enough time or importance was being given to writing before that final paper. It was uncommon in supervision to devote sufficient teaching time to writing or to focus on it when analyses were challenging. Supervisors did not necessarily like to write, nor did they feel particularly adept at it.

Our first ameliorative step was to have an instructor (Elena Lister) meet one-on-one with each candidate (from any year) whenever a three-month summary was due. All subsequent case summaries were reviewed only with the candidate's supervisor. Thus, more time came to be devoted to each candidate's writing, and those initial summaries were submitted in a more timely fashion. However, this procedure did not emphasize the educational value of analytic case writing or the role of peer input and process as a useful part of the educational experience.

Certain writing difficulties were consistently observed that suggested a pedagogical opportunity and provided the impetus for us to add the teaching of writing to our didactic curriculum. In time the original course was changed to its present form, in which writing is taught during the "Writing Weeks"—four weekly classroom seminars occurring simultaneously for all candidates in April of every curricular year. The writing faculty has expanded to seven instructors, with one, two, or three teaching a particular level, depending on the size of the class. Each seminar is kept to a maximum of six candidates, to allow sufficient time for each person's write-up. Our approach is based on a pedagogical principle we call "layering"; we start with a foundation of turning experience into text and over the four years build in complexity and level of abstraction.

### **COURSE STRUCTURE AND CONTENT**

An initial history and summary continues to be required at the three-month mark, but subsequent write-ups are now due yearly, all in mid-March, just before the April seminars in which they will be discussed. First-year candidates have two seminars. In the second, third, and fourth years, this

is doubled to four. All are two hours long. Before each class, candidates review a write-up that has been precirculated by the assigned presenter for that week. The writer presents his or her own work, with classmates actively participating in discussion. Each year, candidates are given a copy of our writing guidelines, which provide them a general guide to what should be included in a case summary. We have also created a file, available in the Center's library, of sample confidentialized write-ups from each curricular year. While instructors are free to teach in their own style, we all work with the same set of overarching principles.

### GUIDING PRINCIPLES

1. We see ourselves as teachers solely of writing and not as supervisors. While time and again the temptation arises to discuss the analytic process itself in these interesting cases, we all work with the class to consistently bring the focus back to how to write about that process. We talk about what the reader gets from the write-up, not whether we agree with how the candidate is conducting the analysis. There are times when a class has already heard the case verbatim, when it was presented earlier in a process course. In that situation the instructor is the only one who lacks prior knowledge of the case. In many ways this makes it easier for the instructor—the only reader who must rely solely on what the writer conveys—to clarify the difference between supervising the case and critiquing the writing. We have found that the verbatim process notes and the written report may sound surprisingly different as the writer condenses and formulates the case while writing about it. The instructor then explores how and why these differences occur, with the goal of illuminating the effects of the writing process. Our goal here is to facilitate a “reflecting function” in the group. We create a less threatening classroom environment by virtue of focusing on the written narrative rather than the “actual treatment,” on the readers’ experience rather than the content of the process from a supervisory perspective. The class can reflect back to the writer thoughts and feelings about the case summary, stimulating the writer to further integrative efforts. This can be thought of as a group ego function.

2. We recognize the importance of one-on-one communication with each candidate, in addition to the group forum. Before a candidate's turn to present, the instructor will speak with the student by phone or conduct e-mail correspondence to ensure the candidate's comfort with the exposure of

sharing one's writing. In the rare instance of any overtly expressed anxieties, these are discussed, with reinforcement of our goal that the class be a learning experience for all.

3. Each yearly summary is seen as a cumulative statement of the treatment to date. The candidate writes about the analysis from the beginning (not simply what has happened since the last report). This encourages the candidates to review the history and earlier analytic process anew each year, and to see them in the context of new developments in the treatment. This promotes learning to further condense and distill the analytic process and can pave the way for an easier time writing the case up in toto for graduation and certification. It is important that candidates come to write so that the initial history takes up fewer and fewer pages—ideally no more than one by the fourth year.

4. Revision of problematic sections of the summary is required after seminar discussion. The rewrite is discussed with the candidate, usually one-on-one, in the weeks immediately following the seminars. When class time permits, the rewrites are distributed and then reviewed by the entire class. We want to see what the candidate does with the feedback from classmates and faculty. This helps us learn more clearly and specifically what the candidate was able to integrate from the seminar experience.

5. To be considered as having completed the course, and to progress to the next year, the candidate will have completed all components of the exercise (circulating the summary, presenting it, rewriting it, and discussing that rewrite). Every candidate is expected to participate actively as a reader on each write-up presented.

6. We write evaluations of all candidates—both about their writing and about their participation in the class as presenters and as readers. For candidates who are having greater difficulty, we give feedback directly to the supervisor and offer ongoing one-on-one help.

7. As with all courses at the institute, candidates fill out course evaluations at the end of the Writing Weeks. These evaluations are reviewed and discussed at a subsequent faculty meeting.

### **TEACHING IN LAYERS: A YEAR-BY-YEAR DESCRIPTION OF THE COURSE**

Central in our educational program is what we term a “layering” approach. Each year has specific and clearly defined educational objectives. These objectives are explicit in our teaching and allow us to assess

our effectiveness. In the first year, the focus is on learning to write about countertransference, to instill early skills in articulating one's analytic presence in the room. In the second year, we expand on that mastery to teach the writing of microprocess. In the third year, we build on this by focusing on developing skills to embed that microprocess in the emerging macroprocess. Lastly, in the fourth year, we address the full integration of micro- into macroprocess, demonstrating the evolution of the transference in a coherent narrative form. In the fifth year, there is a pre-graduation senior candidate writing seminar that integrates theory and clinical process. This design is intended to go from small moment to larger story, from close-up to full picture. We create building blocks to layer into a complete work—beginning with putting the analyst himself into the writing, then adding the interaction between patient and analyst, and finally embedding this in the narrative of an analytic process. We have found that the built-in repetition that this approach provides is essential for conceptual mastery.

For each year, we will describe the teaching objectives and the classroom experience, and provide writing examples. Clinical material has been disguised to protect the confidentiality of analysands (Gabbard 2000).

### ***The First-Year Course***

The first-year course has several objectives: (1) learning how to write frankly about countertransference; (2) helping candidates as a cohort develop themselves as discussants of each other's writing; (3) familiarizing the candidates in didactic and experiential ways with the conflictual aspects of analytic case writing; (4) reviewing various approaches to confidentiality and disguise in clinical writing.

The course is organized around a brief countertransference writing exercise—a short description (one to two pages) of any countertransference phenomenon in any treatment the candidate is conducting (many first-year students have not yet begun their first supervised control case). Candidates who have completed write-ups of evaluations of prospective analysands precirculate these reports as well. The purpose of the assignment is to show how writing about countertransference can form a nidus for constructing an entire case history.

The class begins with a short presentation outlining the course objectives and discussing the conflictual aspects of writing, with reference to pertinent literature. The guilt-ridden, exhibitionistic, and aggressive

aspects of case writing are highlighted (Stone 2001; Scharff 2000; Kantrowitz 2004a,b,c, 2005a,b,c). The instructor discusses the merits and pitfalls of Gabbard's five possible strategies (2000) for dealing with the conflict of interest between protecting the patient's privacy and the scientific needs of the field, as well as that with the author's desire for professional advancement. The conclusion is that no single strategy is right for all circumstances; context should guide selection. Most candidates are already well aware of basic confidentiality in write-ups, so in the absence of conspicuous failure to delete identifying data, we focus on the candidate's experience of writing.

Since candidate authors sometimes respond to the conflicts engendered by the task of writing by hiding themselves behind "extensive historical accounts, non-reflective verbatim process notes, theory-driven descriptions, un-integrated compilations from interim reports written during analytic training, or lifeless summaries often narrated in the passive voice" (Bernstein 2000, p. 382), the Columbia writing faculty urge candidates to pay particular attention to demonstrating their presence in the treatments they write about. In our experience, most candidates find writing about countertransference to be the most difficult—and sometimes the most exciting—aspect of producing their required reports. Candidates' descriptions of countertransference have tended to be brief, circumscribed, and inserted at the end of the write-up, almost as an afterthought or coda, rather than woven into the treatment narrative. But, as Michels (2000) notes, "A good case history is . . . a crystallization of the analyst's countertransference" (p. 373).

Candidates are advised: "If you're having trouble beginning a write-up (or if you're lost in reams of process notes), this is a good place to start. Try to note what is hardest about writing about this patient and use this to formulate your countertransference. If you find what you've written is colorless or intellectualized, this is probably what you've hidden." They are encouraged to weave countertransference responses into their treatment narratives as early as possible, even in the evaluation summary. Further, we tell them to think in terms of transference-countertransference configurations, rather than of the separate experience of two people that need to be segregated in the written report.

After engaging the candidates in a discussion of these issues, the group turns to consider one at a time the precirculated evaluation write-ups and countertransference writing exercises. When evaluations for psychoanalysis are under consideration, the instructor focuses on the

description of the evaluation session material from the point of view of the written communication of analytic process, not of diagnostic assessment or analyzability (for which the candidates have a separate supervisor and seminar). Often the instructor will open the discussion by asking the presenting candidate to describe what was hardest about writing about this particular patient or treatment process. Candidates generally construe the deliberately vague writing assignment as an invitation to describe all manner of painful and embarrassing clinical experiences. Whether these are labeled countertransference enactments, projective identifications, examples of the analyst's counterresistance, or the gaffes of the relatively inexperienced, all provide the writer an opportunity to reveal and reflect upon a difficult situation and to get feedback on how well it is communicated in writing.

The topics broached in these exercises range widely. One candidate wrote about oversleeping the first scheduled couch session with his initial control case and then lying about it to the patient. Another wrote about colluding with her patient in circumventing payment of an overdue bill in the psychotherapy clinic. A gay candidate wrote about his reactions to a psychotherapy patient's expressions of displaced homophobic attitudes, and how he attempted to deal with it in the treatment. Another candidate described her retrospective realization that she had decreased her patient's session frequency out of anger. Many candidates over the years have written about feelings of rage, impotence, and inadequacy in dealing with the suicidality of character-disordered patients, the splitting of borderline patients, and the contempt and arrogance of narcissistic patients. All of these topics generate lively colloquy. Sometimes the presenting candidate is the first to observe what he or she has left out or downplayed. Often the group is able to formulate something helpful that the writer was not aware of communicating.

The formal characteristics of the writing exercises are equally interesting and varied. Some are truncated and taut; others are rambling and prolix, despite the instruction to be brief. Syntactic errors, typos, redundancies, and repeated phrases in what are otherwise tightly constructed narratives usually affect the reader's response, and we try to use these to help us tune into aspects of the clinical material the writer may be unaware of conveying. Tuckett (1993) notes that it should be counted as an asset that writing always transmits more than the writer consciously intends. We seek to create a classroom atmosphere in which the writer can be pleasantly surprised rather than chagrined or mortified to see how much clinical writing can be enriched by the engagement of analyst-readers.

### **The Second-Year Course**

The second-year course has several goals in addition to continuing the themes of the first year: (1) learning to write microprocess; (2) formulating and articulating the early resistances of both patient and analyst that shape the beginning of an analysis; (3) clarifying the differences between a psychiatric and a psychoanalytic case summary; (4) offering organizational techniques for distilling the often unfamiliarly huge amount of content.

We define microprocess as the following sequence: *Patient said . . . ; I thought . . . ; I said . . . ; Patient responded . . . (both verbally and non-verbally) and then I thought . . .*

Candidates were often reticent about the “*I thought . . .*” and “*I said . . .*” parts, writing in vague or abstract terms about what actually happened. We convey how the inclusion of microprocess helps make the report experience-near, rich and alive for the reader, and more of an accurate reflection of what the patient really experienced. The final part of the cycle, “*and then I thought . . .*,” was often missing altogether. Candidates would describe making their intervention and then lose the all-important thread of how they understood the patient’s response to it. Candidates learn how this omission leaves out the link to the larger moments in the analysis—the connecting pieces they will need later, when they begin to put together the narrative of the evolution of the transference. In this course the instructor often repeats the phrase “I write to know what I think,” to suggest that the very process of writing a case report helps the candidate articulate a previously tacit understanding of the patient and the analytic process.

The instructor begins the class with a roundtable discussion of what the candidates find to be most challenging about writing in general, as well as what or who has helped them in the past. Often candidates are eager to talk about what writing is like for them and—not uncommonly—why they dread it. Before we begin to address the precirculated write-up assigned for that week, the writer describes the analysis verbally, without reading from the summary. This has led to an awareness of missing pieces in the written report. The writer expresses what was hardest to write about, what flowed easily, and, most important, what he or she would like help with. The readers comment on the write-up in general and then page-by-page before the instructor does so. The writer identifies any areas that still feel difficult, and the instructor selects a section to be rewritten and turned in later.



Here is a sample of a microprocess segment from a candidate's initial submission, followed by the revision. For the sake of simplicity, only the part of the write-up revised specifically to address microprocess is included.

The patient has been in analysis with the candidate for approximately one year. She is a single woman in her twenties who has come to analysis feeling stuck in her long-term relationship with her boyfriend, as well as in her low-level managerial job. The candidate writes about a time a few months into the analysis when the patient began canceling sessions. Here is the original version:

After a few months, K began to cancel sessions with vague work excuses and only when I eventually and awkwardly confronted her about it, she acknowledged that the sessions were tiring and that she could not figure out what to do to "prepare." She began to comment on details at the clinic. She expressed rage at one of the female receptionists for not registering her quickly enough and felt that this receptionist in particular disliked her. She also noted that a book was missing off my shelf and fantasized that I had lent it to another patient. When I asked her about that, she got furious. I thought of but did not interpret oedipal-level transferences, imagining the receptionist as the woman who keeps her from being with me and her feeling jealous about my relationship with other patients.

In a phone call with the candidate before the class, the instructor had highlighted this section, noting the potential for a richer demonstration of the transference-countertransference interaction. This would require more detail in the microprocess and an elaboration of the candidate's thinking in not then interpreting oedipal transferences. As this was not the first write-up the group had discussed, in class the readers, too, identified this section as vague. The writer responded by talking about the tensions within him at that point in the analysis, specifically his discomfort in facing the patient's rage. This exchange seemed to help him feel freer to offer the class verbatim process notes and to articulate more comprehensively his understanding of the process. Later he handed in the following rewrite.

After the initial three months of analysis, K canceled several sessions giving vague work excuses when she came in the next time. After hearing them out, I said, "Could there be anything else involved in your not coming to your sessions?" She responded by saying that "it has been a relief not to be here. The sessions are tiring and I don't know how to prepare for them. I've made a commitment and I'll do it but hopefully I'll see some benefit soon." I heard this as echoing similar sentiments of disappointment and frustration that she had expressed about work and her boyfriend. I wanted to clarify this and be

empathic. I said, "Sounds like a general feeling, not getting back what you put into something." She began to comment on details in the clinic, expressing rage at one receptionist for not being efficient enough in registering her. She also noted that a book was missing off my shelf and fantasized that I had lent it to another patient. I understood these associations to be confirmatory of my comment. When I then said, "I haven't lent you a book," K became outraged, saying, "That's out of left field! I just want to know if I am right, I'm not seeing any deeper meaning in it." I thought of oedipal-level transferences, imagining the receptionist as the woman who keeps her from me and her feeling jealous about my relationship with other patients with whom she thinks I have better connections. I didn't interpret these at the time, feeling that given her characteristic defensive style, how early this came in the analysis, as well as her reaction to my noting not lending her a book, that at best she would dismiss my interpretations outright or at worst use them as an excuse to feel misunderstood. In retrospect, I can see that I was also uncomfortable with her rage and reluctant to have it turn on me lest analysis become someplace else she intended to leave.

This sample is typical of the class process and the candidate's response to it. The writer became aware of and more comfortable confronting his own roadblocks to providing the reader an experience-near discussion of himself as K's analyst. His readers were able to facilitate his articulating these countertransferences and then finding a way to demonstrate their impact in the analysis using microprocess. The instructor offered further clarification and support and kept the discussion to the writing of process, not getting into whether the readers agreed with the writer's technical or theoretical approach.

### ***The Third-Year Course***

This year's course has two main writing goals: (1) learning to reflect on descriptions of microprocess in order to recognize patterns that reveal macroprocess, the larger trends of transference-countertransference, resistance, and change; (2) learning to articulate a growing understanding of therapeutic action.

These goals are designed to coincide with candidates' deepening immersion in control analyses and greater theoretical knowledge derived from didactic classes. We try to foster in candidates the ability to discern broader shifts in transference-countertransference and resistance-defense paradigms. We seek to guide candidates in exploring their ideas about how their thoughts, feelings, interpretations, and other actions bring about therapeutic change. We hope thereby to help them weave this understanding into a more subtle and comprehensive narrative. The third year thus builds on

the second year while anticipating the more synthetic and integrative work required as they “map the process” in the fourth year.

In our experience, it is common to see the following problems with narrative structure as the candidates struggle to write:

- Writing with an overtly psychiatric focus. One candidate used more than half of his write-up to introduce the patient before writing about the treatment itself.
- Burying process in the developmental history. A candidate wrote of his patient putting splinters in his mother’s juice as a child without any comment on when or how this had emerged and its meaning.
- Leaving significant gaps in the description. The earlier phase of work may be deemphasized or absent. An important object in the patient’s life may not be mentioned.
- Using verbatim quotes so extensively as to dominate the report. One candidate’s summary was restricted to six sessions of a two-year analysis.
- Omitting or not integrating supervision or the use of medication (especially if it is a source of conflict).

We emphasize what needs to be included to create a rich and cohesive narrative. One technique we use is to regard the write-up as a story. This is an unfamiliar perspective for the candidates and has a number of beneficial consequences. It encourages candidates to step back from formulaic analytic thinking and take a fresh look at the “characters” ( patient, analyst, narrator) and their relationships. This eases the discussion away from judgments of the candidate’s clinical expertise, where sensitivities run high, to what the writing evokes in the readers. Following is an example of this classroom technique.

A candidate describes a female patient’s erotic transference to the analyst and her persistent desire to know more about his life and feel closer. The analyst met her entreaties with interpretations of her resistance to analysis. Theoretically, it was easy for us in the class to think we knew what the writer meant; as analysts we understand how transference can be resistance. Listening from a literary standpoint, however, we uncovered a strange narrative: *A woman visits a doctor and falls in love with him; the doctor responds by reiterating how she is avoiding closeness with him.*

Following this story line, it is not the woman’s resistance but the analyst’s that strikes the reader. In class, the readers noted that in the write-up, despite the doctor’s unwitting spurning of the patient, it was easier to identify with the analyst than with the patient. She was depicted as relentlessly

intrusive, needy, self-deprecating, and sadistic. The instructor asked, “What does it mean that we cannot identify with one of the two major protagonists?” The writer realized that he had to reconcile the two narratives, that of the woman’s resistance and that of his own, and give more of the woman’s experience so that the reader can feel for her and make sense of her actions rather than simply judge her. In working on his rewrite, the candidate began to realize how criticized and rejected the patient felt at every interpretation and thereby gained a deeper understanding of unconscious resistance: “I thought that she knew that I was repeating what she said or that she knew that I had not said what she claimed I was saying, twisting it on purpose to make me look sadistic. Once I began to understand that she was not playing dumb or being difficult, I was more able to comprehend what was happening in the transference.”

We also strive to continue the less threatening classroom environment. As the analytic process begins to deepen in these developing control analyses, the readers help to identify emerging transference-countertransference paradigms. Using its reflecting function, the group comments on explicit patterns in the text, as well as on those that are explicitly missing.

Here is another example. The writer is describing the preparatory phase of psychotherapeutic work, before the patient begins analysis.

Over the past year, R has moved from a very easily angered defensive mode to an increasing awareness that she has variable experiences of me and that she often attempts to provoke or control me in a way that allows her to righteously predict disappointments she will suffer at my careless hands. Indeed, my recommendation for analysis developed around R’s increasing ability to work with the “as if” quality of the transference material rather than be undone with repeated therapeutic crises or attempting to render me powerless to affect her in any way.

The class was curious how the writer understood the shift, especially as this marked an important transition in the treatment. The statement that a shift had occurred was deemed incomplete. The readers wanted to have more of a sense of how this transition took place. The candidate remarked that she did not believe the transition was due to any explicit interpretation. This led to a discussion of possible noninterpretive therapeutic action and to an addendum that placed the emphasis not on what was said to the patient but on the analyst’s ability to refrain from acting out in response to the patient’s attacks. The candidate revised the section as follows:

During the course of the first year of therapy, R was able to vacillate a bit more between an easily angered, defensive mode to an increasing awareness that she

has variable experiences of me and that she often attempts to provoke or control me in a way that allows her to righteously predict disappointment she will suffer at my careless or selfish hands. I believe that R's slightly increased flexibility has been the result of our (my) painstaking attempts to encourage her to reflect on the precipitants of her feelings, what she notices in her thoughts about me related then to her prompt and indisputable decision that I am unavailable to her or rejecting of her. I do not think that R developed insight into her role in creating this dynamic; rather I think her accumulating experience of me as interested in the intricacies of her emotional reactions, as well as the reassuring aspect of our being able to survive and contain her bouts of rueful anger or projected disgust, paved the way for more transference and analytic terrain.

In summary, by emphasizing the candidate's experience first as readers, rather than clinicians, we create an enhanced opportunity to participate in discussing the write-up. This allows for new observations and greater reflective capacity, which encourages a more clearly articulated understanding of the analytic process.

#### ***Fourth-Year Course***

The primary learning objective for this year is understanding the macroprocess of analysis through (1) elaborating on how to write about the "what" and the "how" of analytic change over time; (2) learning to write about the longer trajectory of an analysis by creating a visual "map" of the analytic process.

By this year, most candidates have at least one case of two years' duration. The challenge involves writing about several years of analytic work. We teach candidates that they, like Shakespeare, should include in early scenes only characters and historical information that will have significance in the end. The major work then involves writing up the process of several years of analytic work. Following Bernstein (2000), we encourage candidates to choose seminal moments in the treatment to be described in experience-near detail, and also discuss the larger process flow. At this point in training, candidates need to be able to think about, and then write about, the relationship of micro- and macroprocesses, to picture things "up close" and also to take "an overview," to see how these moments are related to each other. We teach this by creating a visual map on which we track the major elements of the case such as symptoms, resistance, transference, countertransference, defenses, object relations, and real-life events and decisions. This is described in Cabaniss and Graver's "Mapping the Macroprocess" later in this section of the journal.

***The Fifth-Year Course***

In their fifth year, candidates participate in a pregraduation writing seminar. While the structure and faculty of this course are different from those of years one through four, there is continuity in several aspects of the approach. This course is described by Glick and Stern in the third paper in this section.

**THE IMPORTANCE OF THE FACULTY EXPERIENCE**

We cannot emphasize strongly enough the importance of the active participation and self-examination of the faculty in the writing program. At its best, it is a peer-group, tutorial learning experience for faculty members, as it is for candidates, though the goals differ. Faculty meet at least twice a year for dinner at the home of the course chair. The first meeting is scheduled well in advance of the candidates' submitting their summaries. We use this meeting to review the previous year's teaching experience and consider changes for this year's seminars. We meet again as a faculty at the end of the course for further review. At both meetings we discuss our successes, failures, reactions, perspectives, impressions, and suggestions in as open a forum as possible. Each candidate is reviewed, with an emphasis on pedagogical objectives and outcomes. Often, at either meeting, there is theoretical discussion as well, for example about resistances to writing. For the most part, each of us has chosen to consistently teach the same year of the curriculum to hone our skills and facilitate observations about writing in general for that level of training. To help ourselves become better readers, a write-up from an earlier year was distributed to all of us for individual review. We then met to discuss our observations and reactions to it. This helped us assess the consistency of our understandings and approaches to analytic process and analytic writing. We hope in the future to meet with a highly experienced editor to learn to be more discerning and effective readers. While we each teach our level of the course in our own style, we have also developed a sense of cohesion and mutual support. We hope that this engenders a similar atmosphere in the classroom.

**DISCUSSION**

At first this curriculum met with resistance from some candidates and faculty. The candidates felt burdened by the prospect of even greater demands

in their writing requirements. Supervising analysts expressed concern that the course input would interfere with supervision. In large measure, these fears are being allayed. Candidates have experienced the classroom environment as mostly facilitative of their writing. They consistently endorse the concept that writing shows them more clearly what they think. In general, candidates describe feeling more involved in their control cases and more connected to their experience after the course. Also, our intention to teach writing rather than to supervise seems to be coming to fruition.

We have found that some candidates were adept in class discussion in the theory track (based on an instructor's experience teaching them in other courses) but showed difficulties in formulating their case in writing. At times this seemed due to individual writing conflicts; at others to previously unrecognized gaps in a candidate's theoretical understanding. Thus, the writing course has become one place in the larger psychoanalytic curriculum where the theory and clinical tracks meld. We have also found that the same writing difficulties can persist in a candidate over several years; sometimes it is not until the second, third, or even fourth presentation of our main precepts that we can observe growth in how a candidate writes a case report. We believe that this in part reflects the conflictual nature of writing; but it also challenges us to think about how we should be teaching differently to be more effective. Formalizing the "layering" approach was an outgrowth of both this observation and feedback from candidate course evaluations. After initially teaching in a more general, less structured way, we recognized that the core principles needed to be clarified, presented in a more direct and organized fashion, and repeated one year to the next. We have since seen a gradual improvement in candidates' capacity to demonstrate their presence in the room via discussion of integrated countertransference and microprocess. The case summaries are richer, more clearly formulated narratives. A welcome by-product of the course has been the more timely submission of most write-ups.

## CONCLUSION

The writing curriculum aims to mobilize writing as a pedagogical tool. Our goal is to help candidates use writing in order to gain a deeper understanding of analytic process and change. Since candidates (like teachers) vary in their comfort and facility in integrating theory and clinical work, we hope that the writing program serves to connect these in ways that facili-

tate candidates' grasp of analytic process and thereby enhances their effectiveness as analysts. Our experience teaching the course so far seems to support the notion that the opportunity early in the candidacy to entrust one another with their most trying moments as clinicians promotes group cohesion and enhances the experience of presenting process material from ongoing analyses in other classes, other forums. This is all part of the candidates' newly seeing writing as valuable to themselves, not just as an exercise to fulfill paperwork obligations. A far-reaching goal is for this experience of writing—greater support for it, greater facility with it, greater value from it—to encourage developing analysts to seek certification, contribute more to analytic journals, and feel more at ease in the broader psychoanalytic community. We continue to evolve as teachers and to modify the course as we learn from candidate feedback, faculty input, and our own experiences and interchanges.

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