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Psychopathology II- The Widening Scope of/for Analysis and Analyst

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Introduction

The Widening Scope initially referred to those patients who Freud had said could not develop a classical transference, expressed in Oedipal conflicts, manifest by drives and defenses against these, and resulting in compromise formations. Freud's early ego psychologist followers sought to narrow the analytic scope and maintain the clarity of their "basic model" of analysis by trying to select "analyzable" patients who would not surprise them by regression to more "primitive" defenses, under the pressure of deep and painful affects and memories made manifest in the analysis. On the other hand, the Kleinian branch of Freud's followers saw the Oedipus complex as the basis of primitive mental states, and were more comfortable analyzing patients in the widening scope. While both branches had differing views of who they could analyze, both saw the analyst as acting on the patient's psyche through interpretation, in order to change the patient's intrapsychic structures and alleviate conflict and the resultant symptomatology.

Changes in science, the arts, literature, and in psychoanalysis as a result of modernist and post-modern thinking have led to questions about how we know, what is fact or truth, and how and who can understand and judge any process. An example of this is the observer effect, whereby the act of observing a process will influence the phenomenon being observed. Thus, our confidence about knowing has been replaced by a conviction that analyst and patient each brings his own desires and conflicts to the analysis, and thus, the interacting pair has become an appropriate object for study. This perspective has slowly been assimilated into analysis through the work of analysts such as Loewald, Winnicott, Kohut, Bion, Ogden, and later Mitchell and others of the relational school. Many contemporary analysts no longer employ a unitary theory in which the analyst acts by interpretation on the patient. Instead, these analysts see themselves as immersed in a field of multiple verbal and affective actions and interactions, between two people who have various meanings for each other. Here, the training, knowledge, and relative self-awareness of the analyst, can promote changes in the analysis, even as changes occur in both participants.

Using the brief sketch of changes in the basic assumptions underlying psychoanalytic ideas (the previous two paragraphs) as backdrop, we will examine ideas about the psychopathology of the widening scope patients. While earlier analysts had emphasized

the fixed character structure of such “primitive” patients, it is our experience that the dichotomy between the neurotic and the “widening scope” patient is an idealization, which is less useful than a more flexible view of the fluidity, evolution, and multiplicity of structures and defenses, greatly influenced by the framing, containing, and holding capacities of the analytic situation and the person of the analyst.

In this seminar, then, we will discuss the nature of patients’ more primitive transferences, especially when there is a history of trauma, a presentation of interpersonal withdrawal or traits that make them “unlovable,” or when they manifest perverse or eroticized fantasies, or show a pressure toward action or addiction. We will emphasize how the analyst is affected by such patients, the various means by which disturbing experience is transmitted, and how these processes are a ubiquitous, inevitable, and potentially useful part of the analytic process.

1) September 17, 2015 Character as Process:

The Patient’s Structures and the Analyst’s Structures.

Diagnosis, Creationism, Analyzability, Interlocking Resistances

Wolfe, B. (1989). Diagnosis and Distancing Reactions. *Psychoanalytic Psychology*, 6:187-198. [PEP Web Link](#)

Levine HB (2010) Creating analysts, creating analytic patients. *Int J Psycho-Anal.*, 91, 1385-1404. [PEP Web Link](#)

Recommended Reading

Epstein, L. (1981). Countertransference and its influence on Judgments of Fitness for Analysis. *Contemporary Psychoanalysis*, 17:55-68. [PEP Web Link](#)

2) September 24, 2015 The Patient who is Withdrawn, Hard to Reach, or Hard to Love

Goldberg, P. (1989). Actively Seeking the Holding Environment-Conscious and Unconscious Elements in the Building of a Therapeutic Framework. *Contemp. Psychoanal.* 25:448-476. [PEP Web Link](#)

Gabbard, G.O. (1991). Technical Approaches to Transference Hate in the Analysis of Borderline Patients. *Int. J. Psycho-Anal.*, 72:625-636. [PEP Web Link](#)

3) October 1, 2015 Psychoanalytic Treatment in the Presence of Trauma

Here are two contemporary accounts of the treatment of trauma, from a Kleinian and a Relational perspective.

Brown, L (2006) Julie's Museum: The evolution of thinking, dreaming and historicization in the treatment of traumatized patients. *Int J Psycho-Anal.*, 87, 1569-1585. [PEP Web Link](#)

Bromberg, P (2006) One need not be a house to be haunted: a case study. In Bromberg P., *Awakening the Dreamer*. New Jersey and London, The Analytic Press, 153-173. *Psychol. Dial.* 13: 689-709. [PEP Web Link](#)

4) October 8, 2015 Clinical Correlation

This session is the first of two clinical ones, where we propose to step back from our reading and consider cases from our current practice that might shed light on the concepts we have been reading about, and might be illuminated by application of these concepts. Candidates or instructors will present vignettes and questions.

5) October 15, 2015 Perversion

Stein, R (2005). Why perversion? False love and the perverse pact. *Int. J Psa*, 775-799. [PEP Web Link](#)

Ogden, TH (1996). The Perverse Subject of Analysis. *J Amer. Psychoanal. Assn.* 44: 1121-1146. [PEP Web Link](#)

6) October 22, 2015 The Erotic or Eroticized Transference/Countertransference And The Pressure to Action

Gabbard, G.O. (1994). Sexual Excitement and Countertransference Love in the Analys... *J. Amer. Psychoanal. Assn.*, 42:1083-1106. [PEP Web Link](#)

Cooper, S.H. (2003). You Say Oedipal. I Say Postoedipal: A Consideration of Desire and Hostility in the Analytic Relationship. *Psychoanal. Dial.*, 13:41-63. [PEP Web Link](#)

7) October 29, 2015 Working with patients who communicate through destructive action

Bromberg, P. M. (2001) Treating patients with symptoms—and symptoms with patience: Reflections on shame, dissociation, and eating disorders. *Psychoanalytic Dialogues*, 11:891-912. [PEP Web Link](#)

Joseph, B. (1982) Addiction to near-death. *International Journal of Psychoanalysis*, 63: 449-456 [PEP Web Link](#)

8) November 5, 2015 Final session: Second Clinical presentation and review

Learning Objectives

- 1- To gain an awareness of contemporary views of character as process.'
- 2-How to work with the patient who is withdrawn, hard to reach or hard to love.
- 3-How psychoanalytic treatment proceeds with a person whose character has been affected by trauma.
- 4-Experiences in clinical immersion where trauma or withdrawal is an issue.
- 5- What are perversions and how to understand and work with perversions in a patient.
- 6-How to analyze and deal with the erotic or eroticized transferences and countertransferences
and the pressure to action.
- 7-How to work with patients who communicate through destructive action.
- 8-Further experiences in clinical analysis with the patients we have discussed in the seminar.