

THE BOSTON PSYCHOANALYTIC SOCIETY AND INSTITUTE
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Psychopathology II- The Widening Scope of/for Analysand 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 Thus, our confidence about knowing has been replaced by a conviction that analyst and patient each brings his own desires and conflicts to the analysis, and thus, the interacting pair has become an appropriate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 analysand, 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 eroticized fantasies, or when transferences relate to types of attachment difficulties. We will also discuss issues relating to unrepresented states and unsymbolized communication. 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 parts of the analytic process.

1) September 22, 2015: Character as a Process Rather than a Static State

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 29, 2015: How Attachment Can Underlie Issues of Psychopathology

Fonagy, P., Target, M. (2007). The Rooting of the Mind in the Body: New Links between Attachment Theory and Psychoanalytic Thought. *J. Amer. Psychoanal. Assn.*, 55:411-456. [PEP Web Link](#)

Szajnberg, N.M., Crittenden, P.M. (1997) The Transference Refracted Through the Lens of Attachment. *J. Amer. Acad. Psychoanal.*, 25:409-438. [PEP Web Link](#)

Recommended Reading:

Blum, H.P. (2004). Separation-Individuation Theory and Attachment Theory. *J. Amer. Psychoanal. Assn.*, 52:535-553. [PEP Web Link](#)

3) October 6, 2015: On Unrepresented States and Unsymbolized Communication

Civitarese, G. The Inaccessible Unconscious and reverie as a path to figurability. In: Levine, H., Reed, G., and Scarfone, D. (2013) *Unrepresented States and the Construction of Meaning: Clinical and Theoretical Contributions*. Karnac, London. [Available in [Library](#)]

Cassorla, R.M. (2013). When the Analyst Becomes Stupid: An Attempt to Understand Enactment Using Bion's Theory of Thinking. *Psychoanal. Q.* 82:323-360. [Available in [Library](#)]

4) October 13, 2015: How Issues of Character, Attachment and Unrepresented States Can Effect the Clinical Interaction

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 20, 2015: Working with Patients 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](#)

6) October 27, 2015: Psychoanalytic Treatment with a Person Whose Character is affected by 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](#)

Additional Reading (incomprehensible, but indispensable) Green, A. (1980) *The Dead Mother*. Reprinted in Green, A (1997) *On Private Madness*, London: Karnac Classics. [Available in [Library](#)]

7) November 3, 2015: Working with Love and Sexuality in the Transference and Countertransference And The Pressure to Action

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

Davies, J.M. (2001). Erotic Overstimulation and the Co-Construction of Sexual Meanings in Transference-Countertransference Experience. (2001). *Psychoanalytic Quarterly*, 70:757-788. [PEP Web Link](#)

Additional Reading:

de Masi, F. (2012). The Erotic Transference: Dream or Delusion?. *J. Amer. Psychoanal. Assn.*, 60:1199-1220. [PEP Web Link](#)

8) November 10, 2015 Clinical Examples of the Types of Psychopathology Discussed In this Seminar

Learning Objectives

1. At the conclusion of this session, candidates will be able to contrast a contemporary view of character as process with a more traditional view of character.
2. At the conclusion of this session, candidates will be able to provide one example of a patient's attachment to the analyst.

3. At the conclusion of this session, candidates will be able to define an unrepresented mental state and unsymbolized communication and its effect on the clinical interaction.
4. At the conclusion of this session, candidates will be able to compare one clinical experience in which issues of attachment or unrepresented states and unsymbolized communication are prominent, with one clinical situation where these are less significant compared to other dynamic issues.
5. At the conclusion of this session, candidates will be able to define elements useful in working with patients who are withdrawn, hard to reach or hard to love.
6. At the conclusion of this session, candidates will be able to demonstrate how psychoanalytic treatment has proceeded in a patient whose character has been affected by trauma.
7. At the conclusion of this session, candidates will be able to list types of erotic transferences and countertransferences, and ways in which there is a pressure to action.
8. At the conclusion of this session, candidates will be able to compare and critique the clinical experiences and techniques with the types of patients that we have discussed in this seminar.