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## Psychopathology II

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In this course, we will examine clinical issues relevant to working with patients with severe psychopathology. First, we will consider the potential utility and potential drawbacks of clinical diagnosis for more troubled and troubling patients. What do we mean when we say that a person suffers from a severe character disorder? What assumptions underlie such a diagnosis? What are the implications for treatment? We will review considerations germane to the diagnosis and treatment of borderline disorders, narcissistic disorders, eating disorders and masochism and conclude with a discussion about working with erotic and perverse transferences and countertransferences.

### **Session 1: April 12, 2018**

In our first class, we will discuss whether we think that the concepts of enduring mental organization and pathological structures of the mind contribute constructively to current analytic practice and, if so, in what ways. Sugarman (2007) makes a case for the relevance of mental structure or the “enduring patterns and configurations in the mind” (Moore & Fine, 1990, p.187), and he delineates four structural criteria of a neurotically organized mind: self-reflective capacity, capacity for affect regulation, capacity for narcissistic regulation, and internal conflict. He argues that a neurotic mental organization differs from a more primitive organization and that patients whose minds are organized differently may need to be analyzed differently. In contrast, Wolfe (1989) contends that diagnostic formulations can impede treatment and that assumptions concerning the permanence of pathological structures can limit a clinician’s empathy for a patient.

**Learning Objectives:** The participant will identify the advantages and disadvantages of thinking diagnostically when working with patients with severe psychopathology.

Sugarman, A. (2007). Whatever happened to neurosis? Who are we analyzing? And how?. *Psychoanal Psychol.*, 24(3):409-428. [PEP Web Link](#)

Wolfe, B. (1989). Diagnosing and distancing reactions. *Psychoanal. Psychol.*, 6(2): 187-198. [PEP Web Link](#)

## **Session 2: April 19, 2018**

In this session, we focus on the needs of patients with significant areas of unrepresented states, unsymbolized experience or, in Bion's terms, weakened alpha function. These patients often do not communicate in a primarily verbal/symbolic manner and place particular demands on the analyst and the analytic framework. We will explore Cassorla's (2013) discussion, from a Bionian perspective, of the analyst's participation in chronic and acute enactments while working with traumatized or borderline patients. Goldberg (1989) argues that patients who attack the analytic frame require the analyst to search for a position or stance that makes the patient's attack comprehensible. He also posits that the analyst must create a holding environment within himself or herself in order to foster meaningful contact with such a patient.

**Learning Objective:** Participants will identify two treatment approaches to working with patients with significant areas of unsymbolized experience or weakened alpha function.

Cassorla, R. (2013). When the analyst becomes stupid: an attempt to understand enactment using Bion's theory of thinking. *Psychoan. Q.*, 82(2):323-360. [PEP Web Link](#)

Goldberg, P. (1989). Actively seeking the holding environment-Conscious and unconscious elements in the building of a therapeutic framework. *Contemporary Psychoanalysis.*, 25:448-476. [PEP Web Link](#)

## **Session 3: April 26, 2018**

In this session we will review some of the issues central to understanding and working with patients with Borderline organization. We will review a paper by Fonagy and Target (2000) concerning the limitations in mentalizing and the persistence of two primitive modes of mental functioning (equivalence and pretence) in the adult patient with Borderline Personality Disorder (BPD). The authors discuss how such disturbances in the experience of psychic reality impact the analytic process, and they provide technical suggestions for working with patients with these kinds of difficulties. Gabbard (1991), in a classic paper, describes transference hate in borderline patients. He notes the potential for countertransference acting out and indicates the need for a prolonged period of containment when working with borderline patients. A suggested article by Fonagy et al. (2003) considers the development of borderline personality disorder in light of recent attachment theory and research.

**Learning Objective:** Participants will identify two primitive modes of mental functioning in the adult patient with BPD and the ramifications of such modes of experiencing for the analytic process.

Fonagy, P. & Target, M. (2000). Playing with reality: III. The persistence of dual psychic reality in borderline patients. *Int. J. Psycho-Anal.*, 81(5):853-873. [PEP Web Link](#)

Gabbard, G. (1991). Technical approaches to transference hate in the analysis of borderline patients. *Int. J. Psycho-Anal.*, 72:625-636. [PEP Web Link](#)

Suggested:

Fonagy, P., Target, M., Gergely, G., Allen, J., & Bateman, A.W. (2003). The developmental roots of borderline personality disorder in early attachment relationships: a theory and some evidence. *Psychoanalytic Inquiry*, 23(3):412-459. [PEP Web Link](#)

#### **Session 4: May 5, 2018**

In this session, we move to a consideration of eating disorders. We will read a paper by Bromberg (2001) that proposes that the central issue for the eating-disordered patient is that she lacks an experience of human relatedness that mediates self-regulation and, therefore, is enslaved by her own physiologic and affective states. He suggests that the analyst will experience his or her own dissociative reactions in response to the patient's internal struggles with desire and control, and he describes different types of enactments that may occur. From a more Kleinian perspective, Lawrence (2001) proposes that eating disorders function to reinforce phantasies of control of internal parents. She differentiates anorexia from bulimia, suggesting that in anorexia the internal objects are permanently suspended or frozen whereas in bulimia they are attacked.

Learning Objective: Participants will identify one psychological mechanism in the development of eating disorders and its implications for the treatment of patients with eating disorders.

Bromberg, P.M. (2001). Treating patients with symptoms-and symptoms with patience: reflections on shame, dissociation, and eating disorders. *Psychoanalytic Dialogues*, 11(6):891-912. [PEP Web Link](#)

Lawrence, M. (2001). Loving them to death: the anorexic and her objects. *Int. J. Psycho-Anal.*, 82(1):43-55. [PEP Web Link](#)

#### **Session 5: May 10, 2018**

Next, we turn to narcissistic disorders. In the first of two sessions on this topic we will review seminal articles by Kernberg (1970) and Kohut (1978). Kernberg offers a comprehensive review, from an object relations perspective, of the etiology, diagnosis and treatment of narcissistic personalities. Kohut provides an alternative perspective concerning the central issues and treatment of narcissistic disorders, what he calls disorders of the self.

Learning Objective: Participants will identify a major difference in the treatment approaches outlined by Kernberg and Kohut to working with patients with severe narcissistic disorders.

Kernberg, O.F. (1970). Factors in the psychoanalytic treatment of narcissistic personalities. *J. Amer. Psychoanal. Assn.*, 18:51-85. [PEP Web Link](#)

Kohut, H. & Wolf, E.S. (1978). The disorders of the self and their treatment: An outline. *Int. J. Psycho-Anal.*, 59:413-425. [PEP Web Link](#)

### **Session 6: May 17, 2018**

In this session, we explore two phenomena often encountered when working with individuals struggling with narcissistic issues: shame and grandiosity. Morrison (1999) describes the multiple defenses against the affect of shame and provides treatment suggestions for working with shame. Cooper (2010) explores countertransference reactions commonly experienced by analysts working with individuals for whom self-criticism and accompanying unconscious grandiosity are significant features of their inner life and relationships with others.

Learning Objective: Participants will identify two defenses against shame.

Cooper, S. H. (2010). Self-criticism and unconscious grandiosity: transference-countertransference dimensions. *Int. J. Psycho-Anal.*, 91(5):1115-1136. [PEP Web Link](#)

Morrison, A.P. (1999). Shame, on either side of defense. *Contemporary Psychoanalysis*. 35(1):91-105. [PEP Web Link](#)

### **Session 7: May 24, 2018**

Next, we turn to masochism. Cooper (1988) argues that masochism and narcissism are so intertwined both in development and in clinical presentation that it is useful to think of them as a single nosological entity. Interpreting a patient's narcissistic defenses can result in a sense of victimization for the patient and interpreting masochistic behavior can result in humiliation for the patient. From a different perspective and drawing on Winnicott, Ghent (1990) suggests that some instances of masochism are the result of a distortion of a longing for surrender and a yearning to be known, and represent a mismanagement of the wish to disassemble a false self.

Learning Objective: Participants will delineate Cooper's conceptualization of the narcissistic-masochistic character and the adaptive intent of masochism.

Cooper, A. (1988). The narcissistic-masochistic character. In *Masochism: Current Psychoanalytic Perspectives*. R.A. Glick & D.I. Meyers (eds.). Hillsdale, NJ: Analytic Press, PP: 117-138. [Available in the library. Check the reading folder or request from [library@bpsl.org](mailto:library@bpsl.org)]

Ghent, E. (1990). Masochism, submission, surrender--masochism as a perversion of surrender. *Contemp. Psychoanal.*, 26:108-136. [PEP Web Link](#)

## Session 8: May 31, 2018

In our concluding session, we will look at erotic and perverse transferences and countertransferences. Davies (2001) argues that Western child-rearing practices foster a dissociation of unformulated and unsymbolized aspects of early sexual and erotic experience, and she discusses the impact of this dissociation on the patient-analyst relationship. Purcell (2006) contends that unconscious sexual excitement in the transference and countertransference is particularly problematic in analyses of individuals with perverse character structure, and he suggests that the analyst consider his or her excited responses as complementary reactions to the patient's perverse excitement in the transference. The suggested articles provide additional perspectives. Friedman (2005) takes up the complicated issue of the analyst's love for the patient. Kattlove (2009) questions the utility of the concept of perversion and provides examples of how the definition of perversion has changed over the course of history.

Learning Objective: Participants will describe one way in which they can understand and utilize their own countertransference experiences while working with erotic or perverse transferences.

Davies, J.M. (2001). Erotic overstimulation and the co-construction of sexual meanings in the transference-countertransference experience. *Psychoanal. Q.* 70(4):757-788. [PEP Web Link](#)

Purcell, S.D. (2006). The analyst's excitement in the analysis of perversion. *Int. J. Psycho-Anal.*, 87(1):105-123. [PEP Web Link](#)

Suggested:

Friedman, L. (2005). Is there a special psychoanalytic love?. *J. Amer. Psychoanal. Assn.*, 53(2):349-375. [PEP Web Link](#)

Kattlove, S. (2009). Discussion of "Perversions, Neosexualities, De Gustibus: What's in a Name" by Bennet Simon, MD. [Available in the library. Check the reading folder or request from [library@bps.org](mailto:library@bps.org)]