



B P S I

boston psychoanalytic
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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. What are the underlying dynamics of patients with more severe psychopathology? How do these dynamics manifest in the treatment relationship and the treatment process? How does the analyst participate consciously and unconsciously when working with these patients? We will review considerations germane to the diagnosis and treatment of borderline disorders, narcissistic disorders, eating disorders and masochism. We will look at some of the dynamics involved in racism and conclude with a discussion about working with erotic and perverse transferences and countertransferences.

Session 1: April 11, 2019

In our first class, we will discuss 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. Also, he posits that the analyst must create a holding environment within himself or herself that fosters meaningful contact with these patients.

Cassorla, R. (2013). When the analyst becomes stupid: An attempt to understand enactment using Bion's theory of thinking. *Psychoanalytic Quarterly*, 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](#)

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

Session 2: April 18, 2019

In this session we will review some of the issues central to understanding and working with borderline patients. We will review a paper by Fonagy and Target (2000) concerning the limitations in mentalizing and the persistence of two primitive modes of experiencing mind (equivalence and pretend) in the borderline patient. The authors discuss the impact of such disturbances in the experience of psychic reality on the analytic process and provide technical considerations when 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.

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

Gabbard, G. (1991). Technical approaches to transference hate in the analysis of borderline patients. *International Journal of Psycho-Analysis*, 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](#)

Learning Objective: Participants will identify two primitive modes of experiencing mind in the adult borderline patient and the ramifications of such modes of experiencing for the analytic process.

Session 3: April 25, 2019

In this session we move to a consideration of eating disorders. We will read a paper by Freedman and Lavender (2002) that describes desymbolization or the motivated act to evacuate meaning and disavow significance. According to the authors, patients with anorexia rely on psychic evacuation whereas patients with bulimia rely on disavowal in their attempts to not know. These differing configurations of desymbolization evoke differing feeling states in the analyst. From a more Kleinian perspective, Lawrence (2001) proposes that eating disorders function to reinforce phantasies of control of internal parents. She suggests that in anorexia the internal objects are permanently suspended or frozen whereas in bulimia they are attacked. In a suggested paper, Bromberg (2001) proposes that the central issue for the eating-disordered patient is she lacks an experience of human relatedness that mediates self-regulation and, therefore, is enslaved by her own physiologic and affective states.

Freedman, N. & Lavender, J. (2002). On desymbolization: The concept and observations on anorexia and bulimia. *Psychoanalysis & Contemporary Thought*, 25(2), 165-199. [PEP Web Link](#)

Lawrence, M. (2001). Loving them to death: The anorexic and her objects. *International Journal of Psycho-Analysis*, 82(1), 43-55. [PEP Web Link](#)

Suggested:

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](#)

Learning Objective: Participants will identify a central issue for eating disordered patients and the implications for treatment.

Session 4: May 2, 2019

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 of the etiology, diagnosis and treatment of narcissistic personalities. Kohut provides an alternative perspective concerning the central issues and treatment of narcissistic disorders or disorders of the self.

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

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

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.

Session 5: May 9, 2019

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 effect of shame and provides treatment suggestions for working with shame. Cooper (2010) explores countertransferences 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.

Cooper, S. H. (2010). Self-criticism and unconscious grandiosity: transference-countertransference dimensions. *International Journal of Psycho-Analysis*, 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](#)

Learning Objective: Participants will identify two defenses against shame.

Session 6: May 16, 2019

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.

Cooper, A. The narcissistic-masochistic character. In R.A. Glick & D.I. Meyers (Eds.), *Masochism: Current psychoanalytic perspectives* (Ch. 7, pp. 117-138). Hillsdale, NJ: Analytic Press. [Available in the library: Check the reading folder or request from library@bpsl.org]

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

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

Session 7: May 23, 2019

In this class we will look at some of the dynamics involved in racism. Davids (2006) argues that for many Westerners the pervasive anxiety triggered by the events of 9/11 was managed by a paranoid organization in the mind in which Islam was viewed as the enemy. In a companion article, Steiner (1987) discusses some of the ways defenses may be organized into pathological organizations of the mind and shows how these pathological organizations exist in equilibrium with the paranoid-schizoid and depressive positions described by Melanie Klein.

Davids, M.F. (2006). Internal racism, anxiety and the world outside: Islamophobia post-9/11. *Organizational and Social Dynamics*, 6(1), 63-85. [PEP Web Link](#)

Steiner, J. (1987). The interplay between pathological organizations and the paranoid-schizoid and depressive positions. *International Journal of Psycho-Analysis*, 68, 69-80. [PEP Web Link](#)

Learning Objective: The participant will describe how defenses can become organized into pathological organizations in the mind.

Session 8: May 30, 2019

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. In a suggested article, Friedman (2005) takes up the complicated issue of the analyst's love for the patient.

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

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

Suggested:

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

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.