



B P S I

boston psychoanalytic  
society & institute

**Spring 2020**

**ATP III**

**Transference/Countertransference Dilemmas in the  
Treatment of Patients with Character Pathology**

Jan A. Seriff, Psy.D.  
(617) 244-6186

**and**

Rachel Dresner-Jacobs, PhD  
(617) 497-5353

We're looking forward to meeting you and beginning our ten-week course on Transference/Countertransference Dilemmas in the Treatment of Patients with Character Pathology. We will explore – through a series of clinically oriented papers and our own clinical material – some common transference and countertransference dilemmas that arise in the work with patients suffering from Trauma, Schizoid Character, Borderline Personality Disorder, and Narcissistic Pathology. We hope this course will dovetail with your seminar on Borderline and Narcissistic Character Pathology, allowing us an opportunity to delve more deeply into the clinical manifestations of these “character- types” [Freud, 1916] and some of the technical challenges in our work with these patients.

**Week I: March 26, 2020**

**Countertransference**

Freud S. (1905/1901) *Fragment of an Analysis of a Case of Hysteria*, Vol VII, pp 116-120. [PEP Web Link](#)

Freud S. (1910) *The Future prospects of psycho-analytic therapy*. Vol XI, pp 143-144. [PEP Web Link](#)

Heimann P. (1950) On Counter-transference. *Int J. Psychoanal.*, 31:81-84. [PEP Web Link](#)

**Learning Objective:** At the conclusion of this session, the student will be able to identify one difference between Heimann's and Freud's conceptions of countertransference.

**Week II: April 2, 2020**

**Countertransference, Continued**

Gabbard, G.O. (1995) Countertransference: The emerging common ground. *International Journal of Psychoanalysis*, 76. 475-485. [PEP Web Link](#)

**Learning Objective:** At the conclusion of this session, the student will be able to identify one current psychoanalytic concept of countertransference as described by Gabbard.

**Week III: April 16, 2020**

**The Patient who is Withdrawn, Hard to Reach, or Hard to Love**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](#)

Recommended Reading:

Fairbairn, WRD. (1952) "Schizoid Factors in the Personality" in *Psychoanalytic Studies of the Personality*. 3-27. NY: Routledge. [Available upon [Request from the Library](#)]

**Learning Objective:** At the conclusion of this session, the student will be able to identify one treatment issue utilized in the approach to the withdrawn patient.

**Week IV: April 23, 2020**

**Trauma**

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](#)

**Learning Objective:** At the conclusion of this session, the student will be able to define two discrete psychoanalytic approaches to dealing with traumatized patients, as described by L. Brown.

**Week V: April 30, 2020**

**Counter-Transference Hate**

Winnicott, DW, (1949) Hate in the Counter-Transference. *Int J Psychoanal*, 30:69-74. [PEP Web Link](#)

**Learning Objective:** At the conclusion of this session, the student will be able to identify one possible etiology of antagonistic feelings that arise in the treatment of a patient with Narcissistic character pathology.

**Week VI: May 7, 2020**

**Borderline Personality Disorder: Hate in the Countertransference**

Maltzberger JT, Buie DH. Countertransference hate in the treatment of suicidal patients. *Arch Gen Psychiatry.* 1974; 30(5):625-33. [Available upon [Request from the Library](#)]

Gabbard, GO, (1991) Technical Approaches to Transference Hate in the Analysis of Borderline Patients. *Int. J Psychoanal*; 72: 625-637. [PEP Web Link](#)

**Learning Objective:** At the conclusion of this session, the student will be able to discuss Maltzberger's clinical approach to dealing with countertransference hate.

**Week VII: May 14, 2020**

**The Erotic Transference**

The Erotic or Eroticized Transference/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](#)

Recommended Reading:

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](#)

**Learning Objective:** At the conclusion of this session, the student will be able to define erotic transference and countertransference.

**Week VIII: May 21, 2020**

**Communication through destructive action**

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

Recommended Reading:

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](#)

**Learning Objective:** At the conclusion of this session, the student will be able to identify one example of destructive acting out and one theoretic implication for its clinical treatment.

**Week IX: May 28, 2020**

**Narcissistic Character**

Narcissistic Character: Defenses against affect and accompanying transference manifestations

Modell, A.H. (1975) A Narcissistic Defense Against Affects and the Illusion of Self-sufficiency. *Int. J Psycho-Anal.*, 56: 275-282. [PEP Web Link](#)

**Learning Objective:** At the conclusion of this session, the student will be able to define narcissistic character pathology and identify one manifestation in the transference.

**Week X: June 4, 2020**

**Narcissistic Character. Continued**

Severe forms of Narcissistic pathology – the Antisocial personality disorder

Kernberg, OF (2007) The Almost Untreatable Narcissistic Patient. *JAPA*; 55/2: 503-539. [PEP Web Link](#)

**Learning Objective:** At the conclusion of this session, the student will be able to define antisocial personality and identify one implication for clinical intervention with one prominent symptom.