



Psychopathology II: Spring Semester 2020

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Psychopathology II has traditionally focused on “widening scope” patients. What does that mean, exactly? In some ways, identifying a “widening scope” patient is like the old statement about pornography—you know it when you see it. While we might argue about the utility of labeling and diagnosis, whether doing so biases the observer and whether something about the dyad determines just how wide the scope is, it does seem important to get a handle on how the patient’s mind is structured, or not. Knowing this will help us determine how to conceptualize our work with patients, whether we interpret, mirror, contain, or mark. It will also help us with our countertransference.

It can be argued that the disorders considered in Psychopathology I result from problems related to the (dys)functioning of a structured mind, whether one thinks of that structure as being created by drives and defenses or by internalized objects. Similarly, we might argue that many “widening scope” patients suffer in part from an absence of a structuralized mind. This leaves them with difficulties in self-regulation and relationships. Our analytic technique has to take these deficits into account. In this course we will explore contemporary conceptualizations of these early deficits and some ways of understanding the resultant psychopathology. We only have 8 weeks, so the course is a bit of a hybrid. We spend the first two sessions focused on contemporary ways of understanding the developmental origins of deficits in structuralization. The remainder of the sessions are devoted to particular clinical syndromes, theories about etiology, and technical approaches in their treatment.

Session 1: April 16, 2020 – Internalization of the negative

In our first class, we will read a paper by Reed and Baudry that describes Andre Green’s conceptualization of primitive psychic conflict and the failure to represent the object. His model of the mind envisages that investments in objects can be withdrawn and objects can go missing. The opposition that defines the psychic universe of nonneurotic patients, according to Green, is between meaning and no meaning as it is through an investment in objects that meaning is created.

Reed, G.S. & Baudry, F.D. (2005). Conflict, structure, and Absence: Andre Green on borderline and narcissistic pathology. *Psychoanal. Q.*, 74(1):121-155. [PEP Web Link](#).

Suggested

Green, Andre. (1972). "The Dead Mother" in *On Private Madness* pp.142-173. International Universities Press. Madison CT. [Available in the library: Check the reading folder or request from library@bpsl.org.]

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 be able to define Green's term "disobjectalization" and list 2 consequences of it for nonneurotic patients' functioning.

Session 2: April 23, 2020 – Unrepresented States

In this class, we will explore the challenges of working with patients' unrepresented states and unsymbolized experience. We will read a paper by Howard Levine that discusses the intersubjective processes that transform unrepresented or weakly represented mental states to represented mental states that can be used in thinking.

Levine, H.B. (2012). The colorless canvas: representation, therapeutic action and the creation of the mind. *Int. J. Psycho-Anal.*, 93(3):607-629. [PEP Web Link](#).

Learning Objective: Participants will be able to define the term, "unrepresented mental states" and list one difference between the technique of working with unrepresented mental states and represented, but repressed, content.

Session 3: April 30, 2020 – Borderline Personality Disorder

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, Target et al. (2003) that describes the roots of borderline personality disorder, in light of recent attachment theory and research, and the resultant limitations in mentalizing and the persistence of two primitive modes of mental functioning (equivalence and pretend) 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.

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](#).

Suggested

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](#).

Learning Objective: Participants will be able to describe one feature of the relationship between attachment and mentalization.

Session 4: May 7, 2020 - Narcissistic Disorders

In this session we explore two phenomena often encountered when working with individuals struggling with narcissistic issues: self-criticism and grandiosity. Kris describes the phenomenon of punitive unconscious self-criticism and details how the analyst may help individuals with such difficulties. 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. *Int. J. Psycho-Anal.* 91(5):1115-1136. [PEP Web Link](#).

Kris, A.O. (1990). Helping patients by analyzing self-criticism. *J. Amer. Psychoanal. Assoc.* 38:605-636. [PEP Web Link](#).

Learning Objective: Participants will be able to define “punitive unconscious self-criticism” and the analyst’s “functional neutrality.”

Session 5: May 14, 2020 Masochism

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 *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.]

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

Learning Objective: Participants will be able to describe Cooper’s concept of the narcissistic-masochistic character.

Session 6: May 20, 2019 – Racism

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. *Organ. Soc. Dyn.* 6(1):63-85. [PEP Web Link](#).

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

Learning Objective: Participants will be able to describe one way in which a patient's defenses may become organized in a pathological way in the mind.

Session 7: May 23, 2019 - Eating Disorders

In this session we move to a consideration of eating disorders. 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. Sands argues that anorexia, a form of subjugating the body, develops as a strategy to subjugate the needy self-state, in the developmental context of an unattuned, unempathic other.

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](#).

Sands, S. H. (2003). The subjugation of the body in eating disorders: A particularly female solution. *Psychoanal.* 20(1):103-116. [PEP Web Link](#).

Suggested

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

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

Learning Objective: Participants will describe two typical countertransference reactions in the treatment of patients with eating disorders.

Session 8: May 30, 2019 – Working with erotic and perverse transference-countertransference

In our concluding session, we will look at erotic and perverse transferences and countertransferences. Bonasia (2001) suggests reasons that sexuality has disappeared from psychoanalytic discourse and distinguishes among three types of sexual countertransferences: erotic, erotized and perverse countertransferences. 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.

Bonasia, E. (2001). The countertransference: erotic, erotized and perverse. *Int. J. Psycho-Anal.* 82(2):249-262. [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

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](#).

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

Learning Objective: Participants will be able to define “erotic,” “erotized,” and “perverse” countertransferences and describe one way in which they may utilize their erotic or perverse countertransference experience.