THE BOSTON PSYCHOANALYTIC SOCIETY AND INSTITUTE
141 Herrick Road, Newton Centre, Massachusetts 02459

Psychopathology II: Beyond the Classical Neurosis, or Working with Non-Neurotic Organizations and Unrepresented States

Instructors: Rodrigo Barahona, LMHC, PSYA. D., and Lilia Feinberg, M.D.

Introduction

Participants in previous iterations of this course have considered the utility of thinking about psychopathology in terms of distinct, discrete diagnoses. Indeed, there is a rich history of psychoanalytic nosology in our literature dating back to Freud. Contemporary examples range from Kernberg's structural interview in his well-known *Severe Personality Disorders: Psychotherapeutic Strategies*, to McWilliams book on basic *Psychoanalytic Diagnosis*, to Akhtar's *Quest for Answers: A Primer of Understanding and Treating Severe Personality Disorders*.

While the phenomenology of different character structures might differ markedly between individuals or blend in to each other in a more mixed presentation (masochistic, paranoid, narcissistic, schizoid, histrionic, addictive, eating-disordered, etc), psychopathology beyond what is considered neurotic tends to have the common characteristic, at base and dominating the clinical picture, of problems between the ego (or the self) and the object. In this way, these so-called non-neurotic structures differ from neurotic ones that tend to present with conflict between instinctual impulses as the driver of their internal, interpersonal, and general life problems. As you learned in Psychopathology I, the neurotic personality is highly organized-it may be argued *overly* organized-to manage internal conflict. In neurosis, the individual is presented with any number of internal configurations generating anxiety, between unacceptable impulses and self-perceptions, and conscious and unconscious ideals that challenge the mind's awareness of contradictory wishes and desires. Defenses against conflict are erected in an attempt to manage anxiety by keeping the painful content out of awareness. Unconscious avoidance of the inevitable return of the repressed is the basic problem; Allowing the repressed a safe reentry into the patient's subjectivity through symbolization (verbalization, reflection, understanding, and acceptance) as lived out in the transference, is the goal of the analysis of neurosis.

It might go without saying that the above description of neurotic structure paints an incomplete picture when applied to the wide swath of the individuals many of us encounter in our consulting rooms today. According to some, including Wolfe (1989), this picture might have been incomplete even in Freud's day where some of his classically neurotic patients are now viewed as having dealt with more severe forms of disorder. When we are open to and listen for non-neurotic functioning in our patients we can often detect levels of pathology deeper than those that can be met when attention is placed solely on conflicts between drive states and defenses.

As stated above, it is thought that in non-neurotic structures, the problem has to do with the basic representation of objects, and experiences with these objects involving impulses and emotions, within a personality that, for varying reasons, has not developed the internal structures to support the ego. In some severe cases, the relationship with the object, not having been internalized in the form of a stable good-enough, need-satisfying object, remains primarily problematic. Here we are in the realm of André Green's *negative*. Difficulties in the generation, perception, and transformation of emotions into meaningful representations, ordinarily bolstered by contact with this internal object, are perpetually played out between the ego and its external objects, the latter recruited as avatars for this failed internal presence. In these cases, according to Green, a "hole in the fabric of meaning"-in the psyche of these patients-is created where the representation of the good internal object should have been, hindering the future representation of experiences with subsequent objects. But in general, difficulty with representation (symbolization) across the spectrum of non-neurotic disorders leads to states where emotions are experienced in confusing ways, and generally misunderstood by the individual, who develops problematic and often self-and other-destructive defenses in order to manage them. De-stabilizing symptoms such as severe psychosomatic disorders, hallucinations, blank depressions, and diffuse and debilitating anxiety may develop as a result of the mind's effort to evacuate painful experience, when thinking about it--symbolization and representation--proves impossible. Higher order defenses such as repression are not called into action both because the ego is not structured enough to form such a strong defense, and because *the painful content itself* is not structured enough to be repressed.

We are making distinctions between Psychopathology I-*classically neurotic*, and Psychopathology II, *non-neurotic*, patients. We are also sensitive to our experience that striking a clear dichotomy between the former and what has been traditionally called "widening scope" patients represents an idealization. In accordance with previous instructors of this course, we would like to approach the study of deeper pathology with a more flexible view of the fluidity and multiplicity of structures and defenses than a fixed, discrete, nosological categorization can provide.

That said, you will see in this syllabus, and in our readings throughout the weeks a strong focus on unrepresented states as well as on primitive defenses against powerful forms of unconscious and conscious anxiety. We will discuss how the analytic process is centered around containing and holding, and how the analysis of the analyst's countertransference is a necessary corollary to crafting interventions and informing the analyst about the patient's internal world. Accordingly, we will discuss primitive transferences, including eroticized and delusional transferences as they appear in different syndromes in the non-neurotic category. The role of

trauma in undermining the building of internal structure will also be explored. As will be seen, British object-relations theories have contributed significantly to the study of non-neurotic pathology, and they represent the lion's share of the papers we'll read here. However, we are including the work of analysts from different backgrounds and nationalities, representing contemporary French, Italian, American and Latin American perspectives as well. Each brings their own unique perspective to what will be a broadening conceptualization of severe pathology, and each week we will deep dive into the work of one of them.

References:
Wolfe, B. (1989). Diagnosis and Distancing Reactions. *Psychoanalytic Psychology*, 6:187-198. PEP Web Link

Week 1, Apr. 14: On the concept of structure: neurotic and non-neurotic organizations

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

Week 2, Apr. 21: On the nature of experience: psychotic and non-psychotic states of mind

Ogden, T. H. (1988). On the Dialectical Structure of Experience—Some Clinical and Theoretical Implications. *Contemp. Psychoanal.*, 24:17-45. PEP Web Link

Week 3, Apr. 28: Unrepresented states

Civitarese, G. (2013) The inaccessible unconscious and reverie as a path to figurability. In *Unrepresented States and the Construction of Meaning: Clinical and Theoretical Contributions*. Routledge: New York, NY. p. 220 – 239. [Download from the Reading folder or request from library@bpsi.org].

Suggested reading:
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. PEP Web Link

Week 4, May 5: Psychotic anxieties

Little, M. I. (1985) Winnicott working in areas where Psychotic Anxieties predominate: A personal record. *Free Associations* 1:9-42 PEP Web Link

Suggested reading:
Winnicott, D. W. (1974). Fear of Breakdown. *Int. R. Psycho-Anal.*, 1:103-107. PEP Web Link

Week 5, May 12: Difficult to reach patients

Ruggiero, I. (2012) The Unreachable Object? Difficulties and Paradoxes in the Analytical Relationship with Borderline Patients. *Int. J. Psycho-Anal*., 93:585-606. PEP Web Link

Suggested reading:
Bleichmar, H. B. (1996) Some Subtypes Of Depression And Their Implications For Psychoanalytic Treatment. *International Journal of Psychoanalysis*, 77:935-961. PEP Web Link

Roussillon, R. (2010). The Deconstruction of Primary Narcissism. *Int. J. Psycho-Anal*., 91(4):821-837. PEP Web Link

Week 6, May 19: Trauma

Levine, H. B. (2021) Trauma, process and representation. *International Journal of Psychoanalysis* 102:794-807. PEP Web Link

Suggested reading:
Bromberg, P.M. (2003). One Need Not Be a House to Be Haunted: On Enactment, Dissociation, and the Dread of "Not-Me"—A Case Study. *Psychoanal. Dial*., 13(5):689-709. PEP Web Link

Week 7, May 26: Body and Mind

Aisenstein, M. (2006). The Indissociable Unity of Psyche and Soma: A View From the Paris Psychosomatic School. *Int. J. Psycho-Anal.*, 87(3):667-680. PEP Web Link

Week 8, June 2: Working with Love and Sexuality in the Transference and Countertransference and the Pressure to Action

Eber, M. (1990) Erotized Transference Reconsidered: Expanding the Countertransference Dimension. *Psychoanalytic Review*, 77:25-39. PEP Web Link

Suggested reading:
De Masi, F. (2012). The Erotic Transference: Dream or Delusion? *J. Amer. Psychoanal. Assn.*, 60(6):1199-1220. PEP Web Link