Psychopathology 2014—15

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Dr. Schneier

12/8 Psychoanalytic Perspectives on psychopathology II  
Dr. Schneier

12/15 Obsessional Defenses  
Dr. Notarfrancesco

12/22 Obsessional Defenses  
Dr. Notarfrancesco

1/5 Masochism I  
Dr. Jacobson

1/12 Masochism II  
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1/26 Hysteria I  
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2/2 Hysteria II  
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3/30 Depression  
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4/20 Affect-Psychoanalytic Approaches to Depression  
Dr. Bookstein

4/27 PSA Struggle with Trauma  
Dr. Lindy

5/4 Trauma- Reinterpretation of Data  
Dr. Lindy

5/11 Trauma-Dissociation and the Question of Multiple Personality  
Dr. Lindy

5/18 Perverse Structure and Phenomena I  
Dr. Kulchycky

6/1 Perverse Structure and Phenomena II  
Dr. Kulchycky

6/8 Clinical Case Correlation  
Dr. Notarfrancesco
Psychoanalytic Approaches to Psychopathology I

Dr. Schneier


Study Questions:

1. Alessandra Lemma gives an overview of Classical Freudian theory, Ego Psychology, Kleinian Object Relations Theory, The British Independent School/ Object Relations, Self Psychology, Intersubjectivity, and Attachment Theory. Class discussion will center around how each of these theories conceptualizes what goes wrong with patients and results in psychopathology.


Study Questions:

1. What is the essence of psychopathology in ‘conflict models’, and in ‘deficit models’? To what degree is generalizing theories into ‘conflict models’ and ‘deficit models’ useful in conceptualizing core elements of psychopathology? Do you agree with the authors grouping Freud and Klein together as conflict model theorists and Kohut, Balint and Winnicott together as deficit model theorists? Where would Attachment theory fit into this grouping?

2. What do you think of the author’s conclusion that many analysts consider patients’ psychopathology from both conflict and deficit perspectives?

Seminar 2

Psychoanalytic Perspectives on Psychopathology I

Dr. Schneier

Kernberg, O. Aggressivivity, Narcissism and Self Destructiveness in the Psychotherputic Relationship  Yale, 2004; Chapter 1

1. What are the levels of Personality Organization described in this paper?

2. What do you think of the construct of psychodynamic ‘lines’ which extend across the three levels of personality organization? How well do you feel this succeeds as a way of describing “personality disorders”?

3. Why is it important to identify “levels of personality organization”?

4. What other factors beyond developmental dynamics influence a patient’s level of personality organization?
5. How does Dr. Kernberg’s theory of personality organization inform the analyst’s technique in working with patients?
6. How is analytic techniques fundamentally different with neurotic vs borderline personality organization?
7. How is Dr. Kernberg’s theory useful in conceptualizing psychopathology?


1. What are the forms of psychopathology that are being described in this paper?
2. What is crucial to the analysts’ understanding of patients who are operating from within the paranoid/schizoid position?
3. Describe the analysts’ use of transference and countertransference in identifying psychopathology and in intervening on it?
4. Can you think of examples of patients whom you have treated who are operating in the paranoid/schizoid or depressive position?
5. How does the concept of psychopathology in Kleinian theory (as elaborated here by Betty Joseph) compare to that elaborated by Dr. Kernberg in the prior paper?
6. What is the difference in the levels of abstraction in the two theories of psychopathology?

Coen, Stanley  The Sense of Defect, 1986, JAPA, 34:47-67

1. What is the ‘sense of defect’ being described in this paper?
2. What does Dr. Coen believe constitutes the core element of psychopathology leading to patients’ “sense of defect”?
3. How does Dr. Coen’s concept of ‘the sense of defect’ relate to psychic deficit; how does it relate to psychic conflict?
4. Can one have a model of psychopathology which includes both conflict and deficit?
5. How does such a model(s) inform psychoanalytic technique?

Lecture 3 Obsessive Defenses in Analysis, I.: Classical models. 
Dr. Notarfrancesco

Freud, S. (1908). "Character and anal erotism. S.F. 9: 167-176. Keep in mind through these 3 classes on obsessive defenses in analysis, that we’re considering how to work with all patients' defenses against affects. You'll see throughout this course that affect intolerance, is a formidable problem; therefore, we examine it in various ways. Freud finds a way to explain the development of character which is, an early model for psychic development. This is much more important than the vicissitudes of the anal libidinal drive. Again, try to identify with Freud as he struggles to develop a psychoanalytic model of childhood development

With the concept of pregential organization of libido, Freud’s developmental model moves toward "choice of an object". Organization links with sequential development, here of anal-erotic and sadistic-anal impulses. Exaggerated fears of hostile aggression will play a significant role in all your analysands. This is why we examine this in detail.


While Anna Freud summarizes 1960's thinking about obsessionality, can you find where she opens the door for concern with attachment, separation, loss and destruction? What do you think of her model of precocious ego and superego development? Do you want to modify the classical model of obsessionality?


An attempt to preserve the classical view of the obsessional by subsuming and integrating other conflicts as subsidiary. How well do you think he succeeds?

Optional Reading

An encyclopedic summary of classical views on obsessionality. I will summarize it, but if you review it, note his ideas on superego defense: provocativeness; use of witnesses; "automatized pseudo-morality"; superego harshness and unevenness. Think about magical defenses against magical destructiveness. Focus on problems of analyzing the obsessional which extend to the obsessional side of everyone.


Note how clearly, for 1919, he understands narcissistic defenses against needing and valuing another person, especially as compounded by envy, while still seeming intolerant of them.

Seminar 4 Obsessional Defenses in Analysis, III.:Contemporary theoretical revisions. Dr. Notarfrancesco

Even though you may have read this previously, this is a terrific description of obsessional fear of spontaneous feeling leading to willingness to surrender to another person's control or domination. Shapiro helps you feel empathically what it's like to be in the room with wth obsessive side of patients. Character rigidity aptly describes the affective constriction of the obsessional.


The author is describing an obsessional mechanism in the form of a particular type of object relation? Can you describe this object relation. How does this object relation keep the patient from forming identifications? What is the purpose of avoiding identifications? What types of anxieties does this obsessional mechanism serve to defend against? As we have discussed with certain hysterical mechanisms, the author makes the point that while his case example is of a Borderline patient, this obsessional mechanism may occur in individuals with a range of psychic structures. Can you think of patients you have seen who use such a mechanism?

Optional Reading:


Optional" 
Review the Dora case if you would like
Freud, S. (1905): Fragment of an Analysis of a Case of Hysteria
Study Questions:
1. How has Freud’s theory of the pathogenesis changed from 1901 when Dora was written (case was published in 1905) to 1908 when he published Hysterical Phantasies and their relation to Bisexuality?
2. What is the phenomenology that Easser and Lesser and Zetzel are looking at as they define hysterical character in the 1960’s? What elements make for hysterical character? How is this different from hysterical neurosis?
3. What prompted these authors to examine the spectrum of hysterical characters and break it down. What is the role of oedipal conflict? What is the role of preoedipal conflict? How are the two related?
4. What is the relationship of instinctual development and object relations for these authors (Easser and Lesser, and Zetzel)?
5. What do you think about the debate about the “desexualization of hysteria” as this is elaborated in the Laplanche paper?
6. How do you imagine incorporating preoedipal developmental dynamics into theorizing about oedipal conflicts? In what ways does this or does it not change the relevance of sexuality?

Seminar 4 Masochism I Dr. Jacobson
Review quickly:
Freud, S. (1920). Beyond the pleasure principle. S.E. 18, pp. 3-64.
You will already have read these papers in the first year Freud course, and we will not discuss them in detail in class, but rather refer back to them in our discussions of other papers, so simply skim them to refamiliarize yourself with the basic points of each paper.


Seminar 6 Masochism II Dr. Jacobson
Mountain View Seminars

Study Questions:

1. How has Freud's theory of the pathogenesis changed from 1901 when Dora was written (case was published in 1905) to 1908 when he published Hysterical Fantasies and their relation to Bisexuality?
2. What is the phenomenology that Easser and Lesser and Zetzel are looking at as they define hysterical character in the 1960's? What elements make for hysterical character? How is this different from hysterical neurosis?
3. What prompted these authors to examine the spectrum of hysterical characters and break it down. What is the role of oedipal conflict? What is the role of preoedipal conflict? How are the two related?
4. What is the relationship of instinctual development and object relations for these authors (Easser and Lesser, and Zetzel)?
5. What do you think about the debate about the "desexualization of hysteria" as this is elaborated in the Laplanche paper?
6. How do you imagine incorporating preoedipal developmental dynamics into theorizing about oedipal conflicts? In what ways does this or does it not change the relevance of sexuality?


Optional:


Study Questions:
1. In each of the three papers, what is the hysterical phenomenology that the authors are identifying?

2. To what extent has this changed from the papers from the 1960's and to what extent has it remained the same?

3. What is Kohon's concept of 'divalence'? What do you think about his theory and about his notion that hysteria is specific to femininity? Is there a way to incorporate male hysteria into his theory?

4. What do you think of the way in which Bollas uses the concept of 'conversion' compared to Freud's concept of the term?

5. In what ways does the hysterical mechanism (which is a particular types of object relations) described by Bollas serve as resistances to analysis? Do you find this a useful way in which to think about hysteria? What has happened to the role of sexuality according to Bollas?

6. Yarom attempts to conceptualize Hysteria across three dimensions: gender/sexuality, repression and conversion as they are understood in modern psychoanalysis. She elaborates on central tenets of Freud’s original concept hysterical symptoms, and concludes that one may evaluate hysteria across these original three dimensions. The three dimensions extend across different levels of personality structure or organization. How well do you think her “matrix of Hysteria” succeeds in explaining common attributes of healthier and sicker patients
with hysterical defenses

7. Do you feel that these authors add anything to your way of assessing and/or working with hysterical defenses?

Seminar 9 • Narcissism - Dr. Sagi


optional:

Seminar 10 • Pathological Narcissism I - Dr. Sagi


optional:
Reich, A. (1953). Narcissistic Object Choice in Women. JAPA 122-44.


Seminar 11 • Pathological Narcissism II - Dr. Sagi

Psychotherapy of Severe Personality Disorders Yale University Press. Chaps. 3 & 4 (pp. 50-75)


Kohut, H. (1979). The Two Analyses of Mr. Z. Int. J. Psychoanal., 60:3-26

Recommended further readings for narcissism (selections of relevant historical and contemporary clinical texts)


**Seminar 12  Clinical Correlation  Dr. Gutman**

**Seminar 13  Paranoid States of Mind I  Dr. Sagi**

Freud, S.: Psycho-Analytic notes on an autobiographical account of a case of paranoia (Schreber Case) *S.E.* XII.
A Case of Paranoia Running Contrary to the Psychoanalytic Theory. S.E. XIV

Some Neurotic Mechanisms in Jealousy, Paranoia and Homosexuality. S.E. XVIII.

Optional:

Kernberg, O. "Paranoid Regression and malignant narcissism, in Severe Character Disorders Yale University Press, 1984, pp. 290-314

Seminar 14 Paranoid States of Mind II Dr. Sagi


Cooper, Arnold: Paranoia: a part of most analyses. JAPA 41(2):423-443, 1993

Seminar 14 Affect: Its expression and dys-expression I Dr. Bookstein


Coen, S.: Negative acting on how to help patients (and analysts) bear the unbearable. JAPA 45:1183-1206, 1997


Seminar 15 Depression Dr. Busch

Chapter 2 of Psychodynamic Treatment of Depression, by Busch, F. et al, 2004

with recommended reading:


**Seminar 16**  
*Affect: Its expression and dys-expression II*  
Dr. Bookstein  


**Seminar 17**  
*Affect: Its expression and dys-expression III*  
Dr. Bookstein  


Ivey, G. Enactment controversies: a critical review of current debates. *IJP* 89: 19-

**Seminar 18**  
*Affect: Psychoanalytic approaches to depression*  
Dr. Bookstein

**Seminar 19**  
*Psychoanalytic Struggle with Trauma*  
Dr. Lindy

**Readings**

Freud: Heredity and the aetiology of the neuroses (1896), S.E. III

Freud, 1897, Letter 69, S.E. vol. 1, p. 259.


Optional:  
Seminar 20  Trauma - Reinterpretations of the data  Dr. Lindy


Davies, J. (1999), Getting cold feet, defining Asafe-enough@ borders. PQ, 68:184-208

Seminar 21  Trauma, Dissociation and the Question of Multiple Personality  Dr. Lindy

Readings;


Seminar 22  Perverse Structure and Phenomena I  Dr. Kulchyky

Readings:

Seminar 23  Perverse Structure and Phenomena II  Dr. Kulchycky

Stein, R. Why perversion? False love and the perverse pact. IJP 86: 775-99, 2005