PSYCHOPATHOLOGY I
Neurotic-Level Personality and Symptom Disorders
Third Trimester, 2019 - 1st Year Class

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Welcome to Psychopathology I: Neurotic-Level Personality and Symptom Disorders.

I have chosen to organize this course to facilitate gaining an understanding of the developmental underpinnings of neurotic character organization and to explore the related intrapsychic and interpersonal (including transferential-countertransferential) manifestations of neurotic psychopathology.

The following are the types of questions I hope to explore throughout the course:

- What is implied by the term neurotic character?
- What is it that one looks for in the consultation period that differentiates between neurotic and the less organized structures that underlie borderline / psychotic characters or states?
- What are the developmental / relational experiences that may have facilitated or hindered the psychic achievements that characterize a neurotic level organization?
- What are the predominant conflicts and / or defenses that characterize the various diagnostic categories within neurotic-level symptom or character presentations?

Discussion of clinical material is essential in bringing to life and making personally relevant the concepts we will be exploring. Hence, I strongly encourage you to bring vignettes and /or short process-notes to class.

Learning Objectives:

1. At the end of this course the clinical associate will be able to identify patient characteristics that differentiate neurotic from non-neurotic primitive structural organizations, thereby improving their clinical diagnostic precision.
2. Equipped with the ability to better identify patient characteristics of a neurotic structural organization the associate will have a greater ability to tailor their psychoanalytic technique to improve the odds of finding an empathic resonance with the patient's experience, thereby increasing the odds of patient retention and a deepening of the analytic process.
3. At the end of this course the clinical associate will have an improved understanding of the symbolic and defensive functioning of neurotic symptoms and character structure. Thus he/she will be able to offer interventions/interpretations that increase the odds of positive changes / clinical outcomes.

Class 1: March 29, 2019 (What is constitutes Neurosis?) – 42 pages

The Psychodynamic Diagnostic Manual section serves as a broad overview / introduction to thinking about personality organization.

Sugarman emphasizes that neurosis is defined not in terms of the manifest content of the patient's verbal material but rather in terms of a mental organization based on the achievement of certain capacities (self-reflective capacity, capacity for affect regulation, capacity for narcissistic regulation, and internal conflict).

Sandler offers us with a clinical case. Please bring clinical experiences of your own.

1. PDM Task Force (2006). Personality Patterns and Disorders pp. 17-29.
2. Sugarman, A. (2007). Whatever Happened to Neurosis? Who are we Analyzing? And How? *Psychoanal. Psychol*., 24:409-428. [PEP-Web]
3. Sandler, A. (1988). Aspects of the Analysis of a Neurotic Patient. *IJP* 69: 317-326. [PEP-Web]

Class 2: April 5, 2019 (What is constitutes Neurosis, symptom (content) or organization?) – 35 pages

Similar to Sugarman, Tyson conceptualizes neurotic structural organization by the presence of certain capacities; internalized rather than externalized conflict (implying superego functioning, self-observation), capacity for affect regulation (use of affect as a signal function), and a capacity for self-responsibility. She argues for an uncoupling of the link between the Oedipus Complex and the Infantile Neurosis and Neurotic Organization. She instead suggests that one should consider the pre-oedipal, oedipal, post-oedipal, and adolescent contributions to neurotic character organization.

Ogden & Gabbard explore the pull towards symptom-focused treatments and encourage the analyst to resist this in exchange for a truth-focused treatment aimed at helping the patient dream themselves more fully into existence.

1. Auchincloss and Samberg (2012), "Psychoanalytic Terms and Concepts"; Neurosis, pp. 167-169
2. Tyson, P. (1996). Neurosis in Childhood And in Psychoanalysis" A Developmental Reformulation. *JAPA*, 44:143-165. [PEP-Web]
3. Ogden & Gabbard (2010) The Lure of the Symptom In Psychoanalytic Treatment, *JAPA* 58:533-544. [PEP-Web]

Class 3: April 12, 2019 (Neurotic Level Transference – Countertransference and the Pain of Change) – 32 pages

Extending the discussion from thinking about the role of content versus underlying personality organization (mental capacities) we now shift our attention to the transference-countertransference experience and the pain (narcissistic depression) involved in change.

Sugarman aims in this paper to redefine insight as a process he calls insightfulness. He suggests that patients present with mentalizing difficulties and that the focus of psychoanalysis is to regain inhibited or repudiated mentalization, not to regain access to specific repressed content. In this way the analyst helps the patient become aware of the experience and causes for regressions to action modes, with an emphasis of helping them subordinate this tendency to the verbal, symbolic mode. He extends his thinking to more broadly conceptualize transference as the interpersonalization of mental structure. What do you think?

Lax's paper offers a close look at the adaptive developmental processes involved in symptom and character formation (ego syntonic) and puts forward a way of working through the analytic processes of change by encouraging the curiosity essential to making that which is ego-syntonic become ego-dystonic, struggled with, and given up / mourned.

1. Sugarman A (2006) Mentalization, Insightfulness, and Therapeutic Action: The Importance of Mental Organization; *IJP*, 87:965-987. [PEP-Web]
2. Lax, R.F. (1989). "The Narcissistic Investment in Pathological Character Traits and the Narcissistic Depression: Some Implications for Treatment." IJP 70:81-90. [PEP-Web].

Class 4: April 19, 2019 (Triangularity and Relationship to Neurotic Character and Anxiety) – 35 pages

Britton presents his idea that the observed link between the child's parents forms the "closure of the Oedipal triangle" and generates a relational triangular space, which if handled well makes possible a "third position" in the mind of the child. It provides a developmental hypothesis for the conditions allowing for the development of an observing ego, reflective capacity, and tolerance of separateness / exclusion that are consistent with neurotic mental organization. The model can similarly be used to understand the conditions leading to narcissistic and borderline characters (and hysterical/histrionic) and the transference-countertransferential experience one has working with these patients.

Tang and Smith provide us with a rich and thought-provoking paper exploring the cross-cultural relevance of the Oedipus complex, stressing different aspects of the mother-father-son triad.

1. Auchincloss and Samberg (2012), "Psychoanalytic Terms and Concepts"; Oedipus Complex, pp. 180-183
2. Britton R (2004). "Subjectivity, Objectivity, and Triangular Space." Psychoanalytic Quarterly. 2004 Jan; 73(1): 47-61. [PEP-Web]
3. Tang and Smith (1996). "The Eternal Triangle Across Cultures: Oedipus, Hsueh, and Ganesa". Psychoanal. Study of the Child, 51: 562-579

Class 5: April 26, 2019 (Panic & Obsessional Anxiety) – 44 pages

Busch proposes, supporting the points made by Tyson, that preoedipal conflicts intensify the danger of oedipal longings which threaten to disrupt one's insecurely held dyadic attachment, thereby triggering panic.

Bergstein aims to invite the analyst to reconceptualize the verbose obsessional patient (typically thought of as neurotic) and to work at a more primitive unmentalized level with them. She proposes that the obsessional patient is aiming to shield themselves from the pain of intense emotional experience and inherent fear of surrendering to the feeling-based rather than thought-based self. Does this fit with your experience working with obsessional people?

1. Auchincloss and Samberg (2012), "Psychoanalytic Terms and Concepts, Obsession, pp. *178-180*
2. Busch, F. et al (1999). "Oedipal Dynamics in Panic Disorder." *JAPA* 47:773-790. [PEP-Web]
3. Bergstein A (2016). "Obsessionality; Modulating the Encounter with Emotional Truth and Aesthetic Object" *JAPA, pp.* 959-982.

Class 6: May 3, 2019 (Trauma and Its Implicit Level Re-enactment) – 36 pages

Khan first walks the reader through a history of the conceptualization of anxiety, ending with the emphasis of the subjective experience of *helplessness* being at the center of all trauma. Heavily influenced by Winnicott, he then turns his attention to the "mother as protective shield", which he says constitutes the "average expectable environment" for the anaclitic needs of the infant. He proposes that breaches in the protective shield (failures in the environment) achieve traumatic status cumulatively and in retrospect and that the failures, occurring at the pre-verbal stages of the mother-infant relationship, are not seen directly but rather are observed in the derivatives of the child / adult patient's implicit mental processes and relational styles.

Fosshage is paired with Khan to offer a contemporary way of working with the implicit memory system and relational style (derivatives of the pre-verbal experiences) of the patient. He stresses that patients need help with both the autobiographical scenarios of the explicit memory system and the mental modes of the implicit memory system, as each contributes to the sense of self, other, and self-with-other.

1. Khan, M.M.R. (1963). "The Concept of Cumulative Trauma." *Psychoanalytic Study Of the Child*, 18:286-306. [PEP-Web]
2. Fosshage, JL (2004). "The Explicit and Implicit Dance In Psychoanalytic Change." *J of Analytic Psychology*, 49:49-65. [PEP-Web]

Class 7: May 10, 2019 (Depression) – 46 pages

McWilliams' clear writing style serves as a great introduction the experience of depression and to understand its differentiation from mourning /grief as well as differentiation from masochism and depleted type narcissism.

Winnicott, in this chapter, stresses that the depressive position in emotional development is an achievement, reached as early as second half of the first year. He describes the mother's holding of the situation over time as enabling the baby to work through coexisting love and hate (think affect tolerance, tolerance of ambivalence). He states that he wishes he could rename this position as the "stage of concern" rather than the "depressive position" given the need to delineate it from clinical depression. Attainment of the depressive position (repression-based defenses) helps to distinguish patients from more primitive mental organizations (paranoid-schizoid position / splitting-based defenses).

1. McWilliams (2011) Psychoanalytic Diagnosis: Understanding Personality Structure in the Clinical Process; Chapter 11 Depressive and Manic Personalities, pp 235-266
2. Winnicott, D.W. (1954). The Depressive Position in Normal Development, Ch. 21 in Collected Papers. N.Y.: Basic Books, pp. 262-277.

Class 8: May 17, 2019 (Depression Continued) – 30 pages

In *Mourning and Melancholia*, Freud introduces many concepts. Most pertinent to this class is his distinguishing mourning (grief) from melancholia (depression) by the over identification with the lost object and hence a diminishment in the regard for the self during times of loss in the latter.

Given the complexity and importance of understanding this Freud I have included Ogden's paper in which he gives his analysis and extends his thinking to show how the Freud's paper served as the beginning of an object relations theory. As is always the case with Ogden, he shares dream and clinical material from a patient of his, in this case to reveal the "frozen quality of the melancholic's unconscious internal object world". Please bring clinical material of your own.

1. Freud, S. (1917). "Mourning and Melancholia." S.E. 14:243-258. [PEP-Web].
2. Ogden T (2002). A New Reading of the Origins of Object-Relations Theory. Int J of Psychoanalysis, 83:767-782 [PEP-Web].

Class 9: May 24, 2019 (Narcissism) – 53 pages

This week is likely the heaviest in terms of reading. Please invest the time deserved to these relational / interpersonal theory-oriented papers, which I believe are extremely helpful in capturing the dynamics of narcissism and their treatment implications.

Mitchell, in addition to giving the reader a grounding in the history of thought surrounding narcissism, proposes that "narcissistic illusions are usefully understood neither solely as a defensive solution for an internal psychic economy, nor solely as a pure efflorescence of infantile mental life, but most fundamentally as a form of participation with others." He sees narcissistic phenomena as an invitation to a particular form of interaction with the analyst.

Bromberg says that the heart of the pathology for predominantly narcissistic individuals is connected with their struggle to be both "in the world" and "separate from it" (remember Britton and the third position) without endangering the grandiose self (i.e. the internal structure they depend upon for a sense of identity). He thus proposes that treatment requires the integration of mirroring and the dissolution of the mask.

1. Mitchell (1986). "The Wings of Icarus: Illusion and the Problem of Narcissism. Contemp. Psychoanal., 22:107-132. [PEP-Web].
2. Bromberg, P. (1986). "The mirror and the mask; on narcissism and psychoanalytic growth." In Essential Papers on Narcissism. Ed. A. Morrison. N.Y.: New York Univ. Press, pp. 438-466.

Class 10: May 31, 2019 (Masochism / Self-Defeating Personalities) – 38 pages

McWilliams offers in this chapter a comprehensible way of understanding neurotic-level manifestations of masochistic character and helpfully distinguishes masochistic self-defeating characters from that of the depressive character. She offers clinical examples, notably drawing our attention to the need for tactful confrontation in the place of expressed empathy and to watch for the provoked countertransference that oscillates between a wish to rescue and a wish to retaliate (felt irritability / sadistic pole).

Meyers breaks the functioning of masochism down into four categories (regulation of guilt; maintenance of object relations, regulation of self-esteem, importance in self-definition).

1. Auchincloss and Samberg (2012), "Psychoanalytic Terms and Concepts"; Masochism, pp. 145-147.
2. McWilliams (2011) Psychoanalytic Diagnosis: Understanding Personality Structure in the Clinical Process; Chapter 12 Masochistic (Self-Defeating) Personalities, pp 267-288
3. Meyers, H. (1988). A consideration of treatment techniques in relation to the functions of masochism. Masochism: Current Psychoanalytic Perspectives (Glick, R. and Meyers, D. eds.) Hillsdale, N.J.: Analytic Press. pp. 175-188.

Class 11: June 7, 2019 (Hysterical / Histrionic & A Look Forward) – 36 pages

Britton postulates that a feature of hysteria is the use of projective identification by the patient to become in phantasy one or the other member of the primal couple, resulting in a pressure to enact the symbolic primal scene (erotic transference – countertransference) between the patient and analyst. He offers a discussion in effort to distinguish the hysteric from the borderline patient in terms of the experienced countertransference.

Lubbe presents the case of a male hysteric with a compulsive need to repeatedly restage the primal scene, in an effort to cope with the frightening experience of dyadic separation and triadic felt exclusion.

Given the tendency towards action (remember Sugarman and Tyson) one can question whether the patient's presented in these articles are neurotically organized.

Please take the time to read through the additional 'borderline' and 'psychosis' terms to further clarify in your mind their distinction from neurotic level functioning and to begin to look towards the psychopathology (Borderline States; Psychosis) courses to come.

Hysterical / Histrionic –31 pages

1. Auchincloss and Samberg (2012), "Psychoanalytic Terms and Concepts"; Hysteria, pp. 102-104
2. Britton, R. (1999). "Getting in the Act: The Hysterical Solution." *IJP* 80:1-14. [PEP-Web].
3. Lubbe, T. (2003). "Diagnosing a Male Hysteric: Don Juan-type." *IJP* 84:1043-1059. [PEP-Web].

Looking Forward – 5 pages

1. Auchincloss and Samberg (2012), "Psychoanalytic Terms and Concepts"; Borderline, pp. 27 – 29
2. Auchincloss and Samberg (2012), "Psychoanalytic Terms and Concepts"; Psychosis, pp. 213 -215