Course Objectives

1. **COURSE DESCRIPTION:**

   This advanced seminar in the sequence of psychoanalytical courses examines theoretical and clinical applications of psychoanalysis to patients suffering from severe psychopathology and associated characterological, structural deficits. Viewing etiology and treatment principally through psychoanalytical Freudian, Lacanian, and Object-Relations paradigms, the aims of treatment can be construed as the fostering of emotional growth of the patient via a relationship of intensive enquiry and dialectic between the subject of the patient and him- or herself, as facilitated by the psychotherapist.

   Psychotherapy with severely disturbed individuals including the more regressed borderline, schizophrenic, manic-depressive individual, et cetera, will be the subject of this course. Theoretical and technical issues associated with initiating, conducting, and terminating treatments are emphasised. Additionally, contemporary as well as classical theoretical, scholarly, and psychotherapeutic work regarding psychotic processes will be explored. The psychotherapeutic relationship; the management of regression; working clinically with hallucinations and delusions; crises such as suicidal and homicidal dangers; rage; anorexia and insomnia; the subjective experience of the patient; transference; counter-transference; and the phases of treatment are discussed. The resistances and counter-transference problems unique to socio-economically lower-class individuals as well as instantiating clinical procedures adequate to addressing psychosis will be delineated. Such important issues as racism and ethnicity as they affect the treatment process will be addressed as well as issues of psycho-sexuality in psychotherapy. When available, video-recordings of the psychotherapy of psychotic patients treated by experts in the field will be reviewed and discussed.

2. Special attention to the setting, transference, counter-transference, and the inter-subjective aspects of the treatment are especially salient. Special attention to such vicissitudes is quite crucial to the conduct and process of psychotherapeutic work with such individuals. Latent, derivative, symbolical, and metaphorical communicative vicissitudes of working with primitive mental states will be emphasized over more manifest, concrete aspects of treating such patients. However, in addressing various crises inevitable in work with such populations, and treatment issues, the helpfulness of ‘management’, will be articulated. From psychoanalytical perspectives, such ‘management’ more properly involves developing the capacity to provide ‘containing’ or ‘holding’ functions as well as addressing regressions psychotherapeutically, which will also will be explored.

3. Psychoanalytical treatment emphasizes a dynamic view of human life, including cultural, relational, and developmental variables. A cornerstone is the concept of mental processes which function outside of conscious awareness. It is expected that the student will deepen their grounding in Freudian, Ego-Psychological, Object-Relational, Self-Psychological, Lacanian, and Inter-personal models within the psychoanalytical movement, or ‘camp’, as you young people say. It is assumed that basic psychoanalytical concepts regarding the personality as well as psychopathology and their implications for psychotherapeutic
technique have already been incorporated.

4. It should go without stating that students enrolled in this course will be encouraged to observe and to reflect upon their own intra-psychic states for the purpose of having contact with others, being attuned to metaphorical and derivative aspects of communications, and for the application of course perspectives to their own experience, subjectively, within their professional practice, as well as to the material to be discussed within the course itself.

5. The course in *Psychoanalytical Psychotherapy of Psychosis* delineates an important trend within both the historical legacy and ‘new wave’ of psychoanalytical thought which has ever endeavoured to extend the application of psychoanalytical treatment to include severe as well as mild psychopathologies; as mediated through short-term as well as long-term modalities, amongst others (e.g., crisis intervention, consultative-supervisory paradigms).

6. Special attention will be placed on the student’s development of the capacity to formulate clinical hypotheses about personality development and psychopathology, in part via utilisation of the psychotherapeutic interaction as a psycho-diagnostic tool in and of itself. Naturally this implies a dialectical process, including self-analysis, supervision, interacting with the patient, etc.

**Course Expectations**

1. It is anticipated that all reading be completed prior to class to permit a seminar-style dialogue. Students will be expected to attend all classes and participate in class discussions. Attendance will be noted. Absences will be excused without penalty for illness or emergency.

2. An essential element of the course is that, on a weekly basis, students will submit an assignment that demonstrates their efforts at internalising and mastering the theoretical and clinical constructs included in the readings. Students may select one option amongst the three which are delineated here.

**Option One:** Students may submit one critical question of salience for them that arose in the context of perusing material from at least one of the assigned readings/chapters. It is also possible to formulate a question that has arisen across multiple readings; for example, wherein a similar construct has been rendered in different ways by different authors; or readings that address a similar clinical issue from different perspectives. It is expected that students take a key concept, and develop a question that is non-rhetorical or self-evident. In short, it should represent a clear area of interest, puzzlement, concern, etc, on the student’s part, regarding a matter they wish to understand. Additional discussion related to the topic of concern should be added to assist the Instructor, and the class, understand the contextual and conceptual dilemmas confronting the student. They should be at least one page in length, but greater detail is preferred. These questions should be typed; note the author(s); chapter/article referenced; and the page number(s) wherein the material may be found. [NB: These should be composed in Times New Roman or Garamond; 10-, 11-, or 12-point type-face. Please double-space. To make this more commensurate with the requirements of the other Options, this should be the page-length noted above – see the hand-out for additional guidelines.]

Additionally, **sufficient copies should be made so that each student, as well as the professor, may receive a copy of the questions.**

**Option Two:** Another option is that, on a weekly basis, the student will be expected to apply or analyse a key concept, clinical position, treatment issue, theoretical point of view, etc, from one or more of the readings assigned for the week, and elaborate on this in a [minimally – although greater length is preferred] one-page, typed ‘critical analysis’ paper related to the reading(s). Reaction papers should note your reasoned, considered critiques/analyses to reading material, and should contain sufficient content to show the professor that you have read the material. Once more, reference the author(s); the chapter/article referenced, and the page number(s) wherein the material may be found. [NB: As above, these should be composed in Times New Roman or Garamond; 10-, 11-, or 12-point type-face. Please double-space.]
NB: Additionally, sufficient copies should be made so that each student, as well as the professor, may receive a copy of the critical analysis paper.

Option Three: The student may select a ‘clinical moment’ that represents a set of significant interactions between the student and a patient that they are treating, or have treated. It will be most helpful to have access to previous audio- or video-recordings of the patient to prepare the clinical moment that you have elected to review and analyse. Optimaly, these can be reviewed in the Seminar. A transcription of the clinical moment should also be provided so that participants in the Seminar can follow along and make notes, etc, before turning them back in to the presenter. Lacking recordings [for example, if one’s practicum setting forbids the removal of recordings from the facility], a transcribed excerpt of the psychotherapy session from which the clinical moment was derived will be acceptable. Under this option, the student needs to isolate discrete “episodes” or “clinical moments” on the recording, with associated questions for the Seminar regarding (for example), their understanding of the patient’s psychopathology, derivative communications, the student’s psychotherapeutic technique, and the like. Typed, excerpted transcriptions isolating a problematic clinical ‘moment’ that is of interest, puzzlement, or concern, and which may represent a rupture in empathic attunement; a question regarding technique; or, a “clinical moment” that is emblematic of the student’s developing style, theoretical orientation, confirmatory of their conceptualisation of the patient, and so forth, could also be composed.

**Owing to the complexity of Option Three, the student may earn bonus points.**

NB: Sufficient copies should be made and distributed to the Seminar members and Instructor. These should be collected after the conclusion of the seminar session, and identifying information altered/removed.

3. Students will be expected to research and produce a scholarly term paper, minimally ten, but up to twenty pages, in APA-format, based upon a matter of relevance to the subject matter of the course, and of interest to the student. The paper should provide additional focus or extend into an area beyond what was covered in the course. Nuances of theory, treatment, treatment issues, etc, embedded within a critical/analytical perspective will be expected. ‘Survey’-type papers – such as those addressing, broad-based themes are not acceptable for this advanced course. Students may wish to explore more critically a particular sector of a particular theory, treatment issue, or area of “controversy” – and there should be no dearth of ‘controversy’ with respect to the matter of the psychosis, its aetiology, treatment, and associated vicissitudes.

The student will need to consult with the instructor verbally, if desired; and ultimately submit their ideas in a brief/pithy prospectus articulating their topic and have this approved, by the mid-point of the term. There should be a sufficient number of references to indicate that the student has carefully perused the extant literature, and made good use of primary sources. References must come from proper, refereed journals or books, as opposed to web-based sources. Papers are due class session twelve.

4. The above requirements will be weighted as follows: A. Class participation and submission of weekly assignments: (60%); B. Scholarly paper: (40%).

5. Academic Integrity: students will be required to review and sign a statement regarding this important area, concerning plagiarism, cheating, and confidentiality.

6. If you have a disability or documented need that may have some impact on your work in this class and for which you may require accommodations, please inform me immediately so that your learning needs may be appropriately met. Students with a disability must register with the Services for Students with Disabilities office (SSD) in Schwitzer Center 201 [317.788.3297/ www.uiindy.edu/ssd] for disability verification and for determination of reasonable academic accommodations. You are responsible for initiating arrangements for accommodations for tests and other assignments in collaboration with the SSD and the faculty.
Course Readings

Week 1  
Course introduction and review of some of the extant research findings regarding psychoanalytical treatment of psychosis.

Readings:


Week 2  

Readings:


Week 3  

Readings:


Week 4  

Readings:


Week 5  

Readings:

Week 6

Elements of the treatment and associated clinical treatment issues, initial phases of the treatment; engagement with the patient; establishing the treatment frame. continued.

Readings:


Week 7

Elements of the treatment and associated clinical treatment issues, continued. Transference & counter-transference in the treatment of psychosis.

Readings:


Week 8

The psychoanalytical Encounter: Transference & counter-transference in the treatment of psychosis, continued.

Readings:


Week 9

The psychoanalytical encounter: Resistances, & special topics emerging in the psychotherapy of psychosis

Readings:


**Week 10**

The psychoanalytical encounter: Resistances, & special topics emerging in the psychotherapy of psychosis

**Readings:**


**Week 11**

The psychoanalytical encounter: Resistances, & special topics emerging in the psychotherapy of psychosis.

**Readings:**


**Week 12**

Regression in the psychoanalytical set-up and its management

**Readings:**


**Week 13**

Regression in the psychoanalytical set-up and its management, continued.

**Readings:**


**Week 14**

Regression in the psychoanalytic set-up and its management, continued.

**Readings:**


Organisation’. In *Psycho-analytic Explorations*. Harvard University Press.


**Recommended Texts:**


Fairbain, WRD. (1952): *Psychoanalytic studies of the personality*.

Freud, S (1911): *Psycho-analytic Notes Upon an Auto-Biographical Account of a Case of Paranoia [Dementia Paranoica]*


Guntrip, H: *Schizoid Phenomena, Object Relations, and the Self*


*We are the hollow men
We are the stuffed men
Leaning together
Head-piece filled with straw. *Alas!*
Our dried voices, when
We whisper together
Are quiet and meaningless
As wind in dry grass
Or rats’ feet in our dry cellar

*Shape without form, shade without colour,*
*Paralysed force, gesture without motion...*

TS Eliot, from *The Hollow Men*