

**Psy 642 - Psychoanalytical Psychotherapy of Borderline Personality Organisation  
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**Wednesdays, 2:00-3:50 PM**

**COURSE OUTLINE AND READINGS**

**Course Objectives**

1. 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 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 psychotherapist and patient.
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 are 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. Developing the capacity to provide 'containing' or 'holding' functions as well as managing regressions psychotherapeutically 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 psychoanalytic camp. 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 Borderline Personality Organisation* delineates an important trend within the 'new wave' of psychoanalytical thought which works toward extending the application of psychoanalytical treatment to include severe as well as mild psychopathology; short-term as well as long-term modalities, amongst others.
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. Optimally, 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, etc. 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, etc; or, a "clinical moment" that is emblematic of the student's developing style, theoretical

orientation, confirmatory of their conceptualisation of the patient, etc, could 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 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 borderline personality disorder, 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](http://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 overview of the concept of Borderline Personality Organisation. Psycho-diagnostic and psychodynamic considerations. Salient features of the patient. Developmental and environmental vicissitudes.*

**Readings:** Kernberg, Otto (1967): 'Borderline Personality Organisation', *Journal of the American Psychoanalytic Association*, 15: 641-685.

Meissner, WW (1982): 'Notes on the Potential Differentiation of Borderline Conditions'. In Langs, Robert (Editor) *International Journal of Psychoanalytic Psychotherapy, Volume IX*, pp 3-50.

St Clair M & Wigren, J (2004). Ch 8: 'Otto Kernberg: A Synthesis'. In *Object-Relations & Self-Psychology: An Introduction, Fourth Edition*. Thomson-Brooks Cole.

**Week 2** *Psycho-diagnostic and psychodynamic considerations, continued. Developmental and environmental vicissitudes, continued.*

**Readings:** Bollas, Christopher (1986): 'The Transformational Object'. In Kohon, G (Editor), *The British School of Psychoanalysis*. London: Free Association Press.

Gunderson, JG (1996): 'The Borderline Patient's Intolerance of Aloneness: Insecure Attachments & Therapist Availability'. *American Journal of Psychiatry*, 153 (6), 752-758.

Khan, MMR (1986): 'The Concept of Cumulative Trauma'. In Kohon, G (Editor). *The British School of Psychoanalysis*. London: Free Association Press.

Winnicott, DW (1958): 'Psychoses and Child Care'. In *Collected Papers: Through Paediatrics to Psychoanalysis*. New York: Basic Books.

\_\_\_\_\_ (1971): 'The Use of an Object'. In *Playing & Reality*. New York: Basic Books.

\_\_\_\_\_ (1986): 'Fear of Breakdown'. In In Kohon, G (Ed), *The British School of Psychoanalysis*. London: Free Association Press.

**Week 3** *Psycho-diagnostic and psychodynamic considerations, continued. Developmental and environmental vicissitudes, continued.*

**Readings:** Bateman, AW & Fonagy, P (2004). Ch 3: 'Mentalization-based Understanding of Borderline Personality Disorder'. In *Psychotherapy for Borderline Personality Disorder: Mentalization-Based Treatment*. London: Oxford University Press.

Masterson, JF (1988). Ch 5: 'Portrait of the Borderline'; Ch 6: 'Portrait of the Narcissist'. In *The Search for the real Self: Unmasking the Personality Disorders of our Age*. New York: The Free Press.

**Week 4** *Psycho-diagnostic and psychodynamic considerations, continued. Developmental and environmental vicissitudes, continued.*

**Readings:** Bollas, C (1999). 'Borderline Desire'. In *The Mystery of Things*. London: Routledge.

\_\_\_\_\_ (2000). Ch 11: 'The Malignant Hysteric'. In *Hysteria*. London: Routledge.

Searles, HF (1986). Ch 3: 'Non-differentiation of Ego-Functioning in the Borderline Individual, & its Effect Upon His Sense of Personal Identity'. In *My Work with Borderline Patients*. Northvale, New Jersey: Jason Aronson.

**Week 5** *Assessment for treatment; initial phases of the treatment; engagement with the patient; establishing the treatment frame.*

**Readings:** Gabbard, G & Wilkinson, SM (1994). Ch 2: 'Establishment of an Optimal Distance'. In *Management of Counter-transference with Borderline Patients*. Northvale, New Jersey: Jason Aronson.

Kernberg O (1980). 'Psychotherapy with Borderline Patients: An Overview'. In Karasu, TB (1980). *Specialised Techniques in Individual Psychotherapy*.

**Week 6** *Treatment issues, continued. Some Self-Psychology applications. Additional comments on the patient's experience.*

**Readings:** Buie, Dan H; Adler, Gerald (1982). 'Definitive Treatment of the Borderline Personality'. In Langs, Robert (Editor) *International Journal of Psychoanalytic Psychotherapy, Volume IX*, pp 51-88.

Searles, Harold (1979): 'Transitional Phenomena & Therapeutic Symbiosis'. In *Counter-transference and Related Subjects*. Madison, Connecticut: International Universities Press.

Winnicott, DW (1965): 'The Capacity to Be Alone'. In *The Maturation Processes and the Facilitating*

*Environment*. New York: International Universities Press.

**Week 7** *Treatment issues, continued. Additional comments on the patient's experience.*

**Readings:** Bollas, C (2000). Ch 12: 'Transference Addicts'. Ch 13: 'Seduction & the Therapist'. In *Hysteria*. London: Routledge.

Searles, HF (1986). Ch 9: 'Psychoanalytical Psychotherapy with Borderline Patients: The Development, in the Patient, of an Internalised Image of the Therapist'; Ch 10: 'Some Aspects of Separation & Loss in Psychoanalytical Psychotherapy with Borderline Patients'. In *My Work with Borderline Patients*. Northvale, New Jersey: Jason Aronson.

**Week 8** *Treatment strategies and treatment issues, continued.*

**Readings:** Bateman, AW & Fonagy, P (2004). Ch 7: 'Strategies of Treatment'; Ch 8: 'Techniques of Treatment'. In *Psychotherapy for Borderline Personality Disorder: Mentalization-Based Treatment*. London: Oxford University Press.

Limentani, A (1986): 'Affects & the Psychoanalytical Situation'. In Kohon, G (Editor), *The British School of Psychoanalysis*. London: Free Association Press.

Rycroft, C (1986): 'An Enquiry into the Function of Words in the Psycho-analytical Situation'. In Kohon, G (Editor), *The British School of Psychoanalysis*. London: Free Association Press.

**Week 9** *Regression in the psychoanalytical set-up and its management*

**Readings:** Winnicott, DW (1958): 'Meta-psychological and Clinical Aspects of Regression Within the Psycho-analytical Set-up'. In *Collected Papers: Through Pediatrics to Psycho-analysis*. New York: Basic Books.

\_\_\_\_\_ (1992): 'The Importance of the Setting in Meeting Regression in Psycho-analysis'. In *Psycho-analytic Explorations*. Harvard University Press.

Winnicott, DW (1992): 'Notes on Withdrawal and Regression'. In *Psycho-analytic Explorations*. Harvard University Press.

\_\_\_\_\_ (1992): 'The Concepts of Clinical Regression Compared With That of Defence Organisation'. In *Psycho-analytic Explorations*. Harvard University Press.

\_\_\_\_\_ (1958): 'Withdrawal and Regression'. In *Collected Papers: Through Paediatrics to Psycho-analysis*. New York: Basic Books.

**Week 10** *Regression in the psychoanalytic set-up and its management, continued.*

**Readings:** Balint, M (1986): 'The Unobtrusive Analyst'. In Kohon, Gregorio (Editor), *The British School of Psychoanalysis*. London: Free Association Press.

Casement, P (1986): 'Some Pressures on the Analyst for Physical Contact During the Reliving of an Early Trauma'. In Kohon, Gregorio (Editor), *The British School of Psychoanalysis*. London: Free Association Press.

**Week 11**      *The psychoanalytical encounter: Additional Comments on the Treatment.*

**Readings:**      Adler, G (1985). Ch 7: 'Uses of Confrontation'; Ch 8: 'Misuses of Confrontation'; Ch 12: 'Treatment of the Aggressive Acting-Out Patient'. In *Borderline Psychopathology & its Treatment*. Northvale, New Jersey: Jason Aronson.

**Week 12**      *The psychoanalytical encounter: Transference and Counter-transference.*

**Readings:**      Gabbard, G & Wilkinson, SM (1994). Ch 3: 'On Victims, Rescuers, & Abusers'; Ch 4: 'On Holding, Containment, & Thinking One's Own Thoughts'; Ch 6: 'Sexual Feelings & Gender Issues'; Ch 7: 'Use of Therapist Self-Disclosure'. In *Management of Counter-transference with Borderline Patients*. Northvale, New Jersey: Jason Aronson.

**Week 13**      *The psychoanalytical encounter: Transference and Counter-transference.*

**Readings:**      Gabbard, Glen (1991): 'Technical Approaches to Transference Hate in the Analysis of Borderline Patients'. *International Journal of Psycho-analysis*, 72: 625-637.

Searles, HF (1986). Ch 7: 'Counter-transference as a Path to Understanding & Helping the Patient' In *My Work with Borderline Patients*. Northvale, New Jersey: Jason Aronson.

Symington, N (1986): 'The Analyst's Act of Freedom as Agent of Therapeutic Change'. In Kohon, G (Editor), *The British School of Psychoanalysis*. London: Free Association Press.

**Week 14**      *Termination. The particular vicissitudes of this phase of the treatment vis-à-vis the treatment of primitive mental states.*

**Readings:**      Masterson, James (1981): 'Termination of Treatment'. In *The Narcissistic and Borderline Disorders: An Integrated, Developmental Approach*. New York: Brunner/Mazel.

Ferraro, F; Garella, A (1997): 'Termination as a Psychoanalytic Event'. *International Journal of Psycho-Analysis*, 78: 27-41.

*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*