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 utilization 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 re view 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.uindy.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


Readings:


Week 2

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

Readings:


Week 3

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

**Readings:**


Week 4

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

**Readings:**


Week 5

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

**Readings:**


Week 6

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

**Readings:**


Winnicott, DW (1965): ‘The Capacity to Be Alone’. In *The Maturational Processes and the Facilitating

Week 7

Treatment issues, continued. Additional comments on the patient’s experience.


Week 8

Treatment strategies and treatment issues, continued.


Week 9

Regression in the psychoanalytical set-up and its management


Week 10

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


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:**


Week 12  

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

**Readings:**


Week 13  

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

**Readings:**


Week 14  

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

**Readings:**


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*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*