



Master of Arts in Psychology

Desperate Styles

PSYC 505-01 — Fall, 2011

This course addresses the following MAP Program Goals:

- Introduce you to an understanding of human experience rooted in philosophy and the humanities.
- Help you identify and explore the therapeutic and research implications of this tradition's emphasis on lived experience.
- Provide you with strong clinical training that values ethical awareness and sensitivity to underserved populations in the community.
- Encourage you to develop in-depth reflectivity and self-understanding, especially in the context of psychotherapeutic work.
- Prepare you for further graduate study and/or eligibility for Washington State licensure.

This course addresses WAC 246-809-221 content areas:

- Assessment & diagnosis
- Abnormal psychology/Psychopathology

Instructor: Steen Halling, Ph.D.

Class Hours: TTh 345-500 PM, ADM 323

Office Hours: T,Th 2:00-3:15 PM, Fri. 11-Noon and by appointment.

Office: Casey 318; Phone: (206) 296-5392; e-mail: shalling@seattleu.edu

Our behavior seems fated when we lose sight of the purpose it serves and it seems free and undetermined when we lose sight of the context in which it occurs.

Henry Murray, preface to Herman Melville

But human life is far subtler than any of its models.

Saul Bellow, Herzog

I. **READINGS:**

A. Texts

American Psychiatric Association (2000). Diagnostic and statistical manual of mental disorders, (text revision). Washington, DC: Author.

Karp, D. A. (1996). Speaking of sadness: Depression, disconnection, and the meanings of illness. New York: Oxford University Press.

Shapiro, D. (1981). Autonomy and rigid character. New York: Harper Torchbooks.

Todd, J. & Bohart, A.C. (2006). Foundations of clinical and counseling psychology (4th ed). Long Grove, IL: Waveland Press. (Also on reserve in the library).

B. Course Reader

(available from SU reprographics)

II. **COURSE DESCRIPTION AND STRUCTURE:**

This course has two broad aims: a) to develop and articulate a phenomenologically and clinically based framework for interpreting human action, and especially those behaviors and experiences which we commonly regard as "abnormal", and b) to study specific disturbances through examination of case studies, relevant literature, experiential exercises, and reflections on experience.

The following five interrelated principles (see Halling & Dearborn Nill, "Demystifying Psychopathology" in the *Course Reader*) provide a starting point and an overall framework for making sense out of disturbed behavior:

- 1) persons are "source of meaning" (Merleau-Ponty) and even disturbed behaviors (what we call, "symptoms") are potentially intelligible in terms of intentions and meanings although at first sight they may seem senseless and merely habitual.
- 2) We are embodied beings. This implies that our behavior, our experience, and the way in which we "act" on our perceptions, sensations, and emotions ("defense mechanism" in traditional vocabulary), are all part of the way in which we "live our bodies." (cf. E. Gendlin, A. Lowen).
- 3) Our existence is radically intersubjective, and this is no less true for disturbed persons whose lives include habitual, restricted, and dramatic maneuvering and relations to others (including therapists). It is this domain that Freud described in terms of "transference" and "counter-transference."
- 4) As "beings-in-the-world" (Heidegger), our behavior and experience are always in relation to specific perceived contexts and settings. Thus a "contextual analysis" (C. Fischer, in *Reader*) is concerned with where and when a problematic or desirable action does or does not take place.
- 5) We are historical beings, subject to events and circumstances not of our own making and yet the creators of our own biographies. Our current actions, as well as our goals or expectations, may become understandable in light of critical phases or incidents in our past.

Contrary to what is often claimed, understanding is not disconnected from action. Thus any system of interpretation has implication for intervention, and in this course we will be concerned with the therapeutic implications of a phenomenological interpretation of disturbed behavior.

In terms of content, we will look at selected examples of neuroses (or anxiety disorders), such as phobias, depression, and one personality disorder: paranoid style. We will also look at the issue of diagnosis, specifically, the new diagnostic manuals (post DSM-II), and the limitations and

importance of a diagnostic perspective.

III. **LEARNING OUTCOMES:** By the end of the course, you should have gained:

- 1) An understanding of the value of a phenomenological perspective on disturbed lives
- 2) The ability to apply phenomenological principles of interpretation to specific cases
- 3) An experiential sense of specific psychological disorders
- 4) An understanding of some of the basic literature on these disorders as well as its limitations and strengths
- 5) Knowledge of the basic structure and history of the DSM-IV
- 6) Knowledge of basic diagnostic categories pertaining to the disorders covered in the course and the ability to apply them in clinical practice
- 7) Awareness of the limitations as well as the significance of a diagnostic perspective on behavior
- 8) A beginning sense of how theoretical concepts from a variety of psychological orientations can be used to deepen our understanding and awareness of human experience
- 9) An understanding of some of the implications of a phenomenological interpretation of disturbed behavior for therapy
- 10) A sense of and an increased ability to recognize "defense mechanisms" in self and others.

If you have, or think you may have, a disability (including an 'invisible disability' such as a learning disability, a chronic health problem, or a mental health condition) that interferes with your performance as a student in this class, you are encouraged to arrange support services and/or accommodations through Disabilities Services staff in Loyola 100 (296-5740). Disability-based adjustments to course expectations can be arranged only through this process

IV. **REQUIREMENTS:**

Please do not use your laptop in class as this interferes with the seminar format.

- 1) Class attendance and participation (readings and questions will be assigned regularly). 15%
- 2) Two brief take-home, short essay tests on the reading and presentations; they will be given out a week before the day they are due (Oct. 19 and Nov. 23). 15% each.
- 3) Brief (about 4-5 page) descriptions of experiential exercises (role playing interviews). Due dates: Obsessive-compulsive Nov 2; and depression, Nov 18. 20% based on quality of description. See below for directions
- 4) An integrative final paper/case study due Wednesday, December 8 by 4 p.m. I will place several case studies on reserve in the library by late October and will also give you specific directions at that time. You are asked to write a phenomenological interpretation of one case. 35%

Preparing for Class and for Tests: 1) Read the material carefully (twice is desirable), taking notes on the basic points, and 2) making the differences among various writers as evident as possible. 3) Think of how you would explain the material to someone who is not in this program. This means that you should continually be thinking of how to translate the material into everyday language, and relating it to everyday examples. The tests will ask you to answer 2-3 questions in plain English and without quoting

the authors.

The WRITING CENTER is a great resource as you prepare your paper. Location: The McGoldrick Learning Commons in the new library. Phone: 296-6239. HOURS: M-Th 9 AM- 8:30 PM; Friday 9-3:30 PM. Call well ahead of time to set up appointment.

V. INSTRUCTIONS FOR ROLE PLAY

1. Find a partner for the role play.
2. Study the style that you are going to enact so that you have a feeling sense of what it is like from the “inside,” what it is like to embody this style. Develop a concrete idea of the character that you are going to be in terms of presenting issues, current life context, and history. This “idea” does not have to be very complete because you will find that you can make up part of the story as you go along.
3. When you set up a time to meet, make sure that you have enough time to do the role play and to talk about it. Also, find a quiet, comfortable place where you are unlikely to be disturbed (not Starbucks or “Joe’s Bar and Grill”)!
4. The person who is role playing the client approaches the situation as if he or she is coming in for an initial interview with a psychotherapist. The “therapist’s” agenda is to get a sense of the client’s problems, and situation and to ask questions rather than trying to bring about change. After about 30-40 minutes, take a break and then reverse roles.
5. I would suggest that you write brief notes on the experience as soon as possible after the exercise.
6. The description (4-6 pp.) double-spaced, typed, should give the reader a sense of having “been there” during the role play. Give a brief description of the client you were, what it was like to embody this style in this context, and what you learned about the style and yourself through this role play. Also describe, with roughly the same degree of specificity, your experience of being therapist—what was it like to be with this other person who embodied a certain “disturbed” style and what reflections did you have about this part of the exercise?
7. When you write the description for the second role play, **do take note of how this role play seemed different for you than the first.** Also, change partners for the second role play.

VI. SEQUENCE OF TOPICS, READINGS, AND DATES: (* assignment from course reader)

Class # and Date	<u>Topic and Assignments Due</u>	Readings (approximations)
1. Thurs 9/22	1. <u>Introduction to the Course</u>	
2. Tues 9/27	2. <u>A Basic Framework for Interpreting Behavior</u>	*Valle, King & Halling, “An introduction to E-P... *C. Fischer, “Personality & ..“.

3. Thurs 9/29		*Halling & Dearborn Nill, “Demystifying” *Atwood & Stolorow See Todd & Bohart, 135-164 for a review of Psychoanalysis
4. Tues 10/4		Shapiro, ch. 1
5. Thurs 10/6	3. <u>The Diagnostic Manuals</u>	*Halling & Goldfarb, “The new generation of..” DSM-IV TR, xxiii-38. Todd & Bohart, 44-66
6. Tues 10/11	4. <u>Obsessive-Compulsive Disorder</u>	*Shirley K; DSM-IV, Anxiety Disorders, and 725-729. in G & P.
7. Thurs 10/13		*W. Fischer, “An E-P Investigation of being anxious.” * J. Teal, “Nothing Personal...”
8. Tues 10/18	Test 1 Due	Shapiro, Ch. 2 Discussion of the movie “The Music Box.”
9. Thurs 10/20		Shapiro, Chs. 3 and 4 *Schachtel, “The development..”
10. Tues 10/25		*Gladstone & Parker, What’s the use of worrying?” *Angyal, “Pattern of Noncommitment”
11. Thurs 10/27	5. <u>Depression</u>	Karp, chs 1-3 DSM-IV-TR, Mood Disorders
12. Tues 11/1	First Role Play Account Due	Karp, Ch. 4 *Heifner, “The male ...” *Pollock, “Maintaining face..”
13. Thurs 11/3		Karp, chs. 5-6; LaFrance & Stoppard, “Constructing a..”
14. Tues 11/8		Karp, to end
15. Thurs 11/10	6. <u>Phobias</u>	DSM-IV-TR, review 429-456. *Veronica F. * Ferlic, “An investigation..”
16. Tues 11/15	Second Role Play Account Due	*Davidson, “A phenomenology.. *Arieti; “New view of...”

17. Thurs 11/17	Test 2 (on OCD and depression) due 7. <u>Personality Disorder: Paranoid Style</u>	*Seif & Atkins, "Some defensive and." DSM-IV-TR on "Paranoid PD."
18. Tues 11/22		Shapiro, ch. 7; *Dr. McD.
Thanksgiving Nov 24	No Class	
19. 11/29	8. <u>Integration</u> Course Evaluation	*Angyal, "Comparison of the two patterns." *Moss, "Psychotherapy and"
20. 12/1	9. Conclusions	
Wednesday, DEC. 7, 4 PM	FINAL DUE	

VII. RECOMMENDED READINGS:

- Arieti, S. & Bemporad, J. (1978). Severe and mild depression. RC537.A73
- Barlow, D. H. (1988). Anxiety and its disorders: The nature and treatment of anxiety and panic. RC531.B28 1988
- Barlow, D. H. (1988). The psychological treatment of panic RC 535.B281 1988..
- Barlow, D. H. (1993). Clinical handbook of psychological disorders: A step-by-step treatment manual. RC489.B4 C584 1993
- Barlow, D. H. & Mavissalian, M. (1986) Phobia: Psychological and pharmacological treatment. RC535.P48 1986
- Beck, A. T. et al. (1985). Anxiety disorders and phobias: A cognitive perspective. RC531 B.37 1985
- Berg, J.H. van den, (1975), The changing nature of man, Chapter 3. 155 B452C
- Beutler, L. E., Clarkin, Journal F., & Bongar, B. (2000). Guidelines for the systematic treatment of the depressed patient. RC537. B485 2000.
- Blatt, S. J. (2004). Experiences of depression: Theoretical, clinical and research perspectives. RC537.B525 2004
- Boss, M. (1963), Psychoanalysis and daseinsanalysis RC 506 B653 1963
- Boss, M. (1979), Existential foundations of medicine and psychology, R 130 B5813 1979
- Brice, C.W., (1984), Pathological modes of human relating and therapeutic mutuality: Buber's existential relational theory and object-relations theory. Psychiatry, May, 47(2), pp. 109-124.
- Busch, F.N., Rudden, M. & Shapiro, T. (2004). Psychodynamic Treatment of Depression. RC 537 B89 2004
- Chambless, D. & Goldstein, A.J. (Eds.). (1982). Agoraphobia: Multiple perspectives on theory and treatment. RC 535 A36 1982

- Clark, D. A. & Beck, A. T. (2010). Cognitive therapy of anxiety disorders: Science and practice. RC531.C535 2010
- Eichenbaum, L. & Orbach, S., (1980), Understanding women: A feminist psychoanalytic approach, RC 489F45 E 38. 1983.
- Ehrenberg, A. (2010). The weariness of the self: Diagnosing the history of depression in the contemporary age. RC537.E3413 2010
- Faludi, S. (1999). Stuffed: The betrayal of the American man. HQ1090.3.F35.1999
- Fenichel, O., (1945), The psychoanalytic theory of neuroses. RC 343 F474 1945
- Fischer, W.F., (1970), Theories of anxiety, 152.434 F 525 T
- Formanek, R. & Gurian, A. (1987). Women and depression: A lifespan perspective. RC 537 W66 1987
- Frankl, V., (1965), The doctor and the soul. RC 480.5 F 713 1965
- Freud, A., (1946), The ego and its mechanisms of defense. BF 589.F7 1959.
- Heinricksen, G. A. & Clougherty, K. F. (2006). Interpersonal psychotherapy for depressed older adults. RC451.4.A5H558 2006
- Horney, K., (1937), The neurotic personality of our times. RC 343.H 7625
- Horney, K., (1950), Neurosis and human growth. RC 343 H 648 1950
- Horwitz, A. V. & Wakefield, J. C. (2007). The loss of sadness: How psychiatry transformed sorrow into depressive disorder.
- Jack, D. C. (1991). Silencing the self: Women and depression. RC537 J26 1991
- Jamison, K.R. (1999). Night falls fast: Understanding suicide. RC569.J36 1999
- Jamison, K.R. (1995). An unquiet mind. (A first hand account of bipolar disorder). RC516.J363 1995.
- Kantor, M. (2004). Understanding paranoia: A guide for professionals, families, and sufferers.
- Kendall, P. C. & Watson, D. (1989). Anxiety and depression: Distinctions and overlapping features. RC 531.A56 1989.
- Kristeva, J. (1989). Black sun: Depression and melancholia. RC537.K7513 1989
- Mavissakian, M. & Barlow, D. (1986). Phobia: Psychological and pharmacological treatment. RC 535 P48 1986.
- May, R. (1959). The meaning of anxiety. 152.4 M451M
- Mays, J. B. (1999). In the jaws of the black dogs: A memoir of depression. New York: HarperCollins.
- McGrath, E. et al (Eds.). (1990). Women and depression: Risk Factors and treatment issues (Final report of the American Psychological Association's National Task Force on Women and Depression). RC537.W663 1990.

- Meissner, W. W. (1978). The paranoid process. RC520.M44
- Newman, C. F., Leahy, R. L., Beck, A. T., Reilly-Harrington, N. A., & Gyulai, L. (2002). Bipolar disorder: A cognitive therapy approach. RC 516.B525 2002
- Persons, J. B., Davidson, J. & Tompkins, M. A. (2001). Essential components of cognitive-behavior therapy for depression.RC537.P476 2001
- Petit, J. W. & Joiner, T. E. (2006). Chronic depression: Interpersonal sources, therapeutic solutions. RC 537.P438 2006
- Romanyshyn R. D. & Whalen, B. J. (1987). Depression and the American dream: The struggle with home. In D. M. Levin (Ed.). Pathologies of the modern self: postmodern studies on narcissism, schizophrenia, and depression (pp.163-197). RC 455.4 S42 P38 1987.
- Salzman, L., (1968), The obsessive personality: Origins, dynamics, and therapy. RC533.S34
- Salzman, L., (1980), Treatment of the obsessive personality. RC 533 S35
- Segal, Z. V. et al. (2002). Mindfulness based cognitive based therapy for depression. RC 455.4 RC R4 G75 2002
- Shapiro, D. (1965). Neurotic Styles. RC530.S5 1965
- Shapiro, D. (1989). Psychotherapy of neurotic character. RC530.S552 1989
- Silverman, W. K. & Treffers, P. (2001). Anxiety disorders in children and adolescents: Research, assessment and intervention. RJ506.A585 2001
- Smith, J. (1999). Where the roots reach for water: A personal and natural history of melancholia. New York: North Point Press. (Beautifully written book with a great bibliography). BF575.M44S55 1999
- Solomon, A. (2001). The noonday demon: An atlas of depression. New York: Scribner. RC 537 S598 2001
- Styron, W. (1990). Darkness visible: Memoir of madness. New York: Random House. RC 537.588 1990
- Straus, E., (1948), On obsessions: A clinical and methodological study. 616.8522 St 820
- Tellenbach, H. (1980). Melancholia: History of the problem, endogeneity, typology, pathogenesis, clinical considerations.RC537.T4413
- von Gebattel, V. E. (1958). The world of the compulsive, In. R. May et al (Eds.). Existence. RC 455.M