



Friday, June 26<sup>th</sup>

1:30 pm – 3:00 pm

PANEL SESSION II

## #1: Multiplicity and Principles of Mental Functioning

Speakers: Steven Stern, PsyD, USA; Shlomit Yadlin-Gadot, PhD, Israel and Lisa Cataldo, PhD, USA

Moderator/Interlocutor: Andre Sassenfeld, MA, Chile

### Abstract:

*Identification vs. Dissociation: A Needed Dialectic Between Two “Principles of Mental Functioning,”*  
**Steven Stern**

In this paper I argue that in contemporary Relational theory there is a serious imbalance in our thinking about the psychological impact of early trauma. Ferenczi (1933), arguably the “father” of our post-classical understanding of the effects of trauma, recognized both dissociation and a particular kind of identification (identification with the aggressor) as twin pathogenic sequelae. In our contemporary relational literature, however, while the vicissitudes of dissociation have been extensively investigated, the same has not been true for identificatory processes. The result is that our understanding of such processes as a co-equal contributor to our patients’ struggles, and often-profound sense of stuckness, is underdeveloped. This is no small matter because an in-depth exploration and delineation of the identificatory elements in the human response to trauma generates a very different set of organizing principles (“principles of mental functioning”) than a theory focusing predominantly on dissociation. In the identification-based model I have been developing the central problem is not (or not exclusively) the dissociation of “not-me” states, but rather the disabling quality of the patient’s dominant experience of “me”—a legacy of the often-pervasive identifications with the traumatizing, negating other’s experience and treatment of the patient as a child. This toxic intrapsychic configuration is associated with a range of serious developmental deficits affecting both the sense of agency and the capacity to grieve.

1. At the conclusion of this program participants will have a new, clinically applicable understanding of the role and importance of identification processes in patients with early relational trauma.
2. At the conclusion of this program participants will be able to integrate identification theory and dissociation/multiple self-state theory in their work with patients with early relational trauma.
3. At the conclusion of this presentation participants will have an expanded understanding of self-states applicable with many of their patients.



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## #1: Multiplicity and Principles of Mental Functioning (continued)

Speakers: Steven Stern, PsyD, USA; Shlomit Yadlin-Gadot, PhD, Israel and Lisa Cataldo, PhD, USA

Moderator/Interlocutor: Andre Sassenfeld, MA, Chile

### Abstract:

*The Multiple Self in Relation to Multiple Truths: A Post Post-Modern Analysis, Shlomit Yadlin - Gadot*

The proposed paper construes the self as a collection of epistemologies (truth axes) constructed around needs and demands. Each epistemology has its characteristic vocabulary and syntactic rules. Six paradigmatic truths frequent our clinical experience, philosophical theory and psychoanalytical meta-theory: correspondence, coherence, intersubjective, subjective-existential, pragmatic and ideal truths. I propose that each truth functions in the psyche as an organizing principle, in accord with one of its basic needs. Personality and experience render some truth axes dominant, while others remain foreclosed, forming the unconscious in both individuals and societies. The task of psychoanalysis is to translate among those truth axes. This construal remains loyal to the basic relational tenet of multiple selves and truths, yet offers a philosophically-based definition of them that enables systematic formulation of clinical technique.

1. Critique of current relational theorizing: the accepted pluralism of post modernism need not necessarily lead to lack of theoretical formulation and definition.
2. Rendering accessible an interdisciplinary approach aimed at elaborating psychoanalytic-relational formulation, as informed by philosophical conceptions.
3. Development of clinical methodology deriving from the new formulations about the multiple self.

*Multiplicity, Integration, and Integrity: Relational Theory and the Moral Self, Lisa Cataldo*

This paper addresses the moral and ethical implications of psychoanalytic notions of multiplicity and unity of self. By problematizing the theoretical positioning of integration and the unified self as “illusion,” I expose the potential for relational theory to reproduce the same dichotomous thinking it attempts to disrupt. This exposes an aversion to paradox and perpetuates dynamics of “otherizing” and marginalization. Instead, I propose that the experiential realities of both multiplicity and unity are “illusions” between which our subjective imagination plays. Finally, I consider that recovering a workable notion of integration allows us to reflect on the concept of integrity in psychoanalytic work and healing. What does it mean to act ethically from a “moral center” in light of the reality of our multiple selves with their potentially conflicting moral compasses?

At the end of this presentation, participants will be able to:

1. Assess the potential advantages and problems in designating a sense of unitary self as “illusion” and multiple selves as “real.”
2. Describe the concept of integrity as it relates to the subjective sense of self as “integrated.”
3. Utilize concepts of multiplicity, integration and integrity to consider the role of integrity in psychoanalytic work.



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## #2: Surviving the Crunch

**Speakers:** William Pinney, PhD, USA; Maria Tammone, PsyD, Italy and Silvia Preti, PhD, Italy

**Discussant:** Barbara Pizer, EdD, USA

**Moderator:** Elizabeth Goldstein, MSW, Canada

### Abstract:

*Tigger, Eeyore, and the “Crunch” of Misrecognition, William Pinney*

This paper discusses Paul Russell’s contribution to our understanding of complicated treatment impasses, detailing components from a variety of his papers but focusing primarily on his classic paper “The Theory of the Crunch.” Participants will be introduced to this work and its prescient focus on the co-contributions of both patient’s and therapist’s internal and intermingling conflicts and psychologies to the treatment process, particularly when they catalyze to create treatment ruptures and/or impasses. Russell’s “Crunch” paper focuses on those moments when the treatment relationship is in profound crisis, when both parties are stretched thin and questioning whether the proverbial therapeutic elastic will snap. These aptly-named “crunches” are often characterized by feelings of profound misunderstanding, sometimes in one direction but most often bi-directionally in the often painful but sometimes even traumatic void of nonrecognition. Despite its germination from within a time when one-person models of treatment were predominant, Russell’s perspective uncannily anticipates much of the literature from a two-person model of conceptualizing how treatment impasses develop. Russell’s work will be examined and expanded upon in the context of an illustrative case presentation of a treatment that presented significant challenges to both the patient and the therapist. The treatment involved an infectious sense of what Russell called “urgency” (or conflict) for both parties. The case illustrates the not uncommon phenomenon wherein the patient observes and identifies, subtly and slowly, with the therapist’s capacity (which also develops slowly and not without considerable pain to the therapist in these kinds of engagements) for recognizing and containing his own urgency. The navigation of this shared sense of urgency and its eventual resolution speaks to Russell’s observation “There is no real treatment process that does not include some piece of therapy for the therapist.”

1. At the conclusion of this presentation, participants will be able to contextualize Paul Russell’s work on the repetition compulsion and enactments in the context of current Relational perspectives on treatment impasses.
2. At the conclusion of this presentation, participants will better understand the navigation of complicated enactments and treatment ruptures/impasses.
3. At the conclusion of this presentation, participants will be able to identify three contributions of Paul Russell to the theory and technique of working with treatment impasses.



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## #2: Surviving the Crunch (continued)

**Speakers:** William Pinney, PhD, USA; Maria Tammone, PsyD, Italy and Silvia Preti, PhD, Italy

**Discussant:** Barbara Pizer, EdD, USA

**Moderator:** Elizabeth Goldstein, MSW, Canada

### Abstract:

*Like Seagulls in Flight: The Emergence of the Working-Through of Mourning Between Anger, Idealization and Experience, **Maria Tammone***

**Key words:** Negotiation–Potential Space–Dissociation–Trauma–Mourning–Intersubjective Field–The Analyst’s “Witness” Function

My work is developed according to a relational perspective, which highlights aspects that emerge from the analytic relationship experience which are connected with mutuality, reciprocity within the therapeutic space and the specificity of the meanings co-created by patient and analyst.

As a result of attending the presentation the learner:

1. Will know better the themes about the attachment system
2. Will know better the different aspects in the therapeutic relationship about mutuality and reciprocity
3. Will know better the theme of the mourning elaboration in a specific therapeutic context

### *A Glance Towards Hope, **Silvia Preti***

In this article I talk about the therapeutic relationship (still in progress) with Bianca, a young woman who was prematurely bereft of the people that she loved most. In three years I could observe slow and imperceptible changes that I can notice in her different attitude towards herself and the outside world. She demands me to be freed from her constant fear not to be able to escape from being totally available to others. During the whole first year of analysis my participation has consisted in listening to her, helping her in understanding a mood, in explaining a behavior, in fact being for her a careful ear and eye. No interpretation, but only glance exchanges, smiles, sharing of her story, which she wants me to know almost in every particular. A narration that sounds like telling her story in order to better comprehend and to give a meaning to her anxiety, but, most of all, the possibility to be reconciled with the things that life prematurely reserved to her. The therapeutic relation is especially based on a strong perceptive exchange that supports and gets along with the emotional life of both and that only recently lets some space for interpretation. With time, her state of scission between a guilty Self and a victim Self, which pulled her towards a suffering search for absolution, reason of her confused feeling, are less and less disabling thanks to a new strong attachment relationship that the patient rebuilt with me and in which I felt deeply and emotionally involved. Through the analysis of her dreams, her friendship relationship and the little cat that she takes care of it was possible to get close to her states of the Self and to help her to better know her way of being and feeling.

This work highlights

1. The attachment theories
2. The quality of relationships through a perceptive exchange
3. The therapist’s role as a witness



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### **#3: Clinical Wisdom: Living in Not Knowing**

**Speakers:** Amy Joelson, LCSW, USA; Lorraine Caputo, MSW, USA and Lama Khouri, MSW, USA

**Discussant:** Mary Sonntag, MSW, USA

**Moderator:** Sara Zimmerman, PhD, Canada

#### **Abstract:**

*I Think, Therefore I Am Not Alone: The Emergence of Obsessional Thinking in the Treatment of a Child,*  
**Amy Joelson**

The concept of obsessional ideation has long been considered a pathological process of an isolated mind, exemplified by Descartes' cogito: "I think, therefore I am." This presentation relationalizes the concept, suggesting a new formulation: I think, therefore I am not alone. Employing an intersubjective systems perspective, it explores how thinking obsessively can emerge in a challenging context, providing vital functions for the thinker. Details of my work with Cody, a boy with "fifty thoughts a minute," will illustrate how an obsessional style—rather than indicating an isolated withdrawal—constitutes actions directed at confirming oneself and creating a sense of engaging with me in the therapeutic context. Multiple functions of what Cody and I came to call "going into over-think drive" will be explored. This presentation will consider how the analyst might prevent the analytic dyad from becoming entrenched in a shared obsessional system that could render treatment ineffective, and how such a rigid system, once it is constituted between analyst and patient, may be perturbed. This intersubjective approach to obsessional thinking can inform adult and child treatment alike.

1. The participant will be able to identify multiple functions of obsessional thinking.
2. The participant will be able to assess the therapist's clinical contribution to maintaining or increasing a rigid obsessional quality in the patient and in the therapist-patient system.
3. The participant will be able to understand how working from a complex systems perspective the therapist might perturb a rigid obsessional system into a more flexible and relationally complex system so that the patient can enjoy a more expansive and vitalizing range of experience.



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**Speakers:** Amy Joelson, LCSW, USA; Lorraine Caputo, MSW, USA and Lama Khouri, MSW, USA

**Discussant:** Mary Sonntag, MSW, USA

**Moderator:** Sara Zimmerman, PhD, Canada

#### Abstract:

*There's No Place Like Home, Lorraine Caputo*

*Conversation In The Treatment Of An Elf Looking For Meaning, Lama Khouri*

In *Memoir of the Future*, Bion writes, "There may be modes of thinking to which no known realization has so far been found to approximate. Hallucinosi, hypochondriasis, and other mental 'diseases' may have a logic, a grammar and a corresponding realization, none of which has so far been discovered. They may be difficult to discover because they are obscured by a 'memory', or a 'desire', or an 'understanding' to which they are supposed - wrongly - to approximate. Unless the obscurity can be circumvented or penetrated it will remain unobserved, as the galactic centre or the origin of the universe remains unobserved". The two papers presented on this panel demonstrate the subtle, nuanced listening of the analysts when working with primitive and psychotic content. They discuss the poignant position the analyst must often maintain when the material that is presented is unintelligible and many times frightening, even to the analyst. When the analytic experience is 'non-sensical' and the analyst is in a state of not knowing, the ability to give voice to the patient's primitive ideas challenges the analyst to rely, not on interpretation or theory, but a capacity to tolerate transience, not knowing, and endless possibilities. The authors, using clinical material, describe a process whereby, the movement is away from content and memories, towards one that enhances curiosity, imagination, and the co-constructing of narratives based on the emotional quality of what the patient is living at that moment. Therefore, it is not the account itself that matters, but the emotional subjectivity, from which analyst and patient together create and 'thicken' the narrative that was previously not 'thinkable' or 'knowable' and thus not expressible in words.

1. Illustrate the process of co-creating narrative when the material being presented is primitive and the client is disorganized.
2. To examine how transformational the narrative can become when involving the infant's narrative with that of the mother and therapist.
3. To learn to expect the unexpected and to be open to the pre-verbal and non-verbal communication in the intersubjective relational experience.



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#### #4: Comparing Relational Theories: Klein, Bion, and the Intersubjective

Presenters: Martin Altmeyer, PsyD, Germany and Avi Nutkevitch, PhD, Israel  
Moderator /Interlocutor: Brent Willock, PhD, Canada

Abstract:

*Triangulation in psychoanalysis. A critical comparison of Kleinian, intersubjective, and relational approaches, Martin Altmeyer*

The psychoanalytic concept of triangulation originates from its classical version, the oedipal complex. Since psychoanalysis lost its “common ground” in the course of the 20th century the competing schools created different conceptions of the “third”. Far from delivering an acknowledged approach the sprawling debate on triangulation lead to even more confusion, both on the metapsychological and the clinical level of psychoanalysis. One reason was that we largely ignored triangular concepts in the neighboring human sciences. Deeply entangled in our own theories we could not think outside the box where social philosophy, cognitive research, evolutionary anthropology, and even the neurosciences had already generated a converging relational view on mental development and functioning. They conceptualize the mind as a social network bringing the perspectives of subjectivity, intersubjectivity, and objectivity together: We relate to our own self or selves (subjectivity), to other people (intersubjectivity), and to the material reality (objectivity). Our inner world seems to interconnect the first- and the second-person perspective with a perspective on a shared outside world we all live in. This triangular formula seems to constitute the psychic space and should epistemologically be adopted by contemporary psychoanalysis.

The learner will be able to

1. know the meaning of triangulation in classical psychoanalytic theory
2. to differentiate between the kleinian, the intersubjective, and the relational triangular approach
3. to understand the clinical application of different approaches of triangulation in contemporary psychoanalysis

*Containment, enactment and self disclosure: A meeting space between Bionian and Intersubjective theories, Avi Nutkevitch*

This paper will examine from a theoretical viewpoint and that of technique the interconnectedness between containment as a major aspect of psychoanalytic practice, enactment that emerges from a transference-countertransference weave and self disclosure in the service of owning. The above formulations and the accompanying clinical vignettes will exemplify a meeting space between Bionian and intersubjective theories.

1. Learn about subjective and intersubjective processes involved in containment and the possible role of self disclosure in the service of owning as part of containment
2. Be able to apply the above learning in one's clinical work especially with regard to the use of one's subjectivity in the process of containment
3. Have another opportunity of examining conceptually and practically the ways in which intersubjective theory or dimensions can be applied in conjunction with another theory or dimension (Kleinian – Bionian) in psychoanalytic theorizing and practice



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### #5: Multiple Dimensions of Trauma from a Relational Perspective

Presenters: Jill Salberg, PhD, USA; Daniel Shaw, LCSW, USA and Patricia Hunter, PsyD, USA

Moderator /Interlocutor: Bonnie Zindel, LCSW, USA

#### Abstract:

*Now I Feel You, Then I Don't: Dysregulated Attachment Haunted by Trauma, Jill Salberg*

This paper will look at Trans-generational Transmission of Attachment traumas utilizing clinical case material that explores dysregulated attachment dysfunction across four generations of mothers and daughters. The paper will also look at how the analysts own attachment trans-generational history is activated and collides with the patients' experience in multiple ways. Further, this paper will explore the work that Coates (2012) and Lyons-Ruth (2002, 2003) have been doing on attachment trauma as well as Bromberg's (2011) work on dissociated self-states in both the patient and the analyst and Grand's (2000) work on trauma and attachment to parental absence. Many of these writers and others (See Gerson, 2009; Halasz, 2011; Harris, 2006, 2007; and Laub, 1998) formulate that when the parent is traumatized, their fragmented experience is often a secret or absence for the child. When the traumatized parent remains resilient and alive, this state shifting or fragmentation may be tolerable and fleeting for the child. I would suggest that in order to bond and attach in even more dysregulated circumstances, the child must attune to procedural communications about the trauma story. They must do this to have an attachment relationship and in the 'doing' become attached to a parents' presence and absence.

1. Participants will be able to identify and describe forms of dysregulated attachment in patients and how it enters the analytic work.
2. Participants will be able to apply to their own work concepts of trans-generational transmission of attachment trauma and identify it in their patients histories and current lives.
3. Participants will be able to assess when the trans-generational transmission is additive to the on-going work and utilize it to better understand and work through enactments with their patients.

#### *The Intergenerational Trauma of Narcissism, Daniel Shaw*

This presentation will focus on how certain highly narcissistic people traumatize their significant others by attacking their subjectivity. These traumatizing narcissists establish their own subjectivity as the only legitimate perspective to be considered. They seek to maintain complementary, not intersubjective relations. The narcissist claims to be superior, in control, a legitimate subject; the other is subjugated, objectified, and only legitimate if the narcissist grants approval. These kind of relationships exist in developmental contexts (parent/child), but also in many other dyadic and group contexts. This paper will describe clinical material in which the adult child of a traumatizing narcissist parent struggles to experience a sense of self that feels real.

The learner will:

1. Be able to describe the characteristic relational behaviors of the traumatizing narcissist and her significant other
2. Be able to apply effective clinical strategies in working with the traumatized adult child of the traumatizing narcissist
3. Be able to support and assess the growth and strengthening of the subjectivity of the victim of the traumatizing narcissist.





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### **#5: Multiple Dimensions of Trauma from a Relational Perspective (continued)**

Presenters: Jill Salberg, PhD, USA; Daniel Shaw, LCSW, USA and Patricia Hunter, PsyD, USA

Moderator /Interlocutor: Bonnie Zindel, LCSW, USA

#### Abstract:

*Relational Psychoanalysis to the Rescue: My Work in a Trauma Clinic, Patricia Hunter*

This presentation will articulate some of the problems surrounding the treatment of patients with complex post traumatic stress disorder at a trauma treatment clinic. Concepts from the relational literature, with specific attention paid to Ferenczi's concept of 'identification with the aggressor' as well as Davies & Frawley's eight transference countertransference positions, useful in the treatment of adult survivors of sexual abuse, will be discussed. Three cases will be presented that illustrate the necessity for using principles from relational psychoanalysis with this population.

After listening to the presentation, the audience members will be able to:

1. Compare and contrast patients with complex post traumatic disorder from their own caseload with the cases presented, in order to better understand concepts from the relational literature, including enactments, need to negotiate the treatment frame, and distinction between dissociation and conflict.
2. Identify four of the eight transference-countertransference positions described by Davies & Frawley (1994) in their treatment of adult survivors of sexual abuse, in order to better understand typical therapist emotional reactions to patients with complex post traumatic stress disorder.
3. Recognize and be able to list specific symptom complexes pertaining to complex post traumatic stress disorder, including 1.somatization-e.g. irritable bowel syndrome, migraine headache, chronic pain with no known physical origin-2.symptoms common to borderline personality disorder-e.g.self injury(accidents or cutting) parasuicide, eating disorders, and 3.dissociative identity disorder – e.g.fluctuating memories, psychotic like hallucinations, frequent switching between self-states or 'alters.'



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### **#6: Intergenerational Controversies in Analytic Identity and Practice**

Presenters: Stephen Hartman, PhD, USA and Stephen Lugar, PsyD, USA  
Moderator/Interlocutor: Katie Gentile, PhD, USA

Abstract:

Clinicians who are in a generational lineage reflect on ways intergenerational tensions mount in professional, personal, and political registers within the discipline that bonds us. A conversation between the panelists and the audience will consider how intergenerational rifts and controversies evoke future priorities of psychoanalytic institutes, journals, and professional organizations by illuminating often-repressed concerns about power, authority, and generativity that frame innovation in relational theory and psychoanalytic identity.

At the conclusion of this session participants will:

1. Be able to discuss how intergenerational tensions influenced their professional development so as to better frame conversations about power and authority in psychoanalytic work
2. Be able to observe and name moments of intergenerational tension that may be germane to future priorities for the field
3. Be able to describe how professional hierarchies have influenced their professional decision making



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### **#7: Shaken and Stirred: The Female Analyst and the Male Patient**

**Presenters:** Janet Kelly, MSW, USA; Carol Perlman, MSW, USA; Susan Greenberg, MSW, USA and Hillary Grill, MSW, USA

**Discussant:** Sheldon Itzkowitz, PhD, ABPP, USA

**Moderator:** Maria Eugenia Boetsch, PsyD, Chile

#### **Abstract:**

When a man meets a woman, when a woman meets a man...particular dynamics, often just outside of awareness, unfold. How do we understand what distinguishes the heterosexual gendered connection from other relational configurations? In their book, *Heterosexual Masculinities*, Grossmark and Reis (2009) address the lack of “critical and generative thinking in the world of heterosexual masculinity”(p. xv). Building upon the conversation they’ve begun, this panel will give voice to the near silence surrounding the common, yet underexplored dyad involving female analysts treating male analysands. In our clinical work with heterosexual men, we have discovered that our blind spots and defenses have both obscured and underscored the differences between men and women. Through examining the complex gendered nuances embedded in these couplings, we have been able to open up unexpected potentials for change. We have shaken up our unconscious, half-conscious, disassociated and split-off minds by considering our own personal histories and long-held beliefs about the nature of men, the nature of relationships, the nature of sexuality, and the nature of ourselves as women.

1. The participant will learn how blind spots and defenses impact complex gendered nuances embedded in the dyad.
2. The participant will learn about dynamics that distinguish the heterosexual gendered connection from other relational configurations.
3. The participant will learn how the analyst's personal history and long-held beliefs impact the way the analyst views masculinity, sexuality and relationships.



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### **#8: Varieties of Openness and Vulnerability**

**Presenters:** Lauren Levine, PhD, USA; Deborah Dowd, MSW, USA and Sharon Ziv-Beiman, PhD, Israel

**Discussant:** Mark Gerald, PhD, USA

**Moderator:** Ehud Avitzur, PhD, Canada

**Abstract:**

*Reciprocal States of Being: Repair and Growth in the context of Radical Openness and Mutual Vulnerability, Lauren Levine and Deborah Dowd*

In his courageous experiments in mutual analysis, Ferenczi recognized both the perils and creative potential of the analyst's radical openness to her own subjectivity, and her willingness to let herself be known by her patients. In this panel, we'll explore the deepening and powerful experience, as well as the challenges of mutual vulnerability, the ways in which two analysts' different versions of openness to their own "wounds that must serve as tools" (Harris, 2009) allowed for something new to come into being with their patients. The writer, David Foster Wallace, refers to the need to "break into" the reader, and the reader's experience of "being broken into," leaving both necessarily changed. We hope to spark multiple realms of conversation with each other, our discussant—a psychoanalyst and artist—and the audience about ways in which openness to our reciprocal states of vulnerability with our patients can allow us to work through enactments and reach toward reparation and mutual recognition.

1. Participants will be able to describe the challenges and creative potential of mutual vulnerability in psychoanalysis.
2. Participants will be able to assess the ways in which the analyst's openness to her own subjectivity and willingness to be known by her patient can deepen the work and become a vital source of therapeutic action.
3. Participants will be able to assess their own unique version of openness to their vulnerability and how it might allow for change in analyst as well as patient.

*The 2014 Israel Gaza War and Therapist-Patient Mutual Analysis of Political Stands, Sharon Ziv-Beiman*

During the days of the war in Gaza, political discussions and arguments became part of many therapeutic dyads in Israel. Many aspects of the therapeutic work were challenged while coping with the inevitable need to discuss in therapy the horrifying events and their meaning. In the presented paper, A few examples will demonstrate a variety of different ways through which the political situation during the days of the war and in general became part of the therapeutic process. More specifically, the paper will focus on situations in which the patient's or the therapist's political stand served as a basis for interpretation of the other. The legitimacy and meaning of political-analytic interpretations - interpretations offered by the therapist on the basis of his/her view of the patient's political stand out of her/his own political stand - will be thoroughly discussed, taking into account issues like power structure in the therapeutic alliance, the relevance and legitimacy of analyzing psychoanalytically political opinions and stands, aspects of therapist self-disclosure her/his political perceptions, ethics of discussing issues with relevance for both patient and therapist and more.

1. To conceptualize political-analytic interpretations.
2. To demonstrate a variety of different ways through which political situations during days of the war and in general become part of the therapeutic process.
3. To discuss crucial relevant issues like power structure in the therapeutic alliance, the relevance and legitimacy of analyzing psychoanalytically political opinions and stands, aspects of therapist self-disclosure of her/his political perceptions, ethics of discussing issues with relevance for both patient and therapist and more.



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### #9: Frames That Bend, Break and Cry

Presenters: Deborah Sherman, MA, USA; Sandra Silverman, LCSW, USA and Ivan Alejandro Arenas Segura, PhD, Chile

Moderator /Interlocutor: Judi Kobrick, PhD, Canada

#### Abstract:

*Too Hot to Handle: Negotiating suicidal threat within the analytic frame, Deborah Sherman*  
*When the analytic frame cries, Sandra Silverman*

The psychoanalytic frame often remains outside of our conscious awareness unless something calls our attention to it. Argentine psychoanalyst Jose Bleger likens this to the baby that we only know exists because it cries. He then asks, “But what is the meaning of the frame when it is maintained, when it does not cry?” The papers on this panel describe work with patients who challenged their analyst’s idea of the psychoanalytic frame and as a result of these challenges the frame became more noticeable, the frame “cried”. Drawing on the writings of Bleger, Bass, Bion and Parsons the presenters describe treatments in which patients sought to recreate an early symbiotic relationship and in so doing tried to maintain an illusion that there was no psychoanalytic frame. In addition, these analysts often experienced the patient’s demands and needs as being “outside” the treatment frame or, that what the patient brought to be treated was uncontainable in the traditional analytic process. These patients were unable to talk about what Bass has called “an incompatibility of frames” because they felt it was destructive to the symbiotic tie with their analyst. The task in each of these treatments was for the dyad to begin to talk about the frame as a living part of the analytic relationship.

1. At the conclusion of our panel presentation, participant will be able to discuss contemporary ideas of the analytic frame.
2. At the conclusion of our panel presentation, participant will be able to make use of the concept of the frame and apply it to clinical work.
3. At the conclusion of this presentation participants will be able to identify aspects of containing processes which engage the analytic frame.

*Can't you at least get a job as a waiter? Trying to help a patient to cope with an extensive personal crisis from the emotional ruins of my father's slow decay, Ivan Alejandro Arenas Segura*

The paper presents and analyzes the psychotherapy process of a male patient whom in a short period of time had to cope with an acute personal crisis involving a brain-stroke and the ending of his marriage. The process seemed to help the patient to cope with this two loses until he lost the job he held for more than 30 years due to the bankrupt of the family business. Despite the “excessively” tactful attempts of the therapists to talk about the patient strategy and focus to find a new job, this remained as a mostly silenced and unresolved issue for a long time and gave shape to a hard-to-solve enactment. The relations of my painful experience with my own father’s slow and steady decadence, on one hand, and with my shame to talk about these issues in supervision, on the other hand, are considered. Concepts like intimate edge, pathological accommodation, dissociative structure and enactment, the fear not to repeat and narcissistic armor, among others, are used to analyze the enactment as well as the efforts of both, patient and therapist, to resolve it.

1. To describe the co-construction by both therapist and patient, of a “not-talking-about-that-issue” kind of impasse with a patient going through an acute and overarching personal crisis.
2. To analyze the connection between the impasse and the supervision of the case from therapist’s personal narcissistic needs.
3. To consider the circumstances in therapist’s personal history and its effects upon the construction and de-construction of the impasse with this patient.



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### **#10: Imagination as Container**

**Presenters:** Noelle Burton, PsyD, USA; Christopher Bonovitz, PsyD, USA and Paolo Stramba-Badiale, PhD, Italy

**Discussant:** Steven Cooper, PhD, USA

**Moderator:** Johanna Dobrich, LCSW, USA

**Abstract:**

*Imagination and The Interpenetration of Minds, **Noelle Burton***

*Developing An Inner Space For Imagination: The Analyst's Conflict Between Deadness & Aliveness, **Christopher Bonovitz***

This panel will focus on the therapist's use of his/her imagination in the face of his/her intense negative affects, or bad-analyst feelings. Deploying the therapist's imagination within a context of intense, negative affective experience raises issues, from those relating to the therapist's own warded off historical identifications, to the inner work necessary to reach states of awareness, or consciousness, conducive to emotional thinking, imagination, and reflective functioning. The papers will address these topics, providing clinical material to illustrate these difficulties in our work. The theoretical contributions of Relational self-state theory integrated with Bion and neo-Bionian thinking are highlighted. The panel features a discussant who has written extensively on neo-Kleinian contributions within an overall Relational sensibility. The authors have prioritized interaction with the audience, allotting ample time, in order to stimulate deeper thinking and discussion around these issues.

1. Participants will explain how to effectively work with somatic experience and to help develop symbolic functioning.
2. Participants will discuss how one uses one's imagination to facilitate one's own reflective functioning within an interpersonal context fraught with intense negative affect.
3. Participants will apply an understanding of the integration of neo-Bionian ideas into Relational work with patients.

*Surviving revenge, hate and contempt in the room of analysis, **Paolo Stramba-Badiale***

The goal of the present paper is to provide some examples regarding the changes of anger and aggressiveness in the analytical relationship. This is done also by presenting some bits of clinical confrontation in an initial part of the analysis with a patient, Giada, which cause multiple situations governed by pervasive and strong states of aversion, dominated by hate, contempt, feelings of revenge, when the patient's subjectivity comes close to what we can call "expressions of evil" and "volcanic aggressiveness". Giada's aggressiveness is sometimes planned, in some ways rational and alert. It resembles indeed that of a torturer. It appears as the extreme attempt to modify a recurrent affective state of total lack of affection and affective death. The self-regulation of states of tension and moodiness seems to contemplate the submission to a rigid declination of the need for power. Her empathy is subjected to this submission, which seems to accurately catch what, how and how much she can hurt the other. In the spirit of an absolute isolation, a version of the patient's self, acts devoted to self-sufficiency and tyranny.

1. At the end of the my presentation the participant will be able to engage the aversive states in the analytical room with more self-confidence
2. At the end of the presentation the participant will be able to define the concept of "volcanic aggressiveness"
3. At the end of my presentation the participant will be updated on the psychoanalytic treatment of envy, contempt and hate.