



**Sunday, June 28<sup>th</sup>**

**9:00 am – 10:30 am**

**PANEL SESSION V**

### **#1: Psychoanalysis Beyond Words**

**Speakers:** Janine DePeyer, LCSW, USA and Rose Gupta, PsyD, USA  
**Discussant:** Ruth Gruenthal, MSW, USA  
**Moderator:** Rebecca Mair, PhD, USA

#### Abstract:

*Transformative use of countertransference thoughts, affects, sensations and imagery, **Janine DePeyer***

This paper presents an experimental clinical approach to working within the countertransference. Similar to the wisdom of many ancient spiritual healing practices, this thesis explores the potential for cure through resonant, empathic responsiveness on the part of the therapist. In a theoretical climate exploring the “relational unconscious,” mirror neurons, and the porousness of minds, this paper introduces a technique drawn from an ancient Hawaiian ritual in which the therapist works on locating within him/herself certain affects, thoughts, sensations and imagery that are resonant with his/her patient’s suffering, then applies prescribed meditative steps toward the “cleansing” of these disturbances within him/herself. We explore the correlation between this ancient healing ritual, contemporary theories of transference/countertransference, and recent discoveries in neuroscience and quantum physics that propose the interconnectedness of minds.

1. Attendees will become familiar with current psychoanalytic dynamic “field” theories and contemporary notions of unconscious communication.
2. Attendees will learn the practical steps and background of the Hawaiian healing ritual known as Ho’oponopono, gaining an understanding of how this practice might relate to relational approaches involving empathic attunement, and quantum physicists’ theories proposing the interconnectedness of minds.
3. Attendees will compare and contrast this Hawaiian ritual with contemporary clinical approaches to working with countertransference affects, thoughts, sensations and imagery, engaging in a critical discussion of what constitutes therapeutic action.

*Thinking about trauma; the Analysts encounter with the unthinkable in psychoanalytic theory and the clinical setting, **Rose Gupta***

This paper focuses on unrepresented states in trauma with particular emphasis on the disruption of symbolic thought and the emergence of a non-symbolic object. The author returns to the theoretical schism between Freud and Ferenczi in their use of the concept of introjection, and describes why these controversies have been so important in shaping contemporary views about how we think about trauma.

At the end of this paper presentation, the participant will learn the following:

1. the fundamental difference between Freud and Ferenczi in their use of the concept of introjections
2. the learner will be able to analyze the basic premise of introjection as either a withdrawal from objects or as object-seeking
3. the participant will be able to describe the negative of trauma and recognize the absence of thought and the accompanying non-symbolic object with patients.



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## **#2: Cancer Patients and Relational Psychoanalysis**

**Speakers:** Conway Frances, RN, USA; Frances Dillon, CSW, USA;  
Ted Billings, MSW, USA and Amalia Rivera, MA, Mexico

**Moderator:** Stephanie Bot, PsyD, Canada

### **Abstract:**

*Finding a relational pulse in a medical/oncology dyad: Unveiling the secrets of cancer together,  
Conway Frances and Frances Dillon*

Fran Dillon, CSW and Fran Conway, RN will share their experience of working together in a medical/oncology dyad. On a common journey toward healing, they will explore finding a relational pulse in their interpersonal encounter as patient and nurse during cancer treatment. The importance of both verbal and non-verbal communication during the medical procedures and complementary care will be discussed.

At the conclusion of our presentation, participants will be more familiar with a medical/oncology dyad; and more conversant with living with medical conditions and therapeutic ways to work with the shame of illness and the transformative power of spontaneity and the possibility for aliveness.

### ***Cancer Pain: Collective, Subjective Experience, Ted Billings***

It is commonly understood that the analyst's subjectivity affects his theory making and clinical practice and yet, since the time of Freud, little attention has been paid to how the pain associated with cancer affects the psychoanalytic process. Drawing on the work of various relational psychoanalytic thinkers, clinical material is explored to understand how the thoughts, feelings, beliefs and past experience of both members of the therapeutic dyad affect treatment and how best to find relief from physical and emotional pain associated with cancer.

1. Participants will have a familiarity with the role of pain associated with cancer in psychoanalytic theoretical history.
2. Participants will be able to identify at least two approaches to including their own subjectivity in work with patients with cancer pain.
3. Participants will understand dynamics which affected work of one therapeutic dyad confronted with cancer pain.



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## **#2: Cancer Patients and Relational Psychoanalysis (continued)**

Speakers: Frances Conway, RN, USA; Frances Dillon, CSW, USA;  
Ted Billings, MSW, USA and Amalia Rivera, MA, Mexico

Moderator: Stephanie Bot, PsyD, Canada

### Abstract:

#### *The Usefulness of Relational Psychoanalysis in a Terminal Phase Patient, **Amelia Rivera***

The relational psychoanalysis has proposed and established important modifications within the clinical practice with the intention of taking care of each case based on its particular needs and characteristics. Basic concepts of the psychoanalytical technique are analyzed and discussed throughout this paper with the purpose of outlining the changes proposed by relational psychoanalysis' theorists like Jean Coderch. The case of a patient who died of a frontal lobe tumor is presented and the usefulness of working under the scheme of relational psychoanalysis from the beginning of the therapeutic process is laid out since it was that scheme which made it easier to keep a flexible attitude adaptable to the physical, psychic and emotional conditions that prevailed in the analysis of said patient as the illness evolved. Reference is made about the relevance of the emotional bond that was built between the patient and the therapist throughout the therapeutic process, as well as the moments of encounter and mourning. Lastly, some theoretical aspects proposed by Edgar Morin, Orange, Atwood and Stolorow are reviewed in order to better understand the importance of maintaining a complex view and paying close attention to the inter-subjective work.

1. The student will be able to understand and apply the conceptual and technical differences outlined by the relational psychoanalysis in the clinical practice.
2. The student will be able to analyze and understand the usefulness of keeping a flexible stance in the therapeutic process with patients that present terminal illnesses thus facilitating the type of setting that can adapt to the physical, psychic and emotional needs of such patients.
3. The student will be able to understand the importance of the complexity theory in the psychoanalytical practice and will manage to differentiate the inter-subjective work from the strictly intra-psychiatric one.



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### **#3: Recognizing and Engaging Dyadic Collisions of the Psyche and Soma**

**Speakers:** Fiona Kate Roy Sullivan, PhD, USA; Johanna Malone, PhD, USA and Marina Kovarsky, MSW, USA

**Discussant:** Patricia Ann Harney, PhD, USA

**Moderator:** Miriam Franco, PsyD, USA

#### **Abstract:**

In productive treatments, conflicts between minds and bodies abound within and between analysts and patients. In this panel, three analysts discuss the use of engaging these conflicts in their clinical work. They describe the ways in which conflicts are communicated bodily by patients, how analysts can make use of their embodied countertransference to deepen understanding of the patients' communications. Our first presenter explores the intersubjective collision in dyads of an analyst working with patients with Body Dysmorphic Disorder. Our second presenter considers embodied countertransference and the tensions between surrender and disavowal. Our third presenter explores the ways in which nonverbal narratives relayed by the patient's body provoke shifts in the analyst's mind. The discussant will facilitate an audience-panel examination of body-experiencing, with the aim of activating the tensions articulated, to expand analytic attention to patient-analyst bodily expressiveness and relatedness.

The instructional level of program is intermediate requiring some prior knowledge of specific content area. This panel explores the expressiveness of the body in the context of relationship and psychoanalysis. Taking into account the tensions of somatic experience of both patient and analyst in relationship, three analysts discuss the use of engaging these conflicts in their work. They describe the ways in which conflicts are communicated bodily by patients, how analysts can remain open and intersubjectively make use of their embodied countertransference to deepen understanding of the patients' communications.

Examining material from each presentation, participants will be able to think about how and discuss relational models as they aid in understanding somatic symptoms in patients. Participants will be able to identify ways in which they may be more attuned to the expressiveness of both the patient's and his/her own body in context of psychotherapy. Participants will recognize the intersubjective challenges and collisions occurring for analysts working with patients with Body Dysmorphic Disorder, analysts struggling with tensions surrounding embodied countertransference; and how the analyst's mind is provoked by nonverbal narratives relayed by the patient's body. The discussant will facilitate an audience-panel examination of body-experiencing, with the aim of activating the tensions articulated, to expand analytic attention to patient-analyst bodily expressiveness.



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#### **#4: Discovering the Analyst: Excursions in Subjectivity**

Speakers: Steven Kuchuck, LCSW, USA; Chana Ullman, PhD, Israel and Ari Pizer, MMT, USA

Moderator/Interlocutor: Holly Levenkron, MSW, USA

Abstract:

*Personal, Professional, and the Spaces in Between, Steven Kuchuck*

*The Politics of Survival, Chana Ullman*

*Do I have to tell my patients I'm blind?, Ari Pizer*

This panel will explore the phenomena of the therapist's life experience and psychology, and address controversies and characterizations that surround the integration of the personal and professional. Audience members will listen to ways in which these events and crises impact the tenor of the therapist's presence in the consulting room and affect theoretical and clinical choices. In the first of three papers that comprise this panel, "Personal, Professional, and the Spaces in Between" explores new thinking to illustrate and remedy complications that arise when the analyst's subjectivity becomes bracketed or dissociated. Clinical material and related issues of self-disclosure, therapist temperament, conflicts around being seen, and struggles with self-care will also be discussed. In the second contribution, "The Politics of Survival", an Israeli, second generation Holocaust survivor focuses on the challenges of living and working against a backdrop of severe and ongoing emergency, trauma, and the resulting guilt and blame that always hover. "Do I Have to Tell My Patients I'm Blind?" offers an unusual investigation into conflicts around exposing the presenter's not always obvious blindness and the ways these conflicts manifest in clinical and supervisory relationships. Ample time will be allotted for discussion.

1. At the conclusion of this panel, participants will be able to verbally define what is meant by "the analyst's subjectivity".
2. At the conclusion of this panel, participants will be able to give at least one example from their own practice of how their dissociated subjectivity might have hindered the clinical process.
3. At the conclusion of this panel, participants will be able to give at least one clinical example of how elements of their subjectivity negatively, positively, or inconclusively impacted a patient or moment in the treatment.



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**#5: Inside, Outside, and In Between:  
Can Thinking About Sexual Boundary Violations Bring Us Clinical Wisdom?**

Speakers: Andrea Celenza, PhD, USA and Muriel Dimen, PhD, USA

Discussant: Velleda Ceccolli, PhD, USA

Moderator: Avgi Saketopoulou, PsyD, USA

Abstract:

*Lessons On or About the Couch: What Sexual Boundary Transgressions Can Teach Us About Everyday Practice, **Andrea Celenza***

*Rotten Apples and Ambivalence: Sexual Boundary Violations as a Group Phenomenon, **Muriel Dimen***

The two papers on this panel, and the discussion, offer the chance to consider whether and how shared reflection on sexual boundary violations can improve our work. This topic suits a conference sub-titled “Controversies, Caricatures and Clinical Wisdom.” Long too scandalous for public colloquy, long the focus of gossip and mockery, long beyond the reach of clinical wisdom, this formerly ignored, intractably ubiquitous trouble has finally been admitted to the drawing room of psychoanalytic consideration, thus available to empower new thought. “Lessons On or About the Couch: What Sexual Boundary Transgressions Can Teach Us About Everyday Practice” addresses several conceptual ambiguities, contradictions, and vagueries that serve as either unconscious backdrop or conscious rationale for sexual boundary transgressions. “Rotten Apples and Ambivalence: Sexual Boundary Violations as a Group Phenomenon” uses our intransigent, common affliction to illuminate certain endemic psychosocial problems psychoanalysis faces as an institution. The discussion limns a third space where a conversation about sexual boundary violations, their occurrence, and their recurrence might be possible.

1. The audience will be able to critique the conceptual ambiguities, contradictions, and vagueries that serve as either unconscious backdrop or conscious rationale for sexual boundary transgressions.
2. The audience will be able to describe endemic psychosocial problems - stigma, shame, pollution, and beta elements – which, faced by psychoanalysis as an institution, make sexual boundary violations more likely.
3. The audience will be able to analyze a third space in which it is possible to hold the "unthinkable" not tightly but with nuance and insight.



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## **#6: Theoretical Change, Extensions and Integration: Increased Clinical Complexity and Choices Within Relational Psychoanalysis**

Presenters: James Fosshage, PhD, ABPP, USA and Kenneth Frank, PhD, USA  
Discussant: Marc Sholes, LCSW, USA  
Moderator: Amy Schwartz Cooney, PhD, USA

### Abstract:

*Changing Models of Transference and Their Clinical Implications:  
Residual Assumptions and Attitudes Die Hard, James Fosshage*

*Navigating the Labyrinth of Theoretical and Clinical Multiplicity, Kenneth Frank*

Theoretical and clinical change within the various relational psychoanalytic approaches continues to be robust. While theoretical multiplicity offers the clinician alternative ways of understanding and responding in the clinical arena, it also increases the complexity of the task at hand, a complexity that challenges the clinician and, yet, potentially enhances the efficacy of treatment. This panel focuses on some of the most important theoretical changes in recent years and their clinical implications, highlighting some of the problematic and still not widely understood ways in which residual assumptions from the older one-person model persist in contemporary relational theory. The panel addresses as well both the reluctance on part of many relationalists to integrate the theories and clinical guidelines from other psychotherapeutic approaches and the need to do so in order to further extend psychoanalytic theory and practice.

1. Attendees will learn how a new model of transference challenges clinical assumptions based on the original displacement model of transference that are still operative within relational clinical work.
2. Attendees will learn some ways of advantageously navigating the complexity and potential conflicts that arise in clinically integrating diverse therapeutic ideas and approaches.
3. Attendees will learn how to reframe formulations that explain almost exclusively in terms of the past into formulations that take into account both the past and the present circumstances of the patient's life.



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### **#7: Memories From the Future: The Prospective Function of Enactment**

Presenters: Lewis Aron, PhD, ABPP, USA and Galit Atlas, PhD, USA  
Discussant: Joye Weisel-Barth, PhD, PsyD, USA and Jessica Benjamin, PhD, USA  
Moderator/Interlocutor: Billie Pivnick, PhD, USA

#### Abstract:

This panel consists of a co-authored paper read in two parts by two authors and then a commentary by a renown colleague. The panel as a whole challenges our usual understanding of enactment and expands and deepens the concept by emphasizing its creative and affirmative clinical potential. The article posits that our unconscious hopes and dreams, our goals and ends, pull us toward our destiny, and highlights how we unconsciously anticipate and rehearse for that future. From objects of fate, we become agentic subjects, creators of our destiny, of our futures. Indeed, we suggest that this goal represents an additional layer of meaning to Benjamin's call, "where objects were, subjects must be." The prospective function, an idea first introduced by Jung, does not mean prophetic, but rather it means that we unconsciously "look forward" to future possibilities. The mind exercises or rehearses for future possibilities; it anticipates, sketches, prepares, shapes and constructs. This article develops our understanding of the prospective function by exploring the concept of enactment, a central means by which patients and analysts enter into each other's inner world and discover themselves as participants within each other's psychic lives. Enactments repeat and work through the past and also anticipate, rehearse, and work toward the future, toward the transformation from fatedness to destiny. This thesis is illustrated by two vibrant and pertinent clinical case illustrations.

1. Participants will be able to define the proposed "prospective function" of enactment and explain how it is different from the usually accepted understanding of enactment.
2. Participants will be able to explain the differences between fate and destiny and explicate how and why this difference is relevant in appreciating the clinical value of enactment.
3. Participants will be able to critique psychoanalytic case formulations that include only deterministic linear causal assumptions based on the past as determinative.





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### **#8: The Relational Infant: What do We Know, What Can We Use?**

Presenters: Eleanora Fabia Banella, MA, Italy; Seth Aronson, PhD, USA and Talia Hatzor, PhD, USA

Discussants: Pasqual Pantone, PhD, USA and Nino Dazzi, PhD, Italy

Moderator: Susan Warshaw, EdD, USA

#### Abstract:

*Do Infants really have an Implicit Relational Knowing?, Eleanora Fabia Banella*

This research contributes to the understanding of implicit relational knowing as a form of procedural knowledge that arises in the interactional processes between infants and caregivers. The findings of this study suggest clinical implication for therapeutic treatment with children and adults. As it happens between mother and child, repeated patient-therapist interactions generate changes in the patient's Implicit Relational Knowing, with the possibility for new and more coherent forms of interaction. This study investigated infants' individualized procedural communicative behaviors as exemplar of the unique ways of being in a relationship that are established early in development. The purpose was to observe whether infants utilize unique eliciting behaviors (UEBs) during the still-face episode of the SF Paradigm, as strategies for soliciting mothers' typical response during the Still-Face Paradigm (SF, Tronick et al., 1978). To investigate UEBs, forty-five 24-weeks-old and nineteen 43-weeks-old babies were observed in the Still-Face Paradigm. Overall, results showed that infants acquire UEBs with repetitions of typical interactions with their caretakers, and are able to make use of these behaviors with the development of different capacities (cognitive, motor, emotional), in an attempt to elicit a response from an unresponsive mother. UEBs can be incorporated into a procedural relational knowledge, which can then be used for different purposes in a different context. Implication for analytic therapy is that the analyst and analysand, over the course of their being together develop increasingly unique implicit relational knowing about one another and about their relationship.

1. Describe implicit relational procedure in mother-infant interaction and infant's procedural communicative behaviors.
2. Examine how implicit relational knowing develops in the ongoing interactional process.
3. Analyze how the development of mother-child implicit relational knowing can explain therapist-patient co-creation of implicit relational knowing.



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### **#8: The Relational Infant: What do We Know, What Can We Use? (continued)**

Presenters: Eleanora Fabia Banella, MA, Italy; Seth Aronson, PhD, USA and Talia Hatzor, PhD, USA

Discussants: Pasqual Pantone, PhD, USA and Nino Dazzi, PhD, Italy

Moderator: Susan Warshaw, EdD, USA

#### Abstract:

*'Thinking about Thinking': The Teaching and Learning of Supervision, Seth Aronson*

*The Baby as the Source of Learning: Esther Bick's Infant Observation method, and its Contribution to Training and Clinical Work, Talia Hatzor*

Recent developments in psychoanalytic thinking have led to new ways of considering the nature of intersubjectivity. Ammaniti and Gallese (2014) posit that we must consider the role of the motor system in making sense of others' behavior—without necessarily using language—may be foundational in creating intersubjectivity. Towards this end, the role of mirror neurons, which now seem to be implicated in our capacity to share emotions and sensations with others (Gallese, 2006) is significant in the establishment of the self-other relationship, or Buber's (1923) I-Thou. Many contemporary analytic writers, including Peter Fonagy and his colleagues (e.g. 2001,) and Daniel Stern (e.g. 2004), Beebe (2010) highlight the importance of the caregiver's attunement, mentalization, and capacity to read the infant's signals as critical to the child's developing secure attachment as well as the ability to mentalize. Being securely attached to a caregiver creates the chance to develop an intersubjective connection and this intersubjectivity can be the first step towards attachment to this person as well. Ammaniti and Gallese describe the pre-verbal role of "intercorporeality". As they write, "the other's emotion is first and foremost constituted and directly understood by reusing part of the same neural circuits underpinning our first person experience of the same emotion." What are the implications of this model for teaching and supervising? This critical aspect of psychoanalytic training is often ignored in the literature, with few notable exceptions (Berman, 1996).

This paper will explore the utility of these new ideas, drawn from the intersubjectivity, attachment and mentalization literature, to the teaching and supervising of psychoanalytic candidates. Particular attention will be paid to the role of the body in the development of these capacities and its role in helping trainees to understand transference and countertransference.

At the end of the panel, participants will be able to:

1. Describe two distinguishing features of Esther Bick's model of infant observation
2. Apply three recent findings from the neuroscience literature to a psychoanalytic understanding of intersubjectivity
3. Identify three ways in which parent-infant models are useful for application to clinical practice, and teaching and supervision



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### **#9: Transitional Space as a Gateway to Intersubjectivity**

**Presenters:** Maria Cristina Gomez Alvarez, PhD, Mexico and Alejandra Plaza Espinoza, PhD, Mexico  
**Discussant:** Steven Knoblauch, PhD, USA  
**Moderator:** Karl Southgate, MA, USA

#### **Abstract:**

*The Verbal and Nonverbal Dimensions of Interaction: an Interdisciplinary Approach in the Treatment of a Severely disturbed Patient, Maria Cristina Gomez Alvarez*

When Maria got into my office I was faced –like never before- with a world of nonsense and lack of subjective experience. How could I help a girl with such a story of abuse and neglect? Would my training as a classical psychoanalyst be enough to deal with such a disturbed mind? Bion, Winnicott, Bollas and Ogden were surely in my thoughts. I decided however to turn to neurosciences and infant research in trying to find more answers. The work of Philip Bromberg, Allan Shore and Beatrice Beebe came up as possible sources of help. Concepts like dissociation, enactment, thoughtful self-revelation, self and interactive regulation, verbal and nonverbal dimensions of the mind came, all together, to open up new ways of understanding and working with “difficult patients”. For three years now I have been working with Maria in what I consider a pleasant and rewarding journey. Here, I intend to recount our story.

#### *The Reconstruction of a Story that is About to be Lived, Alejandra Plaza Espinoza*

Part of the description of Elisa’s treatment, provides insight into her marital problems where one can appreciate, the different self-states her mind is divided into. The dissociation emerges from her fear of reliving her parents’ abandonment at the present time with her husband and, thus, of feeling that she has no place in the world. She unconsciously promotes the repetition of her past story in the present. This dissociation appears as a Disorder of Subsequence of time, since Elisa doesn’t experience a change in time because her actions have no consequences in her surroundings. The therapeutic relation suffered an impasse due to a connection between the analyst and the patient’s dissociated parts, resulting in an enactment. The therapeutic work consisted in verbalizing the non-formulated experience as to what was going on between analyst and patient, in order to differentiate each of their stories and allow the patient to construct her own place in the relation. The reconstruction of a story that is about to be lived, has to do with the ability to connect the dissociated elements from the present experience, with the purpose of giving a new meaning to the past experiences, that were separated and to be able to build a different future, by writing of a new story in the therapeutic relation.

1. People attending the conference will be able to see how a theory of interaction for psychoanalysis must address the nonverbal or “implicit” (procedural/emotional/) as well as the verbal or “explicit”, dimension of the interaction as a valuable framework with these patients.
2. The learner will be able to analyze how a therapist works with enactments, dissociation and “shared reverie states” when massive or developmental trauma has occurred.
3. The learner will be able to analyze how the limits and usefulness of self-revelation would be utilized within a rationale of facilitating intersubjective negotiation and the need to construct new self-meaning in the service of relational spontaneity and creativity.



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### **#10: On the Analytic Functions of Negotiation and Interpretation**

**Presenters:** Jack Foehl, PhD, USA; Marco Bernabei, PhD, Italy and Ingrid Pedroni, PhD, Italy

**Moderator/Interlocutor:** Ann Marie Maxwell, PhD, Mexico

**Abstract:**

*Interpreting and Not Interpreting as Fetish: Something More and Something Less, Jack Foehl*

With the contemporary paradigm shift to contextualized participation, relational thinkers and others have repeatedly questioned the mutative role of interpretation. In certain circles interpretation remains valorized to the point of becoming a fetish. Although intended as a serious intervention for therapeutic ends it can become for the analyst an end in itself. Yet might our fascination with “something more,” our engagement in the immersive non-discursive immediacy of process, become valorized to the point of fetish itself? What do we lose when we locate the mutative beyond the work of putting experience into words? In this talk I highlight a tension in our work between speaking and perceiving, between representational and non-representational change as a path beyond fetishizing our technique toward either interpretation or ‘something more.’

As a result of having attended this presentation participants will:

1. Describe the pitfalls of a stance that separates analytic listening from analytic interpreting, and that over-valorizes interpretation.
2. Critique a stance that over-valorizes not interpreting, finding the mutative in the participation of an unfolding process.
3. Describe the dialectic tension between speaking and perceiving as resolutions to technical extremes.

*The capacity to generate children, Marco Bernabei*

*Parental roles in relation to grown up children, Ingrid Pedroni*

The panel illustrates through three case histories the origin and consequences of relational patterns marked by an outstanding inhibition in facing and negotiating conflicts inside the couple and between parents and children and shows how different clinical approaches, derived from contemporary psychoanalysis, can help in achieving a more flexible “relational pulse”.

1. Analyse the dysfunctional family patterns that inhibit the capacity to negotiate relations between partners in the couple and between parents and children
2. Understand how an explicit, strong and engaged effort according to relational patterns of clinical work can help the patient in giving voice to his/her requirements by learning how to negotiate with the analyst
3. Explain how sustaining the patient’s need for recognition through an attitude consistent with self psychological principles can enhance his/her sense of personal efficacy and therefore increase the capacity for negotiation and self-assertion