Thursday, June 14th  
2:00 pm – 3:30 pm  
Paper/Panel Session 2

1. Invited Panel: Psychoanalytic Otherness: Theoretical Collisions and Overlaps Among Us

Speakers: Lewis Aron, PhD, FABP, ABPP, USA; Joyce Slochower, PhD, ABPP, USA; and Sue Grand, PhD, USA

Discussant: Sam Gerson, PhD, USA

Abstract:
This intermediate panel explores some of the contributions and limitations of relational theory from the inside. Four prominent relational thinkers bring a critical eye to relational thinking and unpack its limitations. Central to this panel is an attempt to move away from splitting and “othering” and to instead invite the audience to think hard about relational theory’s contributions and limits. The panel includes three short presentations, one addressing the limits of a relational holding model, another addressing the theoretical gaps in relational trauma theory and a third discussing one of the central founding premises of relational theory (the opposition of drive and relational paradigms) and why that proposition is now controversial. The discussants will generate questions that bring the audience into our conversation with the aim of deepening and broadening our understanding of relational thinking.

Learning Objectives:
At the end of this presentation, participants will be able to:
1. Describe some major contributions of relational thought;
2. Delineate some of the problematic elements inherent in a relational perspective;
3. Describe one problem with the core foundational definition of the relational approach.
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2. Meet-the-Author: Keeping Hope Alive: Psychoanalytic Reflections

Author:       Sandra Buechler, PhD, USA

Abstract:
In the current climate, it would be easier than ever for clinicians to burn out. Our own, and our patients' distress can make it difficult to continue believing in change, and working toward a kinder, saner world. We need to keep our own hope alive, and inspire it in our patients. And we need to communicate a cherishing of the truth, not as a means to an end, but as an end in itself. In this "Meet the Author" session I will reflect on what can sustain us, as we face troubled times for our profession and for the wider society we live in. I look at how our education and clinical experience can prepare us to make positive contributions in this climate. Much of my writing and clinical work has focused on the emotions that, potentially, empathically bind us to one another. No human being goes through life without experiencing sorrow, loneliness, pain, shame, guilt, and fear. As analysts we meet these human feelings in ourselves and others every hour. How can we use this resource to contribute to our professional community, our patients' lives, and our own self understanding?

Learning Objectives:
At the end of this presentation, participants will be able to:
1. List and discuss some of the emotions that are part of all human experience, and potentially, can facilitate empathy with the dilemmas of others;
2. Describe how an understanding of emotions can be applied to moment by moment clinical exchanges;
3. Assess the defensive functions of some emotions, such as contempt, hostility, and disgust.
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3. Internal/External Focus in Clinical Work

Speakers:  Ida Roldan, PhD, LCSW, USA; Janna Sandmeyer, PhD, USA; Reyna Hernandez-Tubert, MD, PhD, Mexico; and Juan Tubert-Oklander, MD, PhD, Mexico

Discussant:  Estelle Shane, PhD, USA

Moderator:  Cynthia Medalie, LCSW, USA

Abstract:

The Transgenerational Transmission of the Colonized Mind:  Puerto Rico

Ida Roldan

Influenced by Denis, Fanon, and Silverman, I will use Puerto Rico as an example to elaborate their ideas on the nature of colonialism in Puerto Rico and the psychological damage it caused in the colonial peoples of Puerto Rico as well as in the colonizer. I will describe how the assumptions and attitudes of the colonizer get internalized by the colonized and transmitted from one generation to the next. Through memoir, historical and political examples, this presentation will explore how identity is created for the colonial subject by colonial racism.

Learning Objectives:
At the end of this presentation, participants will:
1. Be able to describe the importance of contextualizing our client’s social, political and cultural histories of our clients;
2. Understand more deeply how the outside impacts the person our client has become;
3. Learn the psychological damage that impacts the identity created for colonized people and gets transmitted from one generation to the next.

Abstract:

A Room with a View: Dispatch from a Consulting Room in Washington, DC

Janna Sandmeyer

This paper will depict the personal impact of the current political climate on those of us living in Washington DC. Specifically, how people’s lives are affected - from a devaluing of our home (‘the Swamp), to an undermining and disdain for peoples’ life work (i.e., EPA and State Department employees),
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3. Internal/External Focus in Clinical Work (continued)

Speakers: Ida Roldan, PhD, LCSW, USA; Janna Sandmeyer, PhD, USA; Reyna Hernandez-Tubert, MD, PhD, Mexico; and Juan Tubert-Oklander, MD, PhD, Mexico

Discussant: Estelle Shane, PhD, USA

Moderator: Cynthia Medalie, LCSW, USA

Abstract: *A Room with a View: Dispatch from a Consulting Room in Washington, DC* - continued

**Janna Sandmeyer**

to having members of the current Administration as our neighbors and members of our community. The particular challenges this presents to the people living and working in Washington will be illuminated in clinical vignettes that portray various aspects of the dilemmas and contradictions with which clinicians in the DC area are grappling. To be a therapist in DC these days means an unrelenting and inescapable exposure to the Administration, both in the office and in the community. With no easy path and no end in sight, the therapist finds that often the process of ‘going through it together’ allows one to arrive at a broader perspective on the meanings – individual and social – of some of these unprecedented political events. This process of meaning-making together results in a deeper connection to patients that mitigates the pain and uncertainty of the present political climate.

Learning Objectives:

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

1. Describe how being in Washington DC presents specific challenges to the therapist with regard to immersion in and immediacy of the political situation;
2. Analyze potential conflicts between patient and therapist’s self-interest as these conflicts manifest in the context of the current political climate;
3. Describe how deeper connection between therapist and patient mitigates pain and uncertainty for both members of the therapeutic dyad.
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3. Internal/External Focus in Clinical Work (continued)

Speakers:  Ida Roldan, PhD, LCSW, USA; Janna Sandmeyer, PhD, USA; Reyna Hernandez-Tubert, MD, PhD, Mexico; and Juan Tubert-Oklander, MD, PhD, Mexico

Discussant:  Estelle Shane, PhD, USA

Moderator:  Cynthia Medalie, LCSW, USA

Abstract:

*Being left out in the cold: The traumatic effects on an unresponsive social matrix and the urgent need for a new paradigm of the human being*

**Reyna Hernandez-Tubert & Juan Tubert-Oklander**

Psychoanalysis’ traditional anti-environmental bias implied the rejection of the import of actual relationships and events, both past and present, as well as of cultural, social, and political factors and occurrences on psychic life and experiences. This brought about a serious limitation of the scope and depth of the psychoanalytic inquiry and treatment. The attempts to redress this distortion and transcend the ensuing limitations have come from both psychoanalysis and group analysis, striving to integrate the intrapersonal, interpersonal, and transpersonal dimensions of human existence. But we are still hindered by some of the assumptions underlying the psychoanalytic tradition. There is an urgent need for a major revamping of our theories, in order to construct a new multidimensional paradigm of the human being, to replace the individualistic and determinist assumptions of classical psychoanalytic theory. Persons are always not only intimately related to other persons and groups, but they also have a deep and most significant relation with the social matrix as a whole and with its institutions and authorities, which is expected to be one of containment, nurture, care, and fairness. Whenever the social matrix fails to respond to these needs and expectations, the results are dire traumatic collective experiences, which need to be healed through other means. The authors analyze one instance of such traumatic failure and the collective efforts to redress its consequences in the September 2017 Mexico City earthquake and its aftermath.
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3. Internal/External Focus in Clinical Work (continued)

Speakers: Ida Roldan, PhD, LCSW, USA; Janna Sandmeyer, PhD, USA; Reyna Hernandez-Tubert, MD, PhD, Mexico; and Juan Tubert-Oklander, MD, PhD, Mexico

Discussant: Estelle Shane, PhD, USA
Moderator: Cynthia Medalie, LCSW, USA

Abstract:
Being left out in the cold: The traumatic effects on an unresponsive social matrix and the urgent need for a new paradigm of the human being - continued

Reyna Hernandez-Tubert & Juan Tubert-Oklander

Learning Objectives:
At the end of this presentation, participants will be able to:
1. Discuss and analyze the implications for psychoanalytic theory and practice of the anti-environmental bias that ensued after the abandonment of the traumatic theory of neurosis;
2. Discuss the various attempts to redress the bias in psychoanalytic theory and practice and assess the need to construct a new paradigm of the human being as a better basis for psychoanalysis than Freud’s original assumptions;
3. Discuss and analyze the import of social and political events in the occurrence of individual and collective trauma, particularly in the case of natural catastrophe.
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4. To Have and Have Not: Reproduction and its Relationship to Gendered Power

Speakers: Rebecca Harrington, LCSW, USA and Adam Kaplan, PhD, USA
Discussant: Barbara Pizer, EdD, USA
Moderator: Zina Steinberg, EdD, USA

Abstract:
In recent decades, the construct of “family” has changed. Options have expanded regarding voluntary childlessness; the age typically associated with reproduction; and the number of people that may be involved in the creation and nurturing of a child. However, shifting social behaviors don’t always go hand-in-hand with a change in societal norms. This remains the case at the intersection between American cultural values and procreation. Our panel explores how power continues to be distributed to those that fit within a binary conceptualization of gender and, from within that paradigm, meet gendered expectations regarding children: Women reproduce, and men are capable of reproduction. Drawing from personal and clinical experience, each presenter will discuss how straying from these norms can result, in the words of this conference, in chronic feelings of inequality and disempowerment. Recent changes in our political and cultural landscape have only intensified these dynamics. Using a clinical lens, this panel also confronts aspects of psychoanalytic theory, which has historically reinforced the cultural reproduction mandate and its accompanying distribution of gendered power. The discussion period following the presentations will include an exploration of the role of class and race, and how the very expectations that grant power to the economically privileged can bring about accusations of irresponsibility and a reduction in power in lower income populations.

Learning Objectives:
At the end of this presentation, participants will be able to:
1. Analyze the presence of pronatalist cultural assumptions in their clinical work;
2. Assess the influence of cultural stereotypes of manhood and womanhood on their patients facing fertility challenges;
3. More effectively describe gendered assumptions of power and assess how they impact the patients with whom they work.
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5. Surviving the Political Other

Speakers: Shifa Haq, PhD, India; Christina Emanuel, MFT, PsyD, USA; and Irwin Hirsch, PhD, USA
Discussant: Neil Altman, PhD, USA
Moderator: Tessa Philips, PhD, Australia

Abstract:

\textit{Surviving through Destruction- Reading Gandhi in Winnicott}

\textbf{Shifa Haq}

In his seminal paper, ‘The use of an object and Relating through Identification’ (1969), Winnicott put forward a new thesis on emotional development - the capacity to use an object. Laying beyond the realm of interpretation, the paper heralded a vast area of exploration in psychoanalysis. Winnicott’s idea on ‘the use of an object’ is fundamentally a study on relation between subjective phenomenon and a shared reality. Winnicott writes, ‘The object, if it is to be used, must necessarily be real in the sense of being part of shared reality, not a bundle of projections’. On destroying the object, the subject anticipates the future of her omnipotent control over the object. The object has a future, or value for the subject, as long as it survives the destruction. To survive, Winnicott insists, is to become an object outside the subject’s omnipotent control; to remain alive; to act without retaliating; to reveal one’s autonomy and life beyond projections. By considering the capacity to use an object as a labour of facilitating environment- and not an innate, involuntary instinct- Winnicott affirms relationality over individuality. This insistence, on survival and destruction, is a moment of birth for politics of relationality and an ethical relatedness in psychoanalysis. While Winnicott underscores the meaning of survival of the object for the subject, what does the object find in herself to survive the destruction? What transformations must the object undergo as it tries to survive the attacks? Is our reading of Winnicott truly relational? Who is the relational other for Winnicott, a British psychoanalyst? A “half naked fakir”? As we engage with political and social suffering, in an increasingly violent world, can we read Winnicott without reading Gandhi? The proposed paper will attempt to put into dialogue Winnicottian notion of destruction and survival with Gandhi’s soul-force, or \textit{satyagraha}, that is, an active engagement with the other, through a compassionate, non-violent insistence of truth. In our search for survival, we may create or find, Gandhi’s self-suffering as a decision to bear the unspeakable suffering of the other, to convert it than to coerce it, in hope to find a true-self relatedness. Can doing psychoanalysis and doing politics become one? The paper hopes to explore psychoanalysis’s commitment to surrender, survival and non-violence, in clinic and the world, as a potential space of renewal from our collective weariness.
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5. Surviving the Political Other (continued)

Speakers: Shifa Haq, PhD, India; Christina Emanuel, MFT, PsyD, USA; and Irwin Hirsch, PhD, USA
Discussant: Neil Altman, PhD, USA
Moderator: Tessa Philips, PhD, Australia

Abstract:
Surviving through Destruction- Reading Gandhi in Winnicott - continued

Shifa Haq

Learning Objectives:
This presentation will:
1. Explicate similarities between Winnicottian notion of Object usage and Gandhi’s use of non-violence to forge a relation with the other;
2. Analyze the need to read Winnicott and Gandhi together;
3. Describe new ways of thinking of politics and psychoanalysis in the everyday.

Abstract:
The Ultra-Conservative as Other: It’s Personal and It’s Clinical

Christina Emanuel

During the recent IARPP online colloquium in which we discussed Searles’ 1972 paper on the environmental crisis, I found myself interested in the subjectivity of the climate change denier, including the lengths people go to maintain such denial. I come by this interest honestly, as I have grown up in an ultra-conservative, religious family, one populated with climate change deniers and Trump supporters alike. Similarly, I have patients who believe that climate change is a hoax, perpetrated by liberals whom they believe possess coercive power to, among other things, valorize a diversity agenda at the expense of white people. Engaging with clinical material, in this presentation I will explore themes such as the forces that reinforce the selective and defensive multiplicity in ultra-conservatives and issues that arise when engaging with this population clinically. Theo Wilson (2017) states that “liberals have this wide acceptance for everybody except for those with honestly held conservative viewpoints,” so feeling our
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5. Surviving the Political Other (continued)

Speakers:  Shifa Haq, PhD, India; Christina Emanuel, MFT, PsyD, USA; and Irwin Hirsch, PhD, USA

Discussant:  Neil Altman, PhD, USA

Moderator:  Tessa Philips, PhD, Australia

Abstract:

The Ultra-Conservative as Other: It’s Personal and It’s Clinical - continued

Christina Emanuel

way into such alien territory stretches our theory and the limits of our empathy. I will end this presentation by exploring the analyst’s subjective experience when coming to terms with her own experience in a very conservative family, including the extent impacts her feeling her way into her a conservative patient’s experience.

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

1. Contrast the selective and defensive multiplicity of ultra-conservatives with the multiplicity of contemporary psychoanalysis;
2. Describe three things clinicians can do to prepare for working with an ultra-conservative patient;
3. Utilize an understanding of the analyst’s subjective experience vis-à-vis conservative politics to work with conservative patient.
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5. Surviving the Political Other (continued)

Speakers: Shifa Haq, PhD, India; Christina Emanuel, MFT, PsyD, USA; and Irwin Hirsch, PhD, USA
Discussant: Neil Altman, PhD, USA
Moderator: Tessa Philips, PhD, Australia

Abstract:
On Pathologizing Political Otherness

Irwin Hirsch
Given the current extraordinary political and cultural divisiveness existing in the USA, there is a strong tendency for opposing groups, in a binary, good-bad manner, to demonize one another. For psychoanalysts, largely left-leaning ideologically, this may take the form of positing unsavory clinical diagnoses to those groups and individuals who represent the other.

Learning Objectives:
At the end of this presentation, participants will be able to:
1. Assess the distinction between analyst’s personal beliefs and clinical judgments;
2. Aid analysts in applying their personal emotional reactions to advance the clinical situation;
3. Help analysts apply and channel their personal beliefs in the service of helping patients with whom they may share few values.
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6. Occupying the Session/Standing between Fixed and Fluid Political Identities

Speakers: Stephen Hartman, PhD, USA; Avgi Saketopoulou, PhD, USA; and Orna Guralnik, PsyD, USA

Discussant: George Hagman, MSW, USA

Moderator: Deborah Dowd, MSW, USA

Abstract:
Race, ethnicity, nationality, as well as gender and sexuality convene in a doer and done-to arrangement that takes HeteroWhiteness as its gold standard. Despite our best efforts to interrogate intersubjectivity with an intersectional lens, the multiple self quickly gets caught in the crossfire between the developing millennial world’s dream of fluidity and a reactionary push to reify splits and oppositional binaries. These binary categories prompt dissociation and despair as much as belonging. We present three case vignettes to ask: what do reified identity categories come to mean between analyst and patient? Do they become qualities of the patient or a silent contract operating between them?

Learning Objectives:
At the end of this presentation, participants will be able to:
1. Describe how intersectional identity categories become reified and binarized, thereby undermining the very complexity they seek to inhabit;
2. Identify contradictions between fluid and fixed identity categories, and how these paradigms differently effect the analytic field;
3. Identify moments of depersonalization that prevail in the use of reified identity categories.
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7. The Experience of Therapists Sharing Silence, Presence and Hope

Speakers: Gianni Canepa Lowey, MD, Chile and Pilar Mardones Dominguez, PS, MA, Chile
Discussant: Rosario Castano Catala, B.A. Psych, Spain
Moderator: Danielle Novack, PhD, USA

Abstract:
Contemplative practices such as mindfulness meditation are being widely integrated into our professional field, in the lives of our patients and in our lives. The dialogue between such practices and contemporary psychoanalytic theory is deepening, thus nourishing the understanding of the workings of the mind and human suffering. Embodiment refers to our “psychological grounding within bodily states.” (Michalak et al, 2012)

Mindfulness of the body is the first foundation of mindfulness practice including mindfulness of breathing and bodily sensations. With increased awareness of the physical body comes increased awareness of emotional and mental states (Bogels et al., 2014; Michalak et al, 2012). This presentation is intended to be an invitation for participants to experientially appreciate the possibility to arrive at the present moment awakening our mind and body through our senses. Short mindfulness meditation guidance will be followed by shared silence, after which we will open a space for participants to share emerging insights and “free associations after meditative silence” in an intersubjective resonating environment.

As KabatZinn says: “Trust in the practice, trust in the silence, in the spaciousness of awareness that does not to have to be filled with anything, trust in a moment that does not have to give rise to anything else or be described, trust in the beauty of each person in the room as they are”. This experience is intended to honor our professional practice, to hold ourselves and others in silence, to be aware of our mental, emotional and body state moment by moment as something significant in each encounter with another, and the most important thing to be with colleagues from different parts of the world in a collective space, without judging ourselves and just be who we are.

Learning Objectives:
At the end of this presentation, participants will:

1. Have an experience of practicing silent group meditation in the midst of an international congress;
2. Assess the importance of practicing mindfulness meditation embodying the “present moment”;
3. Experience the mystery of appreciating the emergent sharing that naturally and spontaneously arises after meditation practice.
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8. Severe Trauma and Modes of Healing

Speakers:  Boaz Shalgi, PhD, Israel; David Levit, PhD, USA; and Evelyn Rappoport, PsyD, USA
Discussant:  Joseph Newirth, PhD, ABPP, USA
Moderator:  Elizabeth Harvey, PhD, Canada

Abstract:
"The Language of Trauma": Matte-Blanco’s contribution to understanding the patient therapist encounter in the areas of trauma

Boaz Shalgi
This paper perceives the encounter of patients and therapists in traumatic areas not only as an enactment of dissociated subjectively and inter-subjectively co-created contents, but also an encounter with intolerable modes of experience and forms of thinking, which are unique to the traumatic way of being and experiencing. The paper uses Matte-Blanco’s thorough examination of Freud’s (1900, 1915) characteristics of the unconscious, and presents in detail his conceptualizations of the principle of symmetry (Matte-Blanco, 1998, p. 20), the indivisible mode of experience (P. 27), and some of his specific forms of bi-logical structures. An attempt is being made to use these conceptualizations in order to generate and characterize a distinctive language, “the language of trauma” which can be of help in finding our bearings in those areas where all logic and organization of thinking are extinct, in penetrating the core of the traumatic experience and existence, and in speaking to our patients in a way that might make them feel more deeply understood. Clinical examples are presented in order to shed light on this “language” and on its potential contribution to the therapeutic encounter where it is under the ‘attack of the traumatic’.

Learning Objectives:
At the end of this presentation, participants will:
1. Be able to describe Matte- Blanco’s formulations regarding the characteristics of the unconscious way of thinking, feeling and being;
2. Learn about the difficulties which arise when therapists try to create a dialogue with the traumatic parts of their patients, or with their dissociated self-states;
3. Learn to utilize Matte- Blanco’s formulations in order to learn how to try and reach their patients in areas of traumatic experience and existence.
8. Severe Trauma and Modes of Healing (continued)

Speakers: Boaz Shalgi, PhD, Israel; David Levit, PhD, USA; and Evelyn Rappoport, PsyD, USA
Discussant: Joseph Newirth, PhD, ABPP, USA
Moderator: Elizabeth Harvey, PhD, Canada

Abstract:
Somatic Experiencing: Enriching Psychoanalytic Treatment for Severe Trauma and Catastrophic Dissociation

David Levit

Dr. Levit focuses on treatment with patients who are vulnerable to catastrophic states of profound dissociation and overwhelming autonomic and emotional dysregulation. This includes those who have suffered various forms of trauma. Dr. Levit reviews the Relational emphasis on one element of dissociation, that involving compartmentalization and sequestration of self-states. The Relational literature beautifully illustrates therapeutic enactments through which sequestered disturbed and disturbing self-states become repeated, worked through and remembered. However, Dr. Levit focuses here, not on this element of the collapse into compartments, but rather on another catastrophic manifestation of dissociation, namely, states of utter fragmentation and dissolution. When the full “tsunami” occurs, patients are so flooded inwardly that they cannot even process our words. These patients disappear from their present surround, double over into non-responsive, losing time, both in and out of sessions. While the compartmentalizing and the dissolving aspects of dissociation co-occur, there is a real difference between a patient in a state of enacting an old narrative vs. one who has lost narrative coherence altogether. What do we do when such utterly catastrophic states continue in a perseverative, non-generative way, despite our efforts to hold, contain, or call out to other self-states. Relational theorists emphasize our crucial role in co-regulation of safety vs. danger. However, Relational theory, nor other psychoanalytic schools, has provided sufficient models for facilitating needed regulation in the face of these utterly catastrophic states. This dilemma led the author to look outside of the psychoanalytic canon, in particular to one model from traumatology, Somatic Experiencing (SE). SE is a non-psychoanalytic, bio-psychological model, developed by Peter Levine, precisely for treatment of patients whose psychic and somatic systems are vulnerable to profound dysregulation. Dr. Levit uses clinical process in order to illustrate the SE model and how its perspective and focal techniques can
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8. Severe Trauma and Modes of Healing (continued)

Speakers: Boaz Shalgi, PhD, Israel; David Levit, PhD, USA; and Evelyn Rappoport, PsyD, USA
Discussant: Joseph Newirth, PhD, ABPP, USA
Moderator: Elizabeth Harvey, PhD, Canada

Abstract: 
**Somatic Experiencing: Enriching Psychoanalytic Treatment for Severe Trauma and Catastrophic Dissociation** - continued

David Levit

enfold into psychoanalytic treatment to enrich our psychoanalytic ways of looking, listening, and responding, as we attempt to facilitate essential regulation in the process of exploration.

Learning Objectives:
At the end of this presentation, participants will be able to:
1. List central principles of Somatic Experiencing as a perspective and treatment approach for work with trauma and dissociation;
2. List several specific options for interventions with patients in states of autonomic dysregulation, in order to facilitate the patient regaining autonomic regulation;
3. Describe ways in which the utilization of Somatic Experiencing techniques in psychotherapy are consistent with central psychoanalytic principles about treatment.

Abstract: 
**Trauma Healing: From the unimaginable to the imagined and reimagined**

Evelyn Rappoport

The imaginative process is a source of creativity and personal meaning. In fact, Steve Mitchell (1993) wrote that psychopathology might well be considered a failure of imagination, a life that is stuck because old constraints foreclose the possibility of new experiences, new states of mind. What then do we make of a world where the unimaginable becomes the reality, where lies become truth and truth become lies? How do we enter into treatment with patients who present with complex trauma, while simultaneously both analyst live in the shadow of social and political forces driven by a manic pursuit of power, racism, hatred and terror. Clinical vignettes of therapeutic encounters with highly traumatized, dissociated
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8. Severe Trauma and Modes of Healing (continued)

Speakers: Boaz Shalgi, PhD, Israel; David Levit, PhD, USA; and Evelyn Rappoport, PsyD, USA
Discussant: Joseph Newirth, PhD, ABPP, USA
Moderator: Elizabeth Harvey, PhD, Canada

Abstract:

Trauma Healing: From the unimaginable to the imagined and reimagined - continued

Evelyn Rappoport

patients who are unable to imagine or dream are described. In such instances, words and interpretations are meaningless it behooves the analyst to enter into embodied experiential communications through shared somatic subjectivities and somatic reveries. Contiguous embodied experiencing enables the analyst to viscerally feels the patient’s raw emotions together, analyst and patient co-create an intense synchronized coupling of embodied affective resonance which can generate a sense of aliveness and authentic presence on the road to healing.

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

1. Identify and track implicit state shifts and communications in the body when the narrative is frozen and unchanging;
2. Identify and describe three somatic intersubjective regulation practices in treatment;
3. Co-construct somatic imagery through the interplay of shared somatic reveries and subjectivities in the somatic transference and countertransference matrix.
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2:00 pm – 3:30 pm

Paper/Panel Session 2

9. Politics in Analysis

Speakers: Maya Mukamel, PhD, UK; Noga Ariel-Galor, MA, Israel; and Uri Hadar, PhD, Israel
Discussant: Juan Francisco Jordan, MD, Chile
Moderator: Amira Simha-Alpern, PhD, USA

Abstract:
Critical theories have contributed to the psychoanalytic formulations of "the subject": We are not only modelled by our caretakers, but also by the norms, values and identities of society and our place in it. A subject is therefore a socio-political being who performs and enacts not only inner conflicts, but also conflicts that may originate in the socio-political order. However, when it comes to analysis, considering the socio-political in the construction of the subjective and the intersubjective encounter can be perplexing: on the one hand, there is a growing understanding of the potentiality of combining socio-political thinking in treatment, a potential to expand our contemplations, to widen our perspective in order to avoid fixed and rigid notions. On the other hand, there is uncertainty as to how these issues can be approached in treatment, in a way that does not undermine basic psychoanalytic principles, such as providing a safe environment and enabling free play, among others. This panel aims to address some of these questions, by offering different perspectives on including politics in analysis: making room for otherness, exploring the micro-politics of sexuality and gender, and discussing the effects of inter-collective trauma on the therapeutic dyad. The papers presented will provide both clinical and theoretical content, thus attempting to demonstrate potential practical implementations as well as new strands of thought.

Learning Objectives:
At the end of this presentation, participants will:
1. Recognize the healing potential of addressing politics in analysis;
2. Acquire a way of describing the patient's representations as part of the embodiment of the socio-political order, through the concept of the Political Skin-Ego;
3. Obtain working knowledge on potential impasses related to traumatic inter-collective histories in the intersubjective encounter.
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10. Relational Dimensions of Illusion and Consolation as Facilitative, or Not, in the Integration of Existential Anxiety and Grief

Speakers: Peter Maduro, PsyD, JD, USA and Stacy Novack, PsyD, USA
Discussant: William Coburn, PhD, USA
Moderator: Mary Sussillo, LCSW, CGP, USA

Abstract:

In Defense of Illusion: Organizing Perception in the Interest of Survival

The paper is grounded first in a philosophical contextualism in which the individual person and her society are understood as constitutively embedded in one another and the world. It is also grounded in a psychoanalytic conviction that the person and her society’s world-embeddedness organizes emotional experience. Grounded in this existentially informed, emotionally-focused, relational psychoanalytic perspective, the paper focuses on how, at the individual and collective levels, the human subject’s world-embeddedness expresses itself across multiple mutually influencing dimensions, including the psychological, cultural, political etc. In turn, it focuses on the acute vulnerability entailed in such existential embeddedness, and the anxiety in which such vulnerability is experientially revealed. Two brief case presentations are presented to illustrate the paper’s contents: in one, the 2016 U.S. Presidential election serves to illuminate how certain liberal voters’ reactive anxiety disclosed a primordial socio-political embeddedness-vulnerability that had been hidden behind an illusory invulnerability to socio-political disturbance; in the second case, a person’s heartbreaking but also terrifying loss of loved-one showed how her reactive anxiety revealed the primordial embeddedness of her sense of self in her love-bond with the deceased. In both cases, clinical attention to the anxieties and restoration of illusions that developmentally facilitated anxiety-tolerance, as distinct from crassly defensive evasion, proved therapeutic. All this is context for the primary concern of the paper which is five-fold: (1) The paper finds that human individuals and their societies relentlessly erect subjective “absolutes” that mediate existential embeddedness-vulnerability with illusions of safety (e.g., separateness, independence; permanence; certainty) so as to facilitate and survive going-on-being. Accordingly, the person and her society’s agentic capacity to organize perception with illusion is crucial to affect-tolerance and survival. (2) It finds that important forms of psychological trauma entail the “shattering” of the person’s or her society’s sustaining “absolutes” by lifeworld events --e.g., socio-political quakes; personal loss. (3) It contends that individual, societal, and perhaps especially
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10. Relational Dimensions of Illusion and Consolation as Facilitative, or Not, in the Integration of Existential Anxiety and Grief (continued)

Speakers:  Peter Maduro, PsyD, JD, USA and Stacy Novack, PsyD, USA
Discussant:  William Coburn, PhD, USA
Moderator:  Mary Sussillo, LCSW, CGP, USA

Abstract:

In Defense of Illusion: Organizing Perception in the Interest of Survival - continued
psychotherapeutic attitudes towards “dreaded” existential anxiety, sustaining illusion, and the traumatized subject’s “hope” to restore her illusion-crafting agency, prove crucial determinants in how these phenomena are experienced: are they seen and felt to be natural and important, or pathological and shameful? (4) It contends that Cartesian ideals assimilated into psychology operate to cherish (as-if) unmediated “objective” perception of truth, while ruthlessly shaming subjectivity; meantime, while post-Cartesian ideals so assimilated operate to beneficially cherish “non-evasive” engagement with the Angst of existential vulnerability, they can also demean generative evasion, like sustaining illusion. In the end, the paper argues (5) that clinical approaches to anxiety, sustaining illusion, and the human subject’s capacity to create, maintain, and restore such illusion, are often organized around philosophical ideals that fail to fully embrace the finitude of human existence, and thereby often humiliate it. Trauma treatment would thus benefit from more respectful psychotherapeutic understandings of anxiety, the person’s and her society’s need for self-deception through illusion, and therapeutic efforts to both “hold” or “dwell” with existential anxiety and restore traumatized subjects’ confidence in their capacities to organize perception --and by extension perhaps existence-- as tolerable.
Thursday, June 14th  2:00 pm – 3:30 pm  Paper/Panel Session 2

10. Relational Dimensions of Illusion and Consolation as Facilitative, or Not, in the Integration of Existential Anxiety and Grief (continued)

Speakers:  Peter Maduro, PsyD, JD, USA and Stacy Novack, PsyD, USA
Discussant:  William Coburn, PhD, USA
Moderator:  Mary Sussillo, LCSW, CGP, USA

Abstract:
Mourning and Consolation: On the Intersubjective Construction of Collective Grief and its Transmutations

This paper puts forth a relational, intersubjective reading of grief and mourning on the collective, sociopolitical scale. Classical narratives of grief and mourning have tended to emphasize defenses invoked to avoid direct confrontation with the realities of loss, limit, and solitude. From this intrapsychic perspective, a social psychoanalytic rendering of Trump’s victory might emphasize the “primitive,” paranoid-schizoid defenses of parts of his constituency, as socially and economically alienated communities attempting to psychically restore meaning and value through populist and nationalist ideologies. This paper attempts to acknowledge the understanding gleaned through such a perspective while also expanding the view in order to apprehend aspects of the relational context in which such psycho-political solutions are created. In particular, the paper will illuminate the discursive interlocutors of the group we now refer to as “Trump supporters,” and the role of such players in actively shaping the experience and narrative of collective grief and loss on both the economic and psychic-identity level. Using the concept of “consolation” as it has been recently evoked in political sociology to explain a major function of contemporary politicians, the paper will establish a working analogy between the psychoanalyst and the politician, each of whom are called upon to “console” their constituents. It will be argued that in both contexts, consolation involves a narrative offering—an “interpretation”—designed to ease the psychic burden of loss and restore meaning. The paper emphasizes the psychic need for recognition and meaning restoration on an individual and collective level, but also points to some key dynamic and phenomenological differences between consolation strategies, a distinction largely focused on the co-created dimensions of collective mourning strategies can illuminate alternative potentials and bids for recognition embedded within psychopolitical strategies that on first glance appear to us as predetermined, entrenched, nihilistic, or asocial. Moving between the sociopolitical and the clinical, and through the use of brief clinical vignettes, the paper also works to highlight the analyst’s unique and
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10. Relational Dimensions of Illusion and Consolation as Facilitative, or Not, in the Integration of Existential Anxiety and Grief (continued)

Speakers: Peter Maduro, PsyD, JD, USA and Stacy Novack, PsyD, USA
Discussant: William Coburn, PhD, USA
Moderator: Mary Sussillo, LCSW, CGP, USA

Abstract:
*Mourning and Consolation: On the Intersubjective Construction of Collective Grief and its Transmutations* - continued
under-acknowledged power to narratively shape her patient’s experience of her existential condition, as well as the patient’s vulnerability—for better and for worse---to the ideological and theoretical agendas of the analyst.

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

1. Describe the clinical ideals operating within his or her psychotherapeutic perspective that determines his or her attitude towards existential anxiety and self-sustaining illusion;
2. Critically assess whether the clinical ideals with which he or she currently identifies operate to value or shame anxiety, illusion, and the patient’s (or his or her own) capacity to generate sustaining illusion;
3. Critically assess whether and how modification of his or her current clinical ideals in respect of anxiety, illusion, and the capacity to generate illusion would enrich, or not, his or her treatment of traumatized patients;
4. Identify those psychic strategies invoked to manage existential anxiety that are embedded within individual and group political affiliations and ideologies, including those of the analyst/therapist;
5. Expand his or her awareness of the vulnerabilities and constraints upon agency that are attendant to states of traumatic loss and social alienation on the individual and collective level.
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11. Illusions of Hope, Encounters with Dread: The Perils of Timelessness in Urgent Times

Speakers: Lauren Levine, PhD, USA and Sarah Schoen, PhD, USA
Discussant: Mark Gerald, PhD, USA
Moderator: Erik Yazdani, MSW, MBA, USA

Abstract:
Creative Means of staying enlivened When Locked in an Endless Present
Using an applied psychoanalytic perspective on the film, Room, the first author explores the human capacity for resilience in the face of unspeakable trauma, finding creative means of staying enlivened when locked in an endless present. She draws on Viktor Frankl’s (1959) writing on the importance of finding meaning under the harshest conditions, and Sartre’s notions that even war, imprisonment, or the prospect of imminent death cannot take away our existential freedom, that we must “remain passionately, even furiously engaged with life, at all costs.” The author reads Room from multiple, overlapping perspectives: as a psychoanalytic text of a woman trapped in the room of her own mind, and her traumatic past; as the Room of the consulting room, which holds the complexity and mutual vulnerability of bearing witness when working relationally with trauma; and as an invitation to consider the broader sociopolitical implications of helping people trapped in unbearable circumstances like prisons or refugee camps.

Learning Objectives:
At the end of this presentation, participants will:
1. Be able to describe aspects of the human capacity for resilience in the face of unbearable trauma;
2. Deepen their understanding of the ways in which creativity and meaning-making can mitigate the devastating legacies of trauma;
3. Gain a deeper understanding of the powerful, healing impact of witnessing in working with severe trauma in our consulting rooms, as well as the broader sociopolitical implications for working with refugees, asylum seekers, and others imprisoned in traumatic circumstances.
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11. Illusions of Hope, Encounters with Dread: The Perils of Timelessness in Urgent Times (continued)

Speakers: Lauren Levine, PhD, USA and Sarah Schoen, PhD, USA
Discussant: Mark Gerald, PhD, USA
Moderator: Erik Yazdani, MSW, MBA, USA

Abstract:
Psychoanalysis in Real Time: Temporal Troubles in the Clinical Dyad
Illusions of timelessness are characteristic of narcissistic states of consciousness, and as such they become part of the transference-countertransference matrix in work with narcissistically vulnerable patients. How does the mutually-regulating dyad alternately make use of this illusion and its creative potentials or fall prey to its eradication of limits and loss? In analytic treatment, such patients both deeply need a generative timeless experience in which they can stay with an authentic states of flow, creativity, and personal rhythm, and they are at distinct risk of using timelessness defensively to escape the recognition of past and present losses, and thus deprive themselves, and their analysts, of real momentum and futurity. In other words, illusions of hope are easily substituted for the risks of choice and change realizable in real time.

Learning Objectives:
At the end of this presentation, participants will:
1. Deepen their understanding of the ways in which illusions of timelessness and the hopes thus generated can either promote or stunt growth in analytic treatment with narcissistically vulnerable patients;
2. Deepen their understanding of how the waning of fertility highlights the clinical dilemma of staying with patients’ internal rhythms at the expense of unrealized potentials in real time;
3. Be able to identify salient transference-countertransference matrices that often accompany work with patients in narcissistic states of consciousness, and that generate confusion as to whether confrontations with external reality and limits will facilitate rather than interrupt subjective potential.
Thursday, June 14th 2:00 pm – 3:30 pm  Paper/Panel Session 2

11. Illusions of Hope, Encounters with Dread: The Perils of Timelessness in Urgent Times (continued)

Speakers: Lauren Levine, PhD, USA and Sarah Schoen, PhD, USA
Discussant: Mark Gerald, PhD, USA
Moderator: Erik Yazdani, MSW, MBA, USA

Abstract: 

_I Prefer Not To: The Sanctuary and Prison of the Psychoanalytic Office_

This paper will serve both as a discussion of the first two presentations and offer the author’s unique reflections on the complex relationship between time and trauma. The author will draw on multiple interdisciplinary sources: his own work as a photographer of analyst’s in their consulting rooms and his writing on the intersection of architecture and psychoanalysis; the novella, *Bartleby the Scrivener*, its elaboration in a paper by Christopher Bollas, and the lyrics from a recent Randy Newman song, “Wandering Boy.” These psychoanalytic explorations of both music and literature form the backdrop for a consideration of the psychoanalytic office as offering experiences of both time and space as sanctuary and imprisonment, and of the essential, timeless nature of striving for the lost home.

Learning Objectives:

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

1. Understand the ways in which the psychoanalytic office itself can facilitate the development of either growth-enhancing or stagnating illusions;
2. Recognize how their own relationship to the registers of time and space inform their relationship to their patient’s search for past and future homes;
3. Link the clinical dilemmas some patients face in inhabiting present-day time and space to the broader human dilemma of searching for what has been lost.