

Conference Abstract Book

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Thursday, June 20, 2019**OPTIONAL PRE-CONFERENCE PROGRAMS****A: The Dynamic of Privilege and Power in Psychoanalysis**

Malin Fors, MSc, Norway

This workshop proposal addresses disparities in social privilege and their practical implications for psychotherapists. Malin Fors will present core themes of her book, *A Grammar of Power in Psychotherapy*, recipient of the Division's 2016 Johanna Tabin award. The newly filmed APA DVD, "The Dynamics of Power and Privilege in Psychotherapy with Malin Fors" will be shown and discussed. Fors argues that how societal power issues enter the therapeutic dyad follows a certain underlying grammar and can be depicted in terms of relative social privilege. She posits a matrix of privilege that includes four core patient-therapist dynamics: similarity of privilege, privilege favoring the therapist, privilege favoring the patient, and similarity of non-privilege. The benefits of understanding the invisible grammar underlying how relative societal privileges may be enacted in psychotherapy lie not simply in rectifying injustices and making our work more accessible to subordinated groups. The gains are also general and technical, as this perspective adds a new language and new knowledge about how to conceptualize and interpret transference, countertransference, and resistance, and how to weigh options for interpretation and self-disclosure in all therapeutic dyads. Privilege adds a new dimension by which to conceptualize common clinical phenomena. In this workshop, Fors will discuss the themes of the book and some of their possible applications. The workshop offers exercises and discussions among participants about how to address issues of privilege in clinical work, at agencies, and in supervision. Much scholarly work on diversity and cultural competency assumes an audience of majority therapists working with minority patients; this workshop goes beyond that construction to focus on more complex realities and the discernment of a hidden language of power in all therapeutic dyads.

Educational Objectives:

1. Distinguish between four types of core dyads of relative privilege in the patient-therapist dyad.
2. Identify three objections against the paradigm of cultural competency.
3. Identify possible racial, sexist, and heterosexist institutional enactments existing at your place of work.
4. Integrate this approach into your favorite therapy approach/technique/method.

B: Dramatization and Improvisation in Psychoanalytic Field Theory: Forty Years in Search of a Relational Metapsychology

Philip Ringstrom, PhD, PsyD, USA

This preconference session begins with a presentation of dramaturgy which serves as a meta-theoretical framework for assessing, analyzing and engaging the interactional field of every psychotherapeutic session. Employing the metaphorical world of drama, a dramaturgical view provides the enlivening impact of seeing the therapeutic “field” as a “stage”. One occupied by two (and sometimes more) “players”, each of whom shows up in “character” albeit mostly unwittingly. Furthermore, these characters often incarnate multiple “sub-characters” emblematic of multiple self-states. The “players”, overtime, co-create “dramatic themes” of analytic engagement. Some of these, loom large over the entire course of treatment. While at other times there arise “mini-dramas” such as enactments, which inform the larger themes. The dramaturgical framework puts “living flesh” on the “skeleton” of the proposed Relational Metapsychology, while it, provides the epistemological legitimacy for the theory of dramatization. This legitimacy is revealed in the complex varieties of information processing in each field. Among many other things, they define such critical elements as what is “permissible” and “impermissible” to explore, along with illuminating a fundamental “theory of change” in psychoanalysis. This theory dictates that change in psychoanalysis, like in all “living systems”, is constant, though it operates in two forms: 1st Order Change (keeping the system the same) versus 2nd Order Change (creating novel change). Combining the robustness of the artful dramatic framework, with the power of “Relational Metapsychology”, enables forms of unexplored clinical of possibility to emerge where they were often precluded under the weight of psychoanalytic theory.

Educational Objectives:

1. Participants will learn how to apply a dramaturgical framework for assessing and analyzing what is occurring in the interactional of each therapy session.
2. Expanding on objective #1, participants will learn the advantages to applying the rich metaphorical system which drama avails us to recognizing the “field” as the ongoing, recurring “stage” of the analysis, occupied by therapist and patient as “players” on stage, reckoning with their respective “character” amplified with a “multiple self-state” model of their “sub-characters.” These are just a couple of examples of how the framework the participants will learn will powerfully augment their more imaginative and creative engagement in the field, corresponding with a radical diminishment in their vulnerability to becoming judgmental in their countertransference.
3. Participants will learn how all of this applies to their cultivating a what Relational Metapsychology is all about and how it applies to a contemporary, relational view of psychoanalytic treatment. Illustrative of this, they will learn to discern patterns of *information processing* which exhibit what is “impermissible” versus “permissible” to entertain in any given therapy along with how this view informs the “laws” of **1st Order Change (keeping the system the same) versus 2nd Order Change (creating novel change).**

C: Winnicott and the Relational Tradition

Emanuel Berman, PhD, Israel; Joyce Slochower, PhD, ABPP, USA

This workshop, taught by two Winnicott scholars, will examine his contributions to clinical theory as they anticipated and influenced (and at some points did not anticipate) the relational turn. We will examine a few of Winnicott's central papers closely and discuss how his ideas can be used (and potentially misused) in therapeutic work. We will often explore clinical material in this context.

A particular focus will be on Winnicott's notions of holding, regression to dependence, true and false self, the development from object relating to object usage, and transitionality. We will then move beyond Winnicott and look at how these clinical/theoretical concepts have been used or disputed by relational authors. We will explore Slochower's concept of relational holding, its relationship to Winnicott's work and the ways it reflects the relational turn.

Finally we will invite participants to consider to what extent and how they actually utilize Winnicott's ideas. We will conclude with a critical evaluation of his contributions from a contemporary perspective.

Texts to be discussed (and we recommend reading in advance) include:

D.W. Winnicott:

The observation of infants in a set situation (1941)

Metapsychological and clinical aspects of regression (1954)

Ego distortions in terms of true & false self (1960)

Dependence in infant care, child care and in the psychoanalytic setting (1963)

Communicating and not communicating (1963)

The use of an object (1969)

J. Slochower

Holding and Psychoanalysis, Routledge, 2014 (Or: Holding and the fate of the analyst's subjectivity. *Psychoanalytic Dialogues*, 6:323-353, 1996).

Psychoanalytic mommies & psychoanalytic babies. *Contemporary Psychoanalysis*, 49:4, 2015.

E. Berman

The Klein-Winnicott relationship and the debate on inner and outer reality. In *Impossible Training*, Routledge, 2004.

Ferenczi and Winnicott: Why we need their radical edge. *Psychoanalytic Dialogues*, 19: 246-252, 2009.

D: Enactment: From Repetition Compulsion to Intersubjectivity

Boaz Shalgi, PhD, Israel

Psychoanalysis, from its inception, has devoted enormous efforts to build a theoretical and clinical model by which to confront the problem of the repetition compulsion. Many models have been developed, striving to understand the way new hope can be found for those traumatic experiences which, have despaired of being digested or metabolized, are doomed to eternally repeat themselves, petrified and unchanged. It seems that one can look at the history of psychoanalysis as a continuous attempt to encounter the challenge to “bring home”, or reclaim, those “parts left out” (Ogden, 2014).

The workshop will investigate the history of these attempts (with an emphasis on the theories of Bion and Winnicott), and then try to conceptualize and demonstrate the implications and potential contributions of the relational model of mind to intersubjectively create new ways of being and experiencing (Bromberg, 2006), which might generate novel possibilities to confront the “paradox of the repetition” (Russel, 1998).

**E: Talitha Did Not Rise: Round Table Reflections on the Obstacles to a
Palestinian Israeli Conference Encounter**

Co-chairs: Tamar Barnea, MA, Sharon Ziv Beiman, PhD, Chana Ullman, PhD

Roundtable: Tova Boxbaum, MA, Israel, Esti Galilii-Weisstub, MD, Israel; Uri Hadar, PhD, Israel; Cathy Hicks, PhD, Australia; Hazel Ipp, PhD, Canada, Steven Kuchuck, DSW, USA; Itamar Lurie, PhD, Israel; Shafiq Masalha, PhD, Israel, Yitzchak Mendelsohn, PhD, Israel; Eyal Rozmarin, PhD, USA.

This pre-conference will begin with a round table discussion on the meanings, reasons and implications of not being able to realize a pre-conference meeting with the participation of both Israeli and Palestinian Mental Health professionals planned to take place at Talitha-Kumi guest house, Beit-Jalah. We will use this inability and the absence of Palestinians to look at the obstacles to an Israeli Palestinian encounter from relational clinical and personal perspectives.

Can we create a dialogue about the absence of dialogue? Can we give presence in the absence of presence? Is the absence a powerful protest or a refusal to see another? Can we hear each other's fear and pain without collapsing into predictable assignments of blame? Can we distinguish between projections and recognition of the other?

What can we learn about the nature of identification in general and collective identification in particular? Can we imagine alternative modes of identification, alliance and belonging? We will engage the round-table speakers and the international audience in these questions.

Educational Objectives:

1. The participants will learn about psychological obstacles to a dialogue and encounter in situations of trauma and ongoing conflict.
2. Participants will learn about the doer/done to enactments and power dynamics in the particular context of the Israeli Palestinian conflict as well as other current international arenas.
3. Participants will learn about the mental health long term consequences of occupation and ongoing conflict that erode the possibility of mutual recognition.

PAPER/PANEL SESSION A - 15:00-16:30

A.1. Invited Panel: How do we Imagine the Future For Children in Times of Conflict and Crisis? New Challenges in the Clinical Exchange with Children, Adolescents and Parents

Speakers: Marco Bernabei, PhD, Italy; Yael Lapidot Druyan, MSW, Israel; Carmen Domingo Peña, MA, Spain

Moderators: Jackie Gotthold, PsyD, USA; Susanna Federici, PhD, Italy

Paper 1: Postmillennials' Feeling of Being Robbed of their Future and their Parents' Failure to Imagine their Future

Marco Bernabei

The paper addresses a condition common among the generation of postmillennials in Southern Europe: feeling both robbed and afraid of their future. This condition is regarded as the outcome of two factors: the relational interlock between the generation of parents and that of children, concerning the future; the inability of parents to imagine a future for children, which sets in motion a vicious cycle, resulting in the children's inability to envision what the next decade has in store for them. The relational interlock between parents and children in relation to the future causes postmillennials' feeling of being robbed of their future by their parents' generation which, surprisingly, is willing to take the blame. The paper explores the terms of this interlock: there is a generation of children that feels entitled to receiving complete support from that of their parents. And there's a parents' generation that feels the duty to provide that support to their children. The fact that parents are unable to imagine their children's future seems to contribute to the children's feeling of having been robbed of

it. My paper's idea is that the children's future is perceived as a non-future (which turns them into a no-future generation) not only because the parents feel they have failed in preparing it for their children, but because they can no longer envision it.

The paper shows how children for whom a future cannot be imagined become immersed in an eternal present, a virtual life, lived in social media rather than the real world.

Parents' inability to imagine their children's future is regarded as one of the most difficult problems in the treatment of postmillennials as well as a clinical indication for the therapist: the latter will have to help rekindle the parents' imagination with respect to their children so that it may one day be kindled in the children as well.

The clinical case of Lorenzo will clarify these hypotheses: Lorenzo had a block at his last high school's year. He was equally clever, fascinating and anxious. A severe insomnia stopped him from going to school. My attempt to reimagine a Lorenzo's future with him and his parents helped to remove this block.

Educational Objectives:

1. To describe the "relational interlock" that is created between postmillennials and their parents in relation to the idea the young ones have of having been "robbed" of their future.
2. To describe how the parents' generation's failure to imagine their children's future can cause them to see themselves as a generation with no future.
3. To identify and describe the objectives and tasks of therapists who work with postmillennials, who feel "robbed" of their future, and with their parents, who feel incapable of imagining it.

Paper 2: Imagine All the Children Playing in the Succah- Play Therapy with Ultra-Orthodox Jewish Children

Yael Lapidot Druyan

In this paper I would like to present several therapeutic dialogues dynamic play therapies with Chassidic and Haredi Children and a secular therapist. These are not ordinary therapies. There are many constraints on the development of the two person dialogue within the therapeutic encounter. The secular therapist and the ultra orthodox Jewish child emanate from two extremely different worlds. In general, an intimate mutual relationship between a secular adult and a very religious Jewish child is rare. We were both given the opportunity to create a shared experience and moments of shared mutual recognition (Benjamin). These children often feel they are communicating with an outsider. I dressed differently and had different rules governing my life. Mutual understanding in these therapies had their own pace. As a therapist I was required to respond to the child's religious space and give it reverence. There is a unique nature to the use and being of imagination and symbolic play. The nature of the symbolic play and the imagination is shaped by the strong presence of God what is allowed and what isn't. Within the religious imagination there are conceptions of God. There are rabbis and religious stories and religious rules. Many drawings include written reverence to God

before drawing. There were discussions between the children and the therapist of religion stories and rules. Sometimes even commandments were written in the room. There was a mutual learning going on between child and therapist so each would understand the separateness of their separate worlds. As Ogden described it was a type of "talking as dreaming". And a new world (a third) was created with each religious child and with the therapist. This new world allowed the child to play and express feelings and conflicts that did not always have a place for expression in his own world. His imagination was allowed to thrive. And these therapeutic encounters widened the path for the creation of a more authentic self. While there is literature focusing on religious commitment and adult psychotherapy little has been written on child psychotherapy and religious children. (Thurston Nancy1994)(Bradley 2018). Play therapy which includes imaginative play has proved successful in helping children deal with conflictual situations. In the religious world the very religious Haredi and Chassidic world children are in need of a tolerant open playroom with an understanding and tolerant therapist. My experience has led me to believe that the creation of a play room "a succah" a third space where a neutral non religiously aligned therapist promotes imaginative play and the strengthening of the self. In the room there are rabbis and religious rules, prohibitions, conceptions of god, guilt and shame. Allowing these children to dream and imagine and bring god into the room and talk freed their spirit. They could imagine and play in another world with a person from a somewhat different world. These small religious groups are often belittled by the masses and the world. We see them violently protecting their communities and living in secluded communities. Their beliefs and world views seem rigid. Sometimes they are. Often there is resistance to outside help. Of course the technological world has changed things and there is more exposure and more disclosure. But still we don't know enough about these groups. These children live in a complex social reality. As therapists we have to be careful not to undermine their religious elders. We must enter their world. All these elements encompass so many images that uniquely shape these children's dreams and fantasies thoughts and imagination. In this paper I will present excerpts of several therapies of latency aged children. I will discuss the complexity of the therapeutic dialogue between these children and myself. Hopefully, we can imagine and gaze at these children within an emancipating reverent space in a new world through a unique mutual therapeutic encounter between the secular and religious world.

Educational Objectives:

1. Development of mutuality in dynamic play therapy of haredi and hassidic children with a secular therapist in Israel.
2. The unique imagination and symbolic play of the ultra-orthodox religious child in therapeutic encounters.
3. Constraints in the therapeutic encounter of the orthodox child and the secular therapist.

Paper 3: How do we Imagine the Future for Children in Times of Conflict and Crisis? New Challenges in the Clinical Exchange with Children, Adolescents and Parents

Carmen Domingo Peña

During this communication I would like to show some vignettes of my work with an adolescent child on the psychotic spectrum. This will be a journey though the changes our relationship have gone through and how the use of technology and social media helped us to build a strong bond between us that gave us the opportunity to pass through her fears, anxiety, suspicion, love and hate; all by using our imagination and playing with the unknown so she could express her unformulated experiences.

Educational Objectives:

1. Analyze how the object relation theory and developmental trauma theory helped understand the clinical case.
2. How to incorporate social media in our clinical practice with child and adolescent patients.
3. Describe how to promote self-regulation through therapeutic bonding and relationship between analyst and patient.

A.2 The Capacity to Imagine (Together): From Stagnation to Imagination in Child Psychotherapy

Speakers: Ayelet Lidor, MSW, Israel; Yonit Shulman, MA, Israel; Abraham Saroff, MA, Israel; Tamar Axelrad-Levy, Israel

Moderator: Valeria Pulcini, MD, PhD, Italy

Paper 1: Therapy through Games and Imagination – A Post-Traumatic Child

Ayelet Lidor

In his book "playing and reality", Winnicott (1971) describes the main factor in a child's ability to play is the free transition between the two worlds - reality and imagination. Children do not separate reality and imagination and both enrich their inner self. The game is a result of their flexible minds, and the fact they do not have to decide if what they think now is real or not. They allow themselves to be in both concurrently.

In this paper I would like to describe the development of an imaginary game, during a year long weekly treatment of a boy who was present when his mother was stabbed by his father, when he was four and a half years old. The child was directed to therapy at the age of six due to an aggressive behavior and failure to learn in school's first grade. According to the school's psychologist, the child was showing signs of post-trauma. Ferenczi (1949) claims that the trauma is a result of denial, unconsciousness and lack of validity for the experience. The child knows that he has been through a difficult experience, which is not typical for other children, but do not understand the emotional meaning of it.

During the first therapy sessions, the imaginary game was characterized by lots of aggression from the child, and war games which always ended with his ultimate win. At time, he presented impulsive behavior and destroyed a toy in the room. There were lots of transitions

in and out of the room and several times he could not control his needs and had to go the restrooms, as well as get my assistant in cleaning him up. The sessions were frustrating, mainly because of his anxiety and low frustration threshold which did not allow reflection and game persistence. Every attempt I made to connect the imaginary games with the trauma he experienced were rejected, and it seemed like for him, I was undercutting his mental organization. Anne Alvarez (1992) describes that when integrations are forced too early on a child that is already confused, it will confuse him further. She believes that with some patients, we should stay with the whatness and not the whyness.

In a therapy process, both the therapist and the patient affect each other and are affected by each other. Aaron (1991) emphasizes that it is important to maintain an optimal balance between responsiveness and participation on one hand, to keeping a therapeutic space and avoiding harm on the other hand.

After a six-month period, the games became consecutive with no interference, and even I got a role to play in his world, according to his instructions. Slowly, he began uncovering his inner world through those games. He described a world he created with super powers. It seemed like he understood that the powers he attributed to himself during the games, to allow him to control the situation there, are not real. The imaginary game that was first very aggressive and at time even sadist, became a little more controlled, with less interruptions and breaks, and allowed him to express himself, process and deal with his inner emotional world. At that time, I was active in a less defensive way and I was able to subjectively interpret for him.

Aron refers to Winnicott's observation as intersubjective approach where interpretation is not meant to lead to insight but to recognize, spontaneously accept or invite to a game. Interpretation is an object and the child may hesitate to accept it or reject it, but it will still be interpreted by him, according to his needs, in his own way.

Through the game in the room, he was able to experience the event as Winnicott emphasizes the livelihood inside, instead of interpretation. In this way, the child could, as time passed, process and get a better understanding of his feelings, and later the ability to control himself.

Bibliography:

Aron, L. (1991) The Patient's Experience of the Analyst's Subjectivity. *Psychoanalytic Dialogues* 1(1):29-51.

Alvarez, A. (1992). *Live Company: Psychoanalytic Psychotherapy with Autistic, Borderline, Deprived and Abused Children.*

Ferenczi, S. (1949). Confusion of the Tongues between the Adults and the Child—(The Language of Tenderness and of Passion) *Int. J. Psycho-Anal.*, 30:225-230.

Winnicott, D.W. (1971). *Playing and Reality.* London:Tavistock Publications.

Educational Objectives:

1. In this paper I will present examples from two therapy meetings, an early one and another from after a year of treatment, describing the way the imaginary games evolved and compare them.
2. As part of the imaginary game, I will touch upon the subject of how to get an understanding of the trauma the child experienced without explicitly discuss it with him.
3. I will describe the factors that brought the mutual understanding that the two subjects (the child and myself) can co-exist in the same room and the process of keeping the delicate balance between interpretation and participation.

Paper 2: “Imagination for Two”: The Intersubjective Dimension in the Absence of Play in Child Psychotherapy

Yonit Shulman, Abraham Saroff

Reid & Alvarez in the introduction to their book “Autism and Personality” (1999) offer that in the absence of play the therapist’s own resources are frequently the only means of giving birth to liveliness, creativity and play in the child patient’s inner world. “The therapist must have a mind for two, energy for two, hope for two, imagination for two” (Reid & Alvarez 1999, p 7). In the following paper we would discuss the many uses of the therapist’s imagination, the pitfalls it may fall into, and the consequences of the times when it is lost as opposed to the moments it springs back into life.

Playfulness, that Melanie Klein sees as an equivalent to dreaming, (relating to an inner world, imagination, phantasy), is a major developmental achievement and in many mental states (trauma, autism, concrete mentalization) is injured or even missing.

Play, that is an activation of imagination in order to observe processes and to solve problems, to work through and elaborate, to enhance feeling and emotion- connects the inner world to the outside, imagination to reality. Play requires the therapist to place himself in a counter-transference position where he enhances and activates his own inner space and “loans” his inner world in order for space to be created in the child’s psyche.

The therapist’s own countertransference is often the only available pathway to reach a child that doesn’t play. With these patients the communication channels are often so blocked, so fragile, that a large part of the communication is received through pre- conscious levels, through the therapist’s sensations and experience. A constant, careful awareness of what the child makes us feel is needed. Often it is an inner compass to where we are. For instance, boredom, drowsiness, may indicate our losing our way. A sense of emptiness, boredom, restriction, may indicate that true playfulness is lacking. On the other hand, a burst of a lively imagination, creativity or interest may signify a way to move forward (Alvarez,1999).

A feeling of repetitiveness, lack of authenticity, lack of emotion, and the sense that the therapist presence is meaningless, signify the demand to activate an “imagination for two”. Remaining passive means nothingness, an inner death and fossilization, non-existence.

The therapist’s need to activate “imagination for two” is prominent in Tustin’s work (1988). Bonovitz too refers to the element of an active, activating, substantial therapeutic presence, that is tangent to the relational position (Frankel, 1998), or Ferao (1999). He sees play as interactive, a reciprocal meeting of changeable projective identifications that enables the therapist to be substantial and to function as a good enough container.

Caper (1999) goes on to emphasize play as a laboratory experiment, where the child monitors the therapist’s reactions and expects a living, present figure in order to create and study its’ own self. This requires the therapist to react and to loan his own inner world and imagination, in order to wander in this space of two, especially in the absence of playfulness.

Although we constantly need to monitor our inner experience as a way to understand the child, it’s important to remember that reading the emotional state of the child may be extremely difficult. With a child with autism, for instance, we must take into consideration the child’s different sensory apparatus and his different ways of perceiving the environment and interpreting it. When a child runs around in circles, for instance, we may feel dizzy and imagine a whirlwind or a windmill, but the child’s own experience may be completely different.

The ability to somewhat “read” other people thoughts, intentions and state of mind is a basic human trait that the therapist does his best to enhance through supervision, professional studies and constant self-analysis. However, we should always remember that this ability is often limited and misleading. New studies point, for instance, the difficulty neurotypical people have of reading the state of mind of people with autism, particularly the tendency to underestimate the level of stress they are feeling (Picard, 2018). When a child comes from a different cultural background, when he has ADHD, an intellectual disability, language delay or sometimes even when he’s just silent, not communicating, not playing, we often have no way to validate our thoughts, impressions and what we imagine he is feeling. Often, we may be painfully wrong.

However, as Saint- Exupery says in “The little prince”, the way is more important than the destination. The therapist’s continuous reverie (Bion, Ogden), his “observational state of mind” (Ried, 1999) of curiosity, interest respect and playfulness- usually finally reaches the child, no matter where he is hidden.

Through clinical examples we would discuss situations where the therapist loses his ability to imagine and play, and the moments when these abilities revive. We would show the immediate revival of the “true self” (Winnicott) of the child, creative, authentic and alive, as if it was all along waiting for the therapist to open the gate.

Educational Objectives:

1. Utilizing the therapist's counter transference while facing absence of play in child psychotherapy.
2. Analyzing the pitfalls the use of the therapist's counter transference in situations of absence of play may lead to.
3. Analyzing the ways "an imagination for two" position on the side of the therapist may revive play, liveliness and creativity in the child.

Paper 3: The Therapist's Interpretations In Animal-Assisted Psychodynamic Therapy: The "Dance" Between the Child's Inner World and His Relationship with The Animals and Others in His Life

Tamar Axelrad Levy, Orya Tishby

Freud's idea that the companionship of dogs can influence people's emotional state was adopted in the mid-20th century into child psychotherapy by the psychiatrist Boris Levinson. Since then the field of animal-assisted therapy has been evolving continuously, with a large variety of animals being used in therapy sessions. Child psychotherapy accompanied by animals has been shown to be effective; however, research on mechanisms of change is still lacking. The underlying assumption that guides this therapy is that animals can serve as intermediaries between the child's external reality and inner reality, while using their imagination to create their personal narrative. Since we are dealing with a live medium, which reacts to its environment, the child's inner world experiences might be intensified during therapy. The therapist's role is to help the child to "dance" between his imaginative world, his relationship with the animals in the room, and the people outside.

In this paper we will present how this dance took place in the successful therapy of an eight-year-old boy, who presented with behavioural problems, difficulties in emotion regulation and emotional distress. The case was selected from a study that included nine children who were referred for similar problems. They all completed 30 sessions of Animal-Assisted-Psychotherapy.

The aims of this study were to examine: (1) the changes that occurred in therapists' interventions and in the child's relational pattern with the animals, between the establishment phase of therapy and the third phase of therapy (just before the therapy closure phase began); (2) how these changes contributed to changes in the child's behaviour and to the parent-child relationship.

Method: In order to understand the psychodynamic mechanism of change we analysed data from four perspectives: the child (two child's narratives about the animals, using the Core Conflictual Relationship Theme Methodology-CCRT), the parent (using Youth Outcome Questionnaires) the therapist (using therapist's reports) and the researchers (using four videotaped sessions: 3, 4; 20, 21).

As therapy progressed, the therapist's interventions increasingly focused on linking contents from the child's inner world to the relationships that the child established during therapy. This change was associated with changes in child-animal relationships. As therapy progressed from early to later phase, the child chose larger and more interactive animals (snake or mice vs. rabbits or cats), and changed his preferred activity from "holding" to "feeding". The "holding" and "feeding" patterns were found to be related to the child's wishes, as coded in the CCRT method. In the early phase of therapy, his wish "to be close" to the animals was manifested by holding small (mice) or less interactive (snake) animals, studying their realistic/physical state, and evoking free associations about them and himself. In the later phase his wish "to be good" to the animals was manifested by feeding large and interactive animals (family of rabbits) and addressing his relationships in therapy. It also appeared in the CCRT, that although the child's perspective on the Animal Response towards him didn't change (rejection and liking), he established two new positive Responses of Self (RS), towards them: accepting their behaviour and helping them to get their needs. Also, his earlier negative RS, opposing the Rabbits, was dismissed. Those changes correspond to the significant changes that occurred in the child's interpersonal relationships (as the parents reported in the YOQ). We will discuss the unique contribution of therapist's interpretations to child-animal relationships in therapy.

Educational Objectives:

1. This research expands the knowledge of therapists and other professional who work with children regarding the contribution of animals to therapy process, for school age children suffering from Behavioral and social problems.
2. It describes the theoretical and clinical model for animal assisted psychotherapy.
3. It assesses how children can be involved in processes of awareness (relating to themselves and others), through child-animal interactions and therapist interpretations.

A.3 Where Silence Was, There Words Shall Become: The Importance and Limitations of Imagination in Coming to Life of Witnessing and Testimony

Speakers Dana Amir, PhD, Israel; Zipora Rosenberg Schipper, Phd, Israel; David Shaddock, PhD, USA

Moderator Miriam DeRiso, PhD, USA

Paper 1: The "Newspeak" of the Perpetrator and the Phenomenon of "Screen Confessions"

Dana Amir

The perfect crime, as Jean-François Lyotard (1983) claimed, does not consist of killing the victim but rather of obtaining the silence of the witness, the deafness of the judges and the inconsistency of the testimony. If one neutralizes the addressor, the addressee and the significance of the testimony, the result is that there is no referent:

no crime has been committed. When, in other words, the witness is blind, the judge is deaf and the testimony has lost coherence and meaning, the crime goes unregistered and hence allegedly never happened.

The proposed paper focuses on the ways in which the perpetrator 'erases the referent' by silencing her or his inner witness and inner judge, turning the entire testimonial text into a false representation of a coherent discourse that in fact undermines its own validity. This 'erasure', as will be shown, is achieved by the emergence of a double language marked by a dissociation between its explicit and its implicit meaning: while claiming to generate meaning and adhering to a chronological sequence, this language creates what George Orwell (1949) called 'Newspeak': a language that rewrites factual and emotional history alike.

This Newspeak yields a phenomenon that I call 'screen confessions': voluntary confessional texts produced by perpetrators of their own free will, which share the main characteristic of subtly and unconsciously subverting themselves. This paper will look at the linguistic mechanisms by means of which the confessional text transforms itself into a form of subtle camouflage, covering up for another confessional text that either cannot be realized in language or eludes language as it is being realized.

The notion of 'screen confessions' was chosen to allude to Freud's 'screen memories' (1899). Unlike the notion of screen *memory* – which refers to the way in which a relatively marginal memory sometimes covers another emotionally charged one that cannot be remembered – the notion of screen *confession* refers not to memory itself, but to how it is construed in language. Omitted from this kind of confession are not the concrete facts, but their meaning. Distortion or error, thus, do not inhere in the factual details, but in the syntax that interferes in different ways with the original (true) utterance, taking away its meaning even if all of its components are accurate and correct.

Collective trauma, as Eyal Rozmarin (2009) writes, may become a kind of "binding legacy". This kind of binding legacy, by its very nature, has a malignant potential. It can unite people on the basis of common pain and common grief, but can also become the platform on which revenge flourishes, and no less – as happens currently in Israel – a platform on which thrives an ideology of a priori justifications. I will therefore try to trace the overlapping areas of the language of the victim and the language of the perpetrator, as well as the ways in which these two languages are locked in a malignant, mutual reconstitution.

Educational Objectives:

1. Participants will learn to identify the phenomenon of perpetrators' "screen confessions" both in the clinical context as well as in the cultural/political context.

2. Participants will learn to identify the ways in which the language of the victim and the language of the perpetrator are interconnected.
3. Participants will learn to analyze the implications of this overlapping of languages both on the personal and collective ethos.

Paper 2: Testimony is a State of Mind

The Role of Imagination in Spoken Testimony and the Unique Role of Testimony in Therapy, Not Only When Involves Trauma

Zipora Rosenberg Schipper

This paper investigates the phenomena of testimony and witnessing as a distinct therapeutic function in psychotherapy and psychoanalysis and the role of imagination in its process.

The act of testifying inherently requires the presence of a witness. There is no testimony without witnessing, the same as the philosophical question of whether a falling tree makes a noise if there is no one present to hear it.¹ That's why I refer to both acts as one.

The concept of testimony entered the professional lexicon through the 1990's thanks to the Relational school, which Took its rightful place in the foreground of the psychoanalytic stage, and among other influences, had changed the roll of the therapist. The concept entered via trauma. The entire psychoanalytic discourse concerning testimony and witnessing has been conducted under the prism of trauma. This paper seeks to remove the shadow of trauma and examine the act itself, its vital role in every treatment and the role of imagination in it.

Testimony is a distinct function of both patient and therapist. The patient testifies on what happened to him in real life, and the therapist is a witness- of- a- witness by being there, listening and believing the testimony. Both acts are for the patient.

The problematic issue of testimony concentrates in the question: What is the epistemological status of a person who testifies on something that his listeners or observers cannot themselves experience. This raises the question of how the experience is transmitted from the addressor to the recipient. In other words, how spoken words bring into the present time experiences that took place in the past. This wonder becomes even more important in light of the paradigmatic change in the perception of the concept of testimony, in which the act of spoken testimony and witnessing has been recognized as a medium of healing.

This is where imagination enters.

The use of imagination is the only tool which makes it possible for the listener/therapist to be with the testimony revealed. According to Heidegger's linguistic theory, spoken words have

¹ George Berrkly (1710)

the power to bring past experiences into the present through imagination. Namely, imagination allows the speaker to re-experience and the witness to experience with him.

Obviously the direction of the unfolding testimony is from inside out. According to Husserl's thought, unfolding past events is a gradual progression from the immanence to the transcendence through imagination.

This paper believes that while the consciousness accumulates memories, imagination illuminates them and makes them alive.

One of the many significance contributions of testimony and witnessing is validation. The validity of the past is not determined because of rational arguments, nor because of empirical evidence, since both of them are open to refutation. Validation takes place through the process of giving testimony as both participants are experiencing in present time what happen in the past through imagination,

The function of testimony in therapy differs from the central therapeutic functions in several points, and the main one is the use of imagination. The therapist-as-a-witness should not interpret the testimony nor should he evaluate how it affected his life, but rather focusing on being a witness to the testimony given.

Educational Objectives:

1. The psychoanalytical discourse on testimony and witnessing as a therapeutic function, is conducted only through the prism of trauma. The paper calls to reformulate this position and to recognize it as a vital function in every treatment and not only for patients with traumatic history.
2. The function testimony and witnessing differs from the other functions in many ways and the one is the use of imagination.
3. Imagination is the only tool that make it possible for the listener/therapist to be with the testimony revealed.

Paper 3: Standing Against Silence: Czelaw Milosz, Denise Levertov and Poetry of Witness

David Shaddock

This paper explores what light an examination of the poetry of witness to trauma can shed on the treatment of trauma victims. In particular it looks at how the cultural act of writing poetry can restore a sense of a third to a traumatized people. Two poems are examined in detail: "Dedication" by Czeslaw Milosz, and "Advent 1966" by Denise Levertov. Two aspects of the author's approach to the subject emerge: (1) the authors link the details of the trauma experience to details in the non-traumatized world, and (2) the authors describe their own limitations and inadequacy as witnesses. A case example is offered of a couple where one partner suffered an extremely traumatic childhood is described. In the end, the therapist and the husband admit their helplessness in the face of the wife's trauma, and this provides a kind of healing.

Brief Summary:

“What can exist between the scream and the silence?” Sam Gerson (2009) asks in his paper “When the Third is Dead.” This paper examines whether the poetry of witness to trauma can answer that question. Can it help restore a living third, a “cultural third” in Gerson’s telling phrase, for the victims, and if so what does this tell us about therapeutic work with victims of extreme trauma. In order to answer these questions, this paper closely examines two poems, “Dedication,” by Czelaw Milosz (2001) and “Advent 1966,” by Denise Levertov (2013).

Czelaw Milosz writes, “[for] Those dying here, the lonely/forgotten by the world, /our tongue becomes for them/the language of an ancient planet.” The ancient planet is the one where grief and trauma are registered, not this planet where the abused child goes to school, where she hears the children playing on the playground, oblivious, just like the revelers in Warsaw, to the trauma that sets her inexorably apart. Traumatized people live in a separate world (Stolrow, 2007), one known to the rest of the world only by smoke on the horizon. The poet, like the analyst, must heal the split between daily life and trauma, must be a bridge between the quotidian, which in the context of trauma takes on a shade of the ominous, and the sequestered trauma. The context is complicit our patients are trying to tell us.

The poetry of witness, says Czelaw Milosz in his Nobel Prize lecture, “calls for a cunning in selecting one’s means and a kind of distillation of material to achieve a distance to contemplate the things of the world as they are, without illusion.” One element of this “cunning” is the use of the irony of natural juxtapositions. The poet will find the telling detail, the image that will carry a narrative. He will then juxtapose that detail with an observation of the ongoingness of the world. Chickens cackling on the road, while nearby, “An old Jew, tossed in a clay pit, has been dying.”

The poetry of witness bears witness to the poet’s own limitations. “You whom I could not save./Listen to me./Try to understand this simple speech as I would be ashamed of another./I swear, there is in me no wizardry of words./I speak to you with silence like a cloud or a tree” writes Milosz at the beginning of “Dedication.” “My clear carresive sight, my poet’s sight I was given/ that it might stir me to song, /is blurred” writes Denise Levertov about witnessing the endless iterations of napalmed children during the Vietnam War. “There is a cataract filming over/my inner eyes. Or else a monstrous insect/has entered my head, and looks out/from my sockets with multiple vision.”

The paper concludes with a brief case example of a couples treatment in which one partner suffered extreme trauma as a child. The therapist’s admission of his own limitation to help them constitutes a kind of witnessing to the immensity of her trauma, and helps to restore a new, however somber, third. “Our [husband’s and therapist’s] admission of failure and impotence was an affective bridge into her world, where everything felt like that. In admitting our hopelessness, we were, in the only way possible, witnessing that what had happened to her was real, was unimaginably devastating” the paper concludes.

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Educational Objectives:

1. Understand the importance of the emergence of a third is in the treatment of traumatized patients.
2. Identify the importance of the link for traumatized patients between aspects of trauma and the everyday details of the traumatic surround.
3. Identify the importance of the therapist admitting their limitations as witnesses to trauma.

A.4 Taking our Imagination Seriously: In Friendship, Immigration and Clinical Moment

Speakers: Noga Guggenheim, PhD, Israel; Loren Sobel, MD, MS, USA; Irene Melnick, MA, Israel

Moderator: Oren Sol, MA, Israel

Paper 1: With a Little Help From My Friends: A Glance at the Perception of Friendship, As a Creative Resource in Psychotherapy

Noga Guggenheim

Issues of friendship are not new to psychotherapists, and are widely discussed in the psychoanalytic literature mainly as they relate to transference and ethical contexts, and from the viewpoint of therapist-patient relationships. Most of us are often asked questions such as: "How does talking with a therapist differ from talking with a friend?" However, to the best of my knowledge, very few papers have dealt with the phenomenon of friendship as a possible therapeutic resource. Friends seem to receive only a marginal place in psychoanalytic literature in comparison with the extensive existing knowledge on relationships with parents, siblings and between couples. Moreover, during intakes and beginning of therapy, it is common among psychotherapists (although this varies according to professional affiliation) to collect personal data about parents or spouses. Yet, in contrast to this, questions such as: *Tell me what "good/best friend" means for you; describe your "best friend"*, are rarely asked.

The ability to maintain close and intimate relations lies at the core of human wellbeing, as it fulfills one of the individual's basic emotional needs. Indeed, interacting with friends is an essential part of socialization which is widely described in psychosocial and developmental theories (Erikson, 1968; Freud, 1958; Winnicott, D.W., 1965).The sense of belonging that results from friendship relations and the support of friends may mitigate personal insecurities and social isolation when coping with difficulties throughout the life span.

Friends are considered significant others who surround us; however, they have a unique status of their own. Unlike parents or siblings, the relationships with friends are a matter of choice and they are typically viewed as symmetrical and reciprocal. At the same time, among friends, as opposed to couple relationships, physical intimacy and sexual relationships do not necessarily form an integral part of the friendship. Accordingly, it seems indeed obvious to refer to friends from a separate angle.

The paper main concern is to shed light on relationships with friends as a special case of significant others. I see that the study of *friendship relations* corresponds well with the relational approach, as it emphasizes face-to-face dialogue at the therapeutic dyad. Therefore, I attempt to understand the discourse with friends specifically among young adults, whether in imagination or in reality. I propose to focus on the subjective perception of friendship as a relevant resource in the psychotherapeutic process, in other words, to embrace friends, to give them a place right from its beginning.

I will relate to the concept by recruiting ancient texts, such as the Bible (the book of Job), through writings who represent a variety of cultures, languages and historical periods (Aristotle, Maimonides, De Montaigne) and whose wisdom was known long before the development of psychoanalysis. In addition, I will introduce contemporary references to the concept of friendship, and I will present clinical occurrences of its perception.

In conclusion, components of the subjective perception of friendship may be an important addition to the psychotherapeutic understanding. The paper will strive to highlight some observations on this issue which may bear possible clinical implications.

Educational Objectives:

1. Imagine and appreciate some historical viewpoints on *friendship* stemming from texts written before the birth of psychoanalysis (the Bible, ancient Greece, and the middle ages) as well as contemporary literature.
2. Become more attentive and creative towards subjective perception of friendship and its clinical occurrences.
3. Learn to locate friends among the patient's significant others and to gain an understanding on the importance of their role.

Paper 2: The Imaginative Bridge to Relational Contact; from the Random to the Meaningful

Loren Sobel

A patient shares with me an imagined scene. The scene includes one of my family members. That catches my attention. Then a detail included in the scene, the location where the scene unfolds, sparks a particular type of moment. When I first hear this detail, I react to it as if it was random or arbitrary. But then, like the common experience of walking through a crowd of people and momentarily thinking you just passed someone you knew, I take the detail seriously enough to look at it again—a double take. Now the seemingly random detail gives way to a sense of significance and my imagination, previously sequestered when this detail

felt random, rapidly spins me into the world of fairytales and down the rabbit hole we go. A few sessions later my patient asks me what I was thinking during a silence between us. I share the scene in my mind in that moment, a scene that initially feels arbitrary but clearly is not. This time, as I speak my mind to my patient, this seemingly arbitrary scene infuses with significance. Our imaginations bring us into contact with each other and out of the rabbit hole we climb.

In this paper, I aim to illustrate how clinical moments that initially feel arbitrary or random may capture unconscious bidirectional communications that hold the potential for significant meanings if we can linger in these moments long enough to let our imaginations act. Yet these moments come to awareness fleetingly and risk being dismissed by analyst, patient, or both precisely because of the sense of randomness, unimportance, and distractedness these moments engender (Ogden, 1994). These experiences arise unbidden and reflect a particular type of relatedness between analyst and patient (Stern, 1990; 2013). If we can treat these seemingly random moments like the strike of a flint, then our imagination can kindle the type of affective fire necessary to illuminate previously uncharted terrain (Botella C, Botella S, 2005). This terrain, like all transitional space, entails a unique overlapping of subjectivities. It reflects a liminal space akin to the overlapping area in a Venn diagram. In this liminal space, where clear demarcation between self and other dissolves into an interwoven inseparable mix, where past, present and future comeingle, where sameness and difference coexist, our imaginations can guide us into potential moments of meaningful contact. That is, if we can take our imagination seriously.

Like any imaginative process, we need a medium upon which to create. We need an object to place into the liminal space of mixed subjectivities. Often, an imaginative object—a shared scene for instance—creates a site that draws out unique aspects of subjectivity from both analyst and patient. The specific imaginative object, where the object itself and the use to which it is put, varies by each person's personal equation (Jung, 1923) and the momentary relatedness between both participants. Imaginative objects of inquiry vary considerably, from the body as object to utterances, visual images, physical movements, words, metaphors, dreams, fantasies, and reveries. The imaginations of analysts and their patients have suffused these objects over time with deeply personal and clinically powerful meanings.

It is my sense that there are particular types of deeply personal synchronous communications that come into awareness in moments that initially feel random, fleeting, and distracting. And then, if these moments can be held ever so slightly longer than you would take them up otherwise, they can lead to meaningful moments of contact and understanding. In this paper I am looking at these types of moments as my imaginative object of inquiry.

Educational Objectives:

1. Describe a clinical example where moments that initially feel random or arbitrary may capture unconscious bidirectional communications that hold potential for significant meanings.

2. Identify how the use of an imaginative object—a shared scene—can help bridge initial seemingly random moments into moments of meaningful relational contact and understanding.
3. Consider how Interpersonal/Relational Field Theory may inform technical ways to think about and work with these seemingly random or arbitrary moments.

Paper 3: Immigration, Shame and Belonging

Irene Melnick

This paper deals with the vicissitudes of Immigration and the Absorption process with emphasis on the pursue of a sense of belonging and identity. The decision to immigrate is the result of an act of imagination, in which positive phantasies about a better future, and dreadful phantasies of failure encounter the realities of meeting a new culture. Shame, as a result of immigration will be explored This process, which is a dramatic event in the life of the immigrant is understood as a major disturbance in the “going on being” experience of the immigrant, which may affect in different degrees on different aspects of the self. Clinical vignettes and examples will be given to illustrate the effects of the process, its traumatic aspects and the dynamics of transference and countertransference issues that arise in the therapeutic relationship.

Educational Objectives:

1. To promote understanding of conscious and unconscious aspects of the Immigration and Absorption Process,
2. To understand better the dynamics between the immigrant and the surrounding environment (The encounter between Phantasy/ Imagination and Reality
3. To help clinicians explore issues concerning Immigration from a Relational point of view, with emphasis on transference and countertransference issues

A.5 Destruction and Survival: Trauma, Terrorism and the Regaining Of Imagination

Speakers: Nina Cerfolio, MD, USA; Bruce Herzog MD, FRCP, Canada; Evelyn Rappoport, PsyD, USA

Moderator: Sally Bjorklund, MA, LMHC, USA

Paper 1: Terrorism as a Failure in Imagination; A Lack of Individual and Societal Empathy

Nina Cerfolio

The neurobiological damage that occurs during periods of trauma can diminish the capacity for creativity. Recent neurobiological studies indicate that creativity activates many of the same circuits in the brain that are altered with trauma. When a traumatized person attempts creative thinking, her anxiety is rearoused. Her imagination can become constricted to manage this anxiety. Children who are traumatized, ignored, and not protected from violence

are more likely to grow into inflexible adults that construct a reactive, non-creative and violent society.

This childhood pattern of violent trauma which diminishes the capacity to imagine a peaceful, nonviolent world is exemplified by the Boston Marathon bombers, the Tsarnaev brothers. The brothers were descendents of ethnic Chechens deported to Central Asia in the Stalin era and they self-identified as Chechen. The second Chechen war has been one of the most dangerous, misunderstood and underreported in the world today. Russia's political regime in Chechnya used oppression and loneliness as their chief weapon in creating terror. The Chechens' sense of helplessness has been reinforced by being framed for terrorist acts and then invaded by the Russian military, which deepened their sense of not belonging to mankind. The societal price of turning a blind eye on the suffering of the Chechen population is that the children, as exemplified by the Tsarnaev brothers, will grow to feel more helpless and vulnerable to the preaching of terrorism.

The Tsarnaev brothers murdering of innocents during the Boston Marathon bombings was a misguided act of retribution for the US military action of waged wars against Muslims. The brothers suffered a traumatic sense of humiliation through their being Chechen, as well as through transgenerational transmission of trauma. During one of the Chechen wars in the 1990s, their father was tortured in Chechnya in one of the many Russian camps and as a result he often hallucinated that KGB agents were following him. Because of their Chechen identification, the history of framing and marginalization of the Chechens and the transgenerational trauma of their father's torture, the brothers experienced humiliating trauma. The brothers trauma rendered them more concrete and robotic which diminished their capacity to imagine nonviolent solutions for their liberation. As a result of their traumas and the rupture in their ability to symbolize, the brothers became more susceptible to brainwashing of the preaching of Anwar al-Awlaki to kill Americans.

More psychoanalytic work needs to be done with groups to look at the effects of PTSD on a societal level, which has been largely ignored in the professional literature. There is a societal impact of terrorism and more therapeutic involvement in the field at the macro-societal level is vital. Trauma is kept alive by seeing a great divide between warring groups. Increased psycho-political dialogue is needed so that wounds can be reopened in a therapeutic context to encourage increased ability of individuals to imagine and create a humane, dignified and peaceful resolution to conflict.

Educational Objectives:

1. To be able to formulate a definition of terrorism.
2. To comprehend the role of trauma in creating an environment that encourages terrorism.
3. To understand how imagination can play a role in preventing terrorism.

Paper 2: A Story of Defiance and Resilience: How a Fantasy Relationship Converted Violent Abuse into Creative Alternatives

Bruce Herzog

Picasso said that “every act of creation is first an act of destruction.” He recognized that the creation of new artistic approaches required banishing traditional methods from his mind. Older ideas may have provided welcome structure, but they can limit scope, blind an artist to alternative possibilities. Picasso’s statement informs us about how creative people require some element of defiance to help clear the field for innovative ideas. This occurs in many disciplines - art, literature, music, even psychoanalysis, where a form of rebellion often goes hand in hand with the creative process.

Applied to relationships, it follows that the creation of novel forms of relatedness requires some defiance, some elimination of what came before. By rejecting old interactive habits we can create new possibilities. Children can free themselves from entrenched interactive patterns by engaging in early acts of defiance, turning their backs on their upbringing, which then opens up consideration of new, healthier alternatives. A child’s lament of: “I would never do that to my children” does not only state that the parental behavior being judged is wrong, but also that a contrasting, alternative behavior would be right.

The accumulation of fantasized interactive alternatives can evolve into a sustained fantasy of an idealized two-person connection, a “fantasy relationship” which is held in imagination, available to be played out in future real relationships. Fantasy relationships are a means to escape pathological relational repetitions, providing an explanation for how resilient patients can manage to overcome their challenging backgrounds.

A case will be presented of an especially resilient man, exposed in childhood to dangerously abusive violence that he privately defied. He eventually learned skills to defend himself and physically confront his father. Throughout his childhood he recalled silently rejecting his father’s hostile behavior and imagining a better kind of man, and a better way of relating.

He ultimately developed a benign and practical way to express aggression, converting his self-defense technique into a highly effective, dance-like variation of soft martial arts. As a martial arts instructor, he took pleasure in correcting his student’s violent tendencies and channeling them into something constructive - to help people “face themselves, their hatreds and prejudices and learn how to redirect them with love and compassion.” If only someone had done this for his father.

His fantasies of how people should interact had actualized into better ways of relating with his students, and his family. Despite his success in creating a healthier life for himself, his underlying hostility towards people, especially entitled children, frightened him. He feared the vicious behavior his father had exposed him to would repeat itself with his own children.

In treatment he struggled to overcome the pathological, aggressive forces within himself, facilitated by use of his therapist as empathic mentor. He understood his relationship with his therapist as an actualization of a hoped-for fantasy relationship between an adoring, respectful son and wise, supportive father. His therapeutic progress was positively reflected in the similarly respectful relationship that was evolving between him and his son.

Therapists might consider how the treatment process could represent a culminating act of creative defiance in resilient patients. Perhaps we are being enlisted to actualize a fantasy relationship - to help them create, in reality, a better way of being with others.

Educational Objectives:

1. Understand the fantasy relationship as an alternative to pathological forms of relating that were repeated and absorbed in development,
2. Explain how a defiant position is central to the creative process, generating a potential space for new approaches
3. Recognize when patients are attempting to actualize a fantasy relationship in the treatment milieu.

Paper 3: Trauma Healing: Linking Psyche and Soma on a Journey from the Unimagined to the Imagined and the Re-imagined

Evelyn Rappoport

"This world is but a canvas to our imagination." —Henry David Thoreau

When the unimaginable is our reality, confusion and fear reign supreme resulting in what Ferenczi (1933) titled a "Confusion of Tongues". Shock and uncertainty foreclose creativity, play and reverie leaving confusion and fear

Steve Mitchel, in his book *Hope and Dread in Psychoanalysis* highlighted the imaginative process as a source of creativity and personal meaning. He wrote "in a very broad sense, 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 is most therapeutic is the analyst's ability to find opportunities for new growth embedded in old hopes. Imaginative reshaping opens up new possibilities for the patient both in thought and in actions" 1993, p.222). For D. W. Winnicott reality has to be re-imagined to be made real and the pleasure obtained is found in the richness of the imaginative process (Goldman, 2011)

But what of individuals who are unable to think or imagine? Often, patients come in with complex trauma which has compromised any shred of safety and security. Complex trauma, whether in individuals, families or groups is always compounded by the shadow of social and political forces. Today, our political surround is driven by the pursuit of power and aggression which is fueled by terror, hatred and racism. Indeed, when the unfathomable is the reality, lies become truth and truth become lies. Held hostage in the unbearable trauma vortex, the mind's capacity for dissociation can ensure survival, however, it forecloses imagination, dreaming and reflection. Narratives are frozen, time is meaningless, the past and the future are non-existent and despair reigns supreme. The one wish often expressed by highly traumatized patients is a wish to die, a desire to not exist in a terrifying world which is perceived as punitive and persecutory.

In this paper, the author presents an expanded exploration of embodied, implicit knowing and the imaginative creative process. She starts with Peter, an architect and artist who announced

that in order to be in therapy he has to suspend disbelief; a number of years later he stated that he experienced a particular session as a “non-touch hug” where he felt authentically seen. She presents Rya, a borderline and bipolar woman whose body became the “hated other” who she abused repeatedly. She then introduces us to Kathleen, a patient who dreamt herself into being born without an umbilical cord.

Highlighting clinical vignettes of highly traumatized patients who are held hostage in mind and body, she follows her patients and her own bodily communications and somatic expressions, including affects, sensations, gestures and postures in her encounters with her patients. Clinically, Dr. Rappoport, presents experiential encounters in which somatic subjectivities, reveries and somatic imagery serve as portal to the patients’ “unthought knowns” (Bollas, 1987). Working with somatic imagery Dr. Rappoport demonstrates how she resources her patients and facilitates their ability to access their own internal resources to heal with conscious awareness and an embodied presence to re-imagine a future.

Contiguous embodied experiencing enables the analyst to viscerally feel the patient’s raw emotions; together, analyst and patient co-create an intense synchronized coupling of affective resonance. This primary somatic landscape serves to support embodied micro moments of communication which linked together can spark a sense of relational aliveness. The sense of aliveness and deadness of the transference and countertransference is perhaps the single most important measure of the status of the analytic process on a moment-to-moment basis (Ogden, 1995, 1997).

A.6 Imagining the Live Body, Imagining Mortality

Speakers: Leah Malamet, MA, MEd, C. Psych, Canada/Israel; Elizabeth Harvey, PhD, Canada; Earl D. Bland, PsyD, USA

Moderator: Tammy Elad, MSW, Israel

Paper 1: Mind ‘Play’: Therapeutic Use of the Imagination in the Psychodynamic-Somatic Treatment of Trauma

Leah Malamet

As beautifully observed by D.W. Winnicott (1971): “It is in playing and only in playing that the individual child or adult is able to be creative and to use the whole personality, and it is only in being creative that the individual discovers the self.” He also wrote of the “normal child” as needing to “...live in a circle of love and strength... if he is not to be too fearful of his own thoughts and of his imaginings, to make progress in his emotional development”. Just as children ‘try out’ their ideas/wishes/hopes/ fears/memories through imaginative play, contributing to the discovery and development of the self- so does the use of imagination afford adults the possibility of ‘playing’ in their minds; of mentally ‘trying on’ an idea or [object] relationship, in order to risk the testing and experiencing of these in reality and ultimately, therefore, developing a fuller, richer self.

This paper will discuss and demonstrate the clinical application of an imaginal ('As if') therapeutic technique, in the context of an integrated psychodynamic-somatic treatment, for individuals who have experienced trauma (single or complex). These individuals, as described by B. van der Kolk (2014) and others- have subsequently become 'frozen' in a traumatic stress response and hence, 'stuck' in their personal development and relationships with others. Using one's imaginal capacity- 'playing' in the mind and 'trying on' reality- can be helpful in bypassing, as described by S. Mitchell (1993), "...a life that is stuck because old constraints foreclose the possibility of new experiences, new states of mind".

The paper will also address the process of facilitating the patient's imagination within the therapeutic relationship, via an examination of mirroring/verbal and nonverbal 'tracking' by the therapist. This tracking helps to reactivate the patient's ability to be mirrored, positively affecting his or her social-engagement system. The relationship between representational ability, play, and imaginal ability will also be discussed.

To illustrate, I will provide a detailed clinical case description of a female patient of mine, treated with an integration of psychodynamic, somatic, and art therapies, for whom the use of the imaginal experience/'As if' therapeutic technique marked a therapeutic turning point. While engaging in a closely-tracked somatic-imaging process, she had an abrupt visceral experience of being "blind"; of "a thick veil or skin, directly on top of [her] eyes". However— upon being given an imaginal suggestion-- her experience of blindness disappeared and she was able to 'see' graphic details of a previously repressed trauma without becoming overwhelmed by distress or dissociative. Subsequently, she also started to become more socially responsive and engaged.

The 'As If' methodology assists the patient's ability to practice 'viewing' the trauma, in his or her imagination— which ultimately allows for the capacity to safely 'see'/recall the trauma, in reality, with 'eyes wide open' and move towards an expanded vision of self and relationships with others.

The ideas of D.W. Winnicott, S Mitchell, P.Wachtel, B. van der Kolk, and P. Fonagy provide the theoretical underpinnings for this paper. These ideas will also be discussed in the presentation.

Educational Objectives:

1. Application of an imaginal ('As if') therapeutic technique, in the context of an integrated psychodynamic-somatic treatment, for use with individuals who have experienced trauma (single or complex).
2. Understanding the relationship between representational ability, play, and imagination.
3. Understanding of some of the theoretical underpinnings of the therapeutic approaches discussed in the paper.

Paper 2: Imagining Psycho-Immunity in the Analytic Dyad

Elizabeth Harvey

This paper explores the intersection of psychosomatics and psychoanalysis through a focus on the immune system. I examine how body and psyche are interlaced in psycho-immunity, a term that designates the intricate relationship of body and mind in immune system function. The immune system is a network of cells, tissues, and organs that protects the body from invaders and infection, and I will suggest that it has a psychic and imaginative counterpart that works in complicated reciprocity with this physiology. Theorists of immunity (Biss 2014; Esposito 2011) recognize the social analogue of immunity: just as bodies need to protect themselves from hostile intruders, so do social communities—families, nations—develop mechanisms for managing inclusion and exclusion (Kristeva 1980). Human beings are born into relationship; one of the central challenges for the developing psyche is the capacity to discriminate between loving, helpful, abusive, or invasive objects and to establish boundaries while still allowing for relationship (Winnicott 1962). Psycho-immunity is always both an intra-psychic and inter-psychic system. How does a psyche protect itself from hostile takeovers, from trauma, from overwhelming affect, all of which disturb the equilibrium of the organism? And what happens when psychic pain causes the immune system to turn against its host body in autoimmune disease? Although the causes of autoimmune disease are diverse and complex, studies have clearly established trauma as an important factor in autoimmune disease (Mei-Tal 1970, Spitzer, 2012, Wallace 1975).

Whereas for Freud and Breuer, conversion symptoms rested on a mind/body split that saw sexual anxiety and trauma banished from the conscious mind only to remerge as a physical symptom, I envisage soma and psyche as implicated in a mutual exchange facilitated by an unconscious embedded in and mediated by complex chemical, endocrinological, neurological, and somatic signals (Krystal 1997; Taylor 2003; Schore 2011). In this model, the mind has access to psychic perturbations both as they are generated by the body and as images and dreams and metaphors that analyst and patient can explore and refashion in order to understand the complexity of these interactions (Ogden 1997; Lombardi 2010, 2017; Grotstein 1997). Focusing on a clinical case study of a patient diagnosed with relapsing and remitting multiple sclerosis (RRMS), this paper considers how imagining the body and the immune system within the analytic dyad allows for new conceptions of the body to emerge (Anzieu 1989). Transference and countertransference interactions, the somatic third (Rappoport 2012), and dreams provide material for understanding psycho-immunity.

Three areas will be explored: 1. The patient diagnosed with RRMS needs to come to terms with an illness that has a relapsing and remitting (and potentially disabling) trajectory. She must assimilate a new, precarious body image and a new conception of self. How does the psyche experience the acquisition of a body that is now defined by unpredictable relapses? 2. MS is a demyelinating disease. The myelin sheaths that insulate the nerves in the brain and spinal cord are damaged, and the capacity of the body to communicate with itself is disrupted. How does the phenomenological experience of the precarious body alter, and what kinds of new affective regulatory strategies need to be recruited? 3. If autoimmune disease is characterized as body's attack on its own systems or tissues, how might this pattern present intra-psychically and as a disturbance of the relationship between self and other? The paper explores how these compromised somatic and psychic boundaries can shape transference and

countertransference exchanges, and how imagining the body in the analytic dyad can change a patient's experience of embodiment.

Educational Objectives:

1. Analyze the concept of Psycho-immunity
2. Describe how the psychic image of the body's systems is shaped through metaphor, imagination, and the somatic third within the analytic dyad
3. Apply these concepts to a case history of a patient with multiple sclerosis

Paper 3: Minding Dread: Imagination at the Edge of Being

Earl D. Bland

Psychoanalytic imaginings of dread are typically located within two spheres: The dread of traumatic repetition or as a derivative of anxiety – something to be avoided in both its conscious and unconscious manifestations. Although neurobiologically indistinguishable from fear, the subjective experiences of anxiety are often differentiated using Freud's (1920) well known question "Can we relate neurotic fear, in which danger plays so small a part or none at all, to real fear, which is always a reaction to danger" (par., 16)? Yet these overly general categories (anxiety & fear) obscure powerfully nuanced expressions of dread experienced both in everyday existence and the consulting room. To differentiate, consider the notion of dread as an admixture of fear and anxiety containing both the presence of material danger combined with various intensities of anxiety, be it free floating, obsessive or phobic in nature. Further dread is qualitatively different from anxiety or fear in its pervasively existential quality and temporal inevitability. While fear is often associated to material dangers and anxiety with possible but most often unlikely future scenarios, dread involves the vulnerability to a future inevitability. This variance is distinguishable as recent studies suggest subtle distinctions between the neurobiology of dread and anxiety. Dread, usually thought of as an emotion based on fear and anxiety influenced by prior learning, also has a significant attentive component which takes time into consideration. The minding of dread involves living with ever nearing inevitabilities. This is perhaps the most distinguishing feature of dread: an ever-approaching certainty from which there is no escape. Attention can be diverted, distracted or escaped from momentarily, but dread promises a certitude from which we cannot discharge. Ernest Becker (1973) argued the difficulty with human existence is not the drive towards death but the dread and denial of death. Freud's denial, paradoxically, was actually of the reality of death – the primary repressive content is not sexuality but death. Seeing death as drive or instinct "allowed Freud to keep the terror of death outside his formulations as a primary human problem of ego mastery" (p. 99). Following Pascal, Kierkegaard, Rank and others, Becker declared the primary preoccupation of human existence is the distancing, dismissal and diversion from our most basic reality – death. Underlying dread propels us to a life of illusions and denial of our embodied and bounded mortal selves. Like Hoffman (1998) Becker believes the adaptation to our mortality has received little attention. Unlike Hoffman, Becker (1973) is almost singular in his pronouncement that the only response to death is anxiety.

However, Becker's understanding of death and its inescapable dread leave us with two problems. First, as identified by Carveth (2004), Becker's one-sided negative view of death leaves all experiences of embodiment, pleasure, or acceptance of transience as flat, Pollyannaish, and lacking complexity. Second, Becker's diminution of all dread, anxiety, psychopathology, religion, and human achievement to a singular existential reality – the denial of death – echoes the modernist reductionist tendency, thwarting future exploration of reasonable causal scenarios. In response this paper does not repudiate a centrality for death as cause for human dread, instead there is an expansion of dread to include a variety of causal scenarios that are not reducible to mortality. Death is not the only source of ultimate dread because entangled within the developmental relational matrix we might imagine dread as emerging from relational disruptions and fractures. Impending dread may involve mortality but this may be distinguishable from the dread related to singularity and lack of relational connection. Using clinical and cultural stories this paper expands the imagination of dread to include: shame, the lost other, empty purpose, fragmentation, repetition, and cultural annihilation.

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Educational Objectives:

1. Participants will assess and distinguish between fear anxiety and dread within a psychoanalytic context.
2. Participants will discuss the variety of cultural and clinical expressions of dread experiences.
3. Participants will understand and articulate their own experience with dread as a clinician.

A.7 Transitional Space, Transitional Object: Psychoanalytic Listening, Scientific Exploration and the Place of Inanimate Objects

Speakers: Ilana Ben Haim, MA, Israel; Carlo Bonomi, PhD, Italy; Yoav Broshi, PhD, Israel

Moderator: Michael Reison, PhD, USA

Paper 1: One Eye Wide Open, One Eye Closed – Between the Banal and the Abnormal In Therapeutic Sessions

Ilana Ben Haim

"between 'reality' on the one hand, and the point where the mind strikes reality, there's a middle zone, a rainbow edge where beauty comes into being, where two very different surfaces mingle and blur to provide what life does not: and this is the space where all art exists, and all magic...."

Tartt, Donna. *The Goldfinch* (p. 770). Little, Brown Book Group. Kindle Edition

The therapeutic setting, invites the patient into a different consciousness mode, a state of mind in which reality and non- reality may mingle; a twilight zone, a place where something new can be created, maybe even magic. Just like Donna Tartt says in her book "The Goldfinch".

Marion Milner (1987) uses the expression "reverie" when speaking about the kind of thinking that others may call fantasy because it stresses the element of absentmindedness. She thinks the element of absentmindedness is important since it puts inside something very important: the need for a protective physical and psychological environment. She says that giving ourselves the opportunity to be in this situation demands from the people around us as well as from ourselves an attitude of tolerance towards something that may look for moments very much like insanity. Milner says that patients can experience this state during an analytical therapy session. She adds that certain patients are in a crucial need for a background environment where it is safe to let their thoughts wander, to allow confusion and mix-up between "I" and "Not I".

In nature we may find an equivalent to this state of consciousness in the way dolphins sleep; they cannot breathe when their brain is in a state of full sleep. This is the reason they sleep with one eye and one hemisphere (The opposite one) "open" while the other with the other hemisphere "turned off". This way dolphins can both sleep and breathe. Yet dolphins may be hurt by dangers out of their perception range, therefore adult dolphins tend to move in couples, alongside each other. When they sleep- each one is aware of one side of their surroundings, this way they can "cover" together the whole range.

I think this collaboration between two dolphins is a good metaphor for the therapeutic work: the therapist and the patient should keep "half a brain" awake and receptive while the other half can be in a dreaming state to allow a "creative alert". Having said that and in spite of the similarity in the state of consciousness, there is a difference between therapist and patient. They are both aware of the situation (not necessarily at the same level) but each has a different role in the "dream". The patient, often, "dictates the plot of the dream" in which the therapist can "enter and participate": For that the therapist usually uses experiences he had including those awakened by exposure to art work. He may be affected by an "imagined activation" of his senses: sight, hearing and even the sense of touch. The therapist may experience the scene created by the patient through a process of "translating" it into his own language, sometimes by mingling his "I" and "Not I". There might be a continual back-and-forth type of movement – in which the therapist swings between a state of "oneness" with the patient and a state of separateness, which is accompanied by his psychoanalytic understanding regarding the encounter.

The paper will include clinical examples of “day dreaming” “Mix-up” of the therapist and the patient, awakening during the session and insights gleaned through the process.

Educational Objectives:

1. Enhance attention to "voices", "scenes" and body feelings of the therapists during the encounter.
2. Encourage therapists to use their imagination to allow a better understanding of implicit meanings in their patients' words.
3. Encourage therapists to expose themselves to a large variety of art works to create a larger amount of "artistic associations" with their patients' words.

Paper 2: The Genesis of A Scientific Fantasy: From the Salvific Penis to the Wise Baby

Carlo Bonomi

How the dissociated side of Freud's genital theory was unconsciously transmitted to Ferenczi and transformed into the Thalassa myth

Ferenczi defined his attempt to complete Freud's theory of genitality as a “scientific fantasy”. Ferenczi's Thalassa (1924) was indeed a combination of biology and mythology, like Beyond the Pleasure Principle where Freud (1920) introduced his theory of instinct as featuring a compulsion “to restore an earlier state of things”. In Ferenczi's narrative the hero of this compulsion was the erect penis. In Thalassa it is described as the living memorial of a primordial catastrophe of cosmic proportions acting in the same manner as the unresolved trauma that is through compulsion to “a perpetual repetition of the painful situation”.

Erection was presented by Ferenczi as an attempt to cast off the entire genital organ, an instinctual impulse which is satisfied in a hallucinatory mode in coitus. The penis striving to penetrate the vagina is at the same time a child aiming to return to the womb and a fish returning in the sea, thus restoring a peaceful aquatic life before the drying-up of the sea, that great catastrophe repeated in the act of birth as well as in the erection of the penis. This extreme synthesis is Ferenczi's scientific fantasy.

Freud considered Thalassa the highest point of their accord, a “summit of achievement” after which Ferenczi “slowly drifted away” from him. Indeed, Ferenczi was able gradually to inhabit his own voice only after having put in words his scientific fantasy. After Thalassa, Ferenczi moved away from the phylogenetic scenario to locate trauma in the experiences of the individual and overcame the “unilateral androphile orientation” of Freud's genital theory (the assumption that existed only one genital, the male one). Reflecting on the erroneous development of psychoanalysis, Ferenczi remarked in his Clinical Diary that his own genital theory was clinging “too closely to the words of the master” and had to be re-written. Ferenczi's “Confusion of tongues” article was indeed an initial attempt at disentangling the confusion embedded in Freud's genital theory.

Based on my two volumes book *The Cut and the Building of Psychoanalysis*, (Volume I, Sigmund Freud and Emma Eckstein, Routledge, 2015, and Volume II, Sigmund Freud and

Sándor Ferenczi (Routledge, 2018), my claim is that Ferenczi's scientific fantasy was part of an ongoing unconscious process by which the dissociated side of Freud's genital theory was incorporated and worked out by Ferenczi.

The central theme of his Thalassa myth was announced in a dream which Ferenczi dreamt on Christmas 1912. It consisted in a shocking image: a cut off penis was served on a saucer with eating utensils (the penis was very small, horribly flayed, and strikingly erect).

This puzzling image (was it an expression of libido or of a horrible genital attack?) becomes understandable when referred to the genital mutilation endured by Emma Eckstein, a former patient of Freud who played a central role in the birth of psychoanalysis. She was in analysis with Freud, when Freud had the dream from which psychoanalysis was born, the famous dream of Irma's injection, of July 1895. The latter is generally acknowledged as a countertransference dream. My specific claim is that it memorialized Freud's emotional reaction to the childhood trauma of Emma and its reenactments: the ablation of her clitoris (the "small penis") and her masculine fantasy to have a penis, by which she was trying to cope with her actual loss.

Freud didn't acknowledge Emma's mutilation as a trauma and understood her fantasy of having a penis as a wish to acquire something she never had (penis envy). Yet, through his own dreams and the creation of psychoanalysis, Freud was turned into the depository of the salvific penis which Emma fantasized. Emma's psychic reaction to her cut not only managed to survive beyond her carnal body, but became a relic which was worshipped in the unconscious of her analyst and preserved in Freud's phallic doctrine.

Emma's second analysis took place in 1909-10 and was forced by an outburst of masochistic fantasies and impulses, which her first analysis "had only incompletely resolved", as Freud wrote in "Analysis terminable and interminable" (1937, p. 222). This second analysis was abruptly broken off after another enactment. In Freud's words, she "fell in love with her surgeon, wallowed in masochistic phantasies about the fearful changes in her inside ... and proved inaccessible to a further attempt at analysis." (ibid.)

In an attempt to exorcise this rupture, Freud began to work on the case of President Schreber's paranoia, asking Ferenczi to assist him, but the collaboration soon ended in the famous "Palermo incident". In this tense situation Ferenczi "breathed" in deeply the ghost tormenting Freud, as attested by his horrible vision of the penis served on a saucer.

This puzzling image (was it an expression of libido or of a horrible genital attack?) was slowly transformed into a "scientific fantasy". The creative process was long and troubled, in fact every time that Ferenczi tried to put Thalassa in writing, he was beset by anxiety, pains, and paralysis which made him give up.

Jointly with Freud's genital theory, Ferenczi inherited also its dissociated side, consisting in the drama of an ablated penis. This drama was unconsciously transformed into the poetry of his Thalassa myth, namely into the saga of a baby-penis-fish striving to return home. Through

his scientific fantasy the ablated penis was restored to the Mother-Sea and a deadly genital attack was mitigated by morphing into a moving and pacifying vision of the cosmos.

Ferenczi was able to perform this reparative process because he identified himself with the hero of this saga, namely the salvific penis. Indeed, he transformed the “salvific penis” from which psychoanalysis was born, into the “wise baby” concept (which was introduced by him in 1923, while putting in writing his scientific fantasy).

Only after this reparative process, Ferenczi was able to find his own voice and to disentangle the “confusion of tongues” between Love and Hate, Life and Death embedded in Freud’s genital theory. He had become the wise baby of the psychoanalytic family.

Educational Objectives:

1. The history of psychoanalysis
2. The relationship between trauma and fantasy
3. Unconscious transmission

Paper 3: To Have and To Have Not

Yoav Broshi

(Why eating from a plate matters to the Self)

Descartes' idea of the 'Cogito' ("I think, therefore I am") led western thinkers astray for a long time. A person does not reveal his own subjectivity directly in himself, just by reflecting on his own being. Toady most of us share an understanding that in order to sense Self, a person has to encounter, in another person's mind, the recognition of his own unique subjectivity. About 30 years ago Jessica Benjamin has reminded us ("Bonds of love") that it is Hegel who was probably the first one to get it right, pointing out that a sense of Self arises through a process of mutual recognition, an event that may occur when two minds meet. To use an elegant rephrase of Descartes' 'Cogito': "Mummy thinks (me) - therefore I am". Benjamin, Mitchell and many others have well established this understanding and yet we hardly know anything about the crucial role of physical objects, such as eating plates or chairs, in the process of mutual recognition in each persons' subjectivity. The main argument of this paper is that the process of Self recognition in an inter-personal encounter requires, to a considerable extent, the intercession of inanimate objects. From a person's early development and on throughout his life, I will argue, inanimate objects serve in cultural contexts both to signify the ownership of “something that is “mine”, and to delineate the individual’s personal space. In a specific social situation such as dinner party, a group of seemingly homogenous and impersonal objects, such as plates on a dining table, each become by a process of allocation and attribution, a personal object to be identified with one of the participants. b b The “innovative” custom of eating from a personal plate emerged in western culture not long ago, around the end of 16th and the beginning of 17th centuries, probably on account of new social evolvments. In retrospect, it is no wonder that the first thoughts about “Self” were being articulated during that time. Social needs, material culture and imagination were intertwined

in a dynamic triangular of influences to stimulate a revolution which changed the way people perceive subjectivity. In the course of the inter-personal situation, each eating plate tangibly delineates one's personal space to others, in a physical and visible manner. The object constitutes a metaphor that signifies that person as having an inner "Self" in a manner that can be identified and recognized by the others. I shall name this particular social use of an object, such as eating plate, as "The Thing as Myself". I suggest that eating plate and its function in this daily process, serves as a paradigm example of the inanimate object's function as a mediator in the mutual recognition of subjectivity in the process of "Self" constitution. The present paper offers an integrated and comprehensive view of inanimate objects and their psychological role in the constitution of "Self" at early childhood and its' maintenance throughout an individual's life. The thesis I shall propose aims to encompass together two complimentary patterns in which objects are imaginatively used in order to constitute matured and balanced entity of Self: First is the well-known "Transitional Object", a pattern that serves to maintain an unchanging illusionary sense of Self as a fixed entity, by clinging to one personal object. Second is the unknown before "Thing as Myself", a pattern which serves to counterbalance the sense of unchanging Self by practicing repetitive separations from nonpersonal objects that one firstly adheres to and treat as his own in social context. Finally, I shall discuss ways in which this complex picture expressed in our culture and unveiled in daily interactions.

Educational Objectives:

1. The paper argues that some novel relations towards inanimate objects (e.g. plates) are critical to the constitution and maintenance of "Self".
2. The paper describes how the interplay between Imagination and real objects contributes to the process of mutual recognition.
3. The paper suggests that understanding the complementary role of inanimate objects in establishing a sense of "Self" explains its contradictory and dynamic nature.

A.8 From Malignant to Benign Imagination

Speakers: Daniel Levy, MD, Israel; Boaz Shalgi, PhD, Israel; Denni Liebowitz, LCSW, USA; Leslie A. Hendelman, LCSW, USA

Moderator: Judith Asher, MA, Israel

Paper 1: Malignant Imagination: A Testimony To The Unthinkable

Daniel Levy, Boaz Shalgi

To imagine is to produce something new that did not exist beforehand. Symbolization, in contrast, does not create something out of nothing; it rather gives a name to prior experience. Human beings produce and create, and this process has the potential to bring about good or evil, heaven or hell. Difficulties begin to emerge, however, when the imagination serves to maintain a psychic balance in a way that is detrimental to our functioning and health (as is the case in psychosis, obsession, etc.), or, when the imagination comes under attack and its activity is suspended in order to maintain psychic balance. This attack on the imagination and

imaginative thinking leads to a world without imagination where every creation and thought is severely attacked. To encounter a patient who is using his imagination to alter his reality and to create an alternative one in a way that is detrimental to his functioning and health, is to enter the realm of experience detached from relationships. The patient protects his inner world from any penetration or change brought from the outside. Coping with malignant imagination processes that distort reality in order to keep a psychic balance, as well as with attacks on the imagination itself, requires the presence of a therapist who is willing to enter a field governed by laws different from those of our everyday linear reality where we operate and are guided by the laws of benign imagination. Interpretation in such cases is useless, because in order for interpretation to be effective, the patient must be able to reflect and symbolize. These abilities, however, are lacking in patients suffering from malignant imagination. Enactment is what allows us to enter this field. By means of mutual dissociation we attain valuable information. The part that has created the imaginary world or that attacks the imagination brings about paralysis and stagnation in order to protect the patient. The therapist must relate to this part, and not only with the patient's mature and healthy parts. This part contains the imagination's unactualized potential, and presents itself as real and irreplaceable. It is the thing itself, everlasting, and nothing can change or overcome it. As far as malignant imagination is concerned, any version different to the one supplied is perceived as a declaration of war that aims to destroy it. This part has several characteristics, including the demand of absolute submission to its rule. It also has, however, some weak spots, and it may experience severe and unexpected shocks in response to the therapist's causal remarks and therapeutic interventions. The tyrannical part appeals to despair and impotence, creating a sense that whatever might be done is pointless and bound to fail. In addition, it threatens life itself and the patient's psychic balance. The ability to sustain free thinking and imagination involves as a threat to the patient's wellbeing and sometime to the therapist's wellbeing as well. Imagination significantly differs between individuals, and no two imaginary worlds are alike. The misery that lack of imagination (or attacks on it) brings about, however, is essentially the same in all patients. Liberation from the chaos of the world of malignant imagination requires maintaining our humanity and the right to think imaginatively even when such thinking is rejected. Under those conditions, we must gently mediate imaginative thinking to the part that feels threatened when it encounters a different kind of imagination. The transition from malignant imagination to a benign one and to symbolization, requires the therapist's willingness to relate to the malignant imagination's need to be recognized and acknowledged. Favoring the patient's mature part over the part which makes use of malignant imagination will lead to regression and to reinforcing the patient's false-self.

A clinical example will be presented through which we will try and demonstrate this kind of encounter.

Educational Objectives:

1. Identify the structure that produces malignant imagination and / or that attacks the imagination in the patient and the therapist.

2. The participants will enhance their knowledge regarding the ways to relate to this structure (the language of trauma and dissociation)
3. The participants will develop their clinical view in regards to the therapist's dissociative areas as a powerful tool in this process

Paper 2: Trauma and the Struggle to Mourn: Praying for Transformations in "O"

Denni Liebowitz

In this paper I examine trauma in its relation to mourning and integration. Mourning is understood as central to growth, healing, and the transformation of trauma yet, paradoxically, trauma itself can impede the capacity to mourn. What mourning requires, trauma disrupts – time, a healthy separation between self and other, a sense of basic trust and going on being, the capacity to bear painful feelings and imagine the possibility that something can come of suffering. I offer two abbreviated case studies to illuminate and elaborate these ideas. The first case focuses on individual internal and interpersonal dynamics involving unresolved mourning. The second case applies clinical thinking in the realm of the socio-political and explores the ongoing impact of the Holocaust in Israel. In both cases, I suggest that the deep psychic cut of catastrophic trauma into the realm of primitive agony, where existence itself is threatened, requires an individual and a People to metabolize and digest feelings of terror, helplessness, and rage “not yet experienced.” I further suggest that until the right conditions to do so are provided, mourning is compromised. By necessity, traumatic experience is denied and dissociated; a wound that cries out to be heard but often in ways that make us turn our gaze away. Here, I conceptualize the development of a fused/confused object that is an elaboration of Ferenczi's identification with the aggressor. I take up the temporal proximity and bond between the Holocaust and the creation of the State of Israel as an example of a collective fused/confused object where time and space are collapsed, thinking is impossible, and any “Other” is a threat. Good objects are needed to take up, contain, and bear the life force and horror of denied and dissociated traumatic experience. The hard work of sorting out the fused/confused object facilitates processes of separation, including from the trauma itself, and initiates what I refer to as “the transit from victim to vulnerable.” Further, I explore my realization that in Israel (and the world) there is evidence of layers of denial and dissociation of the emotional impact of the Holocaust, the intergenerational transmission of that dissociation, and its consequences. The seed of this recognition came a decade ago when I learned about the work of psychoanalyst and trauma researcher Dori Laub. Working with Holocaust survivors hospitalized in Israel for decades, Laub discovered that most of these patients' charts contained no reference to their experiences during the Holocaust. What appeared in the patient's chart was the date and country of birth and the date of immigration to Israel - everything in between erased. Bion's concept of the selected fact - the fact that cannot be selected because it cannot be integrated into an existing belief system eg; we are always talking/thinking about the Holocaust; we are dealing with it – selected me. My sense of what these patients were holding for Israel, Jewish Israelis (terror, helplessness, rage), and perhaps for many Jews in the diaspora as well was painful and at the same time, containing. I

could breathe and think. Without answers or hubris, this paper dares to imagine that we can clear a different path through the complex, polarizing, and disturbing landscapes that signify Israel and Palestine - and so many other Peoples and Places on our planet – just as we dare to believe we can help clear a different path with our patients most days in our consulting rooms - with courage, community, endurance, humility, hard work, and faith.

Educational Objectives:

1. Participants will be better able to analyze the legacy of undigested primitive anxieties that remain after the Holocaust.
2. Participants will be able to describe the psychological accomplishment involved in “the transit from victim to vulnerable.”
3. Using ideas central to trauma theory and group theory, participants will be able to apply the role of dissociation and enactment in Israel and Palestine.

Paper 3: Danger of the Imagination

Leslie A. Hendelman

This paper will address the ways in which utilization of the capacity for imagination can go unrecognized by the patient and instead be understood as factual reality. While the nonpsychotic patient may demonstrate competent reality testing in every-day life, at the same time consensually agreed upon facts – i.e. spoken words, specific actions - can trigger unique, unassailable significance to the patient: of foreboding, malice or death-threats experienced interpersonally via interpretation of others’ behavior, or somatically as signals of decaying, sick or damaged body parts foretelling imminent death, or both.

Imagination is often viewed as the artist’s gift which facilitates creation, or the gift offered by works of art to stimulate psychic associations that can deepen one’s capacity to experience life more richly or feel connected to or understood by others. A dulled and lifeless mind cannot respond fruitfully to such stimuli, nor can it wander into pleasurable imaginings of wishful states. It is often said that such limitations belie a tendency to concrete thinking. Such a constricted mind can also be viewed as responding to inexplicable terror, if understood within the framework of the paranoid-schizoid position.

However, imagination also deepens the terror of nightmares and panic attacks when logic and reassurance fail. In those instances I contend it is only the felt presence of a benevolent other that can ease the fear. A Kleinian view might posit a failure of primitive splitting to prevent the destruction of love (and survival) by hatred, envy and aggression. Utilizing the Kleinian perspective, I believe it is the experiential mediation within the therapeutic relationship of the dangerous elements between the analyst and patient that can shift the experience of dissociated fear, rage and helplessness to one of comprehensible humanness shared by both the patient and the analyst.

During this series of interactions, the analyst absorbs in dissociated mode the dangerous elements elaborated by the patient’s imagination, and survives. This experience, which in the

moment creates incomprehensible conflict between the partners, is reflected upon over time and verbalized by the analyst, providing a relational bridge of understanding and actual experience that detoxifies the patient's conviction of danger, allowing it to be viewed as just one possible, imaginable, meaning.

This paper will include clinical examples of work with a patient whose bodily problems- pain, weight gain, various physical disturbances- form the through-line of the treatment. The body registers distress, signaling danger, in nonverbalized symbolic fashion, crystallizing early preverbal and non-verbal fears of annihilation, or primitive agonies. Somatic language informs the discourse between patient and analyst.

According to the patient, she has almost no childhood memories. Are they dissociated? Unformulated? Non-existent memories cannot explain the basis for the patient's terrors. Genetic interpretations fall flat, creating a hollow narrative. Only the enacted impact of each participant upon the other, gradually acknowledged, then tied verbally to developmental meaning negotiated between the participants can lead to a newly created expansion of imaginative space within the mind that makes meaning of felt, bodily experience. The relationship of analyst and patient thus engaged makes possible the articulation of both the agonies and their mutual comprehension of them, as felt and acted upon by each.

Educational Objectives:

1. The learner will be able to analyze observable diagnostic criteria from the perspective of capacity to imagine positive or negative meaning as a determinant of severity of pathology.
2. The learner will be able to describe 3 ways in which a patient in therapy can demonstrate flexibility or rigidity in their capacity to imagine another person's intentions or feelings.
3. The learner will be able to assess an openness to change based on the patient's response to suggestions given by the therapist.

A.9 The Analyst Participation in Remobilizing Developmental Processes

Speakers: Shelley R. Doctors, PhD, USA; Ricky Pelach-Galil, PhD, Israel; Dr. Mildred Antonelli, PhD, USA

Moderator: Cheryl Goldstein, PhD, USA

Paper 1: Kohut's Selfobject Experience: An Early Relational Concept

Shelley R. Doctors

The concept of selfobject experience is basic to an understanding of psychological development and the reorganization of the individual's psychological world of experience that we attempt to change via psychoanalysis and psychotherapy. Although it describes a universal dimension of relationship, one that is key to treatment for many reasons (among them its relationship to transference), the concept of selfobject experience is still under-recognized and under-appreciated in the psychoanalytic world. Kohut's creation of the selfobject concept marks a point of departure for psychoanalysis—the moment when analysts began to shift their attention away from intrapsychic relationships and toward relational experiences,

conscious and unconscious, that are key to understanding psychological development, psychopathology, and psychological treatment. “His inspired creation of... (the term)...selfobject as a single word rendered typographically literal the self’s embedded existence” (Shane & Magid, 2015). The experience of selfhood is inextricably connected to current and prior relational experiences. While Kohut continued to speak of the intrapsychic consequences of selfobject experience, as I see it, the concept of selfobject experience was and remains a relational concept, as it links self-experience to the relational contexts in which self-experience comes into being or is transformed. The selfobject concept brings into view the functional capacity one person may have to bring dimensions (or potential dimensions) of another person into being; it is singularly important, for it underscores our inescapable relational embeddedness. 3 The selfobject dimension of transference differs from transferences identified in classical psychoanalysis, as they are not products of sexual or aggressive drives. Marian Tolpin (2000) referred to them as “forward edge transferences” and said they derived from “still remaining, healthy childhood development in the unconscious depths, albeit in the form of fragile ‘tendrils’ that are thwarted, stunted, or crushed”. She attributed their momentum to the “motivations, strivings, expectations, and hopes of getting what is needed...from the forward edge transference to the analyst” (M.Tolpin, 2000, p.1). Kohut developed his ideas about selfobject transferences because he listened to his patient’s longings for particular kinds of recognition. He referred to patients’ desires to have their nascent expansiveness affirmed as “mirroring”. The “mirror transference” illuminates an analyst-patient interaction previously overlooked, wherein patients’ needs to feel appreciated by their analysts for their distinctive qualities entered our theory. It wasn’t until Kohut named the “idealizing transference” that we came to privilege the wish to feel connected to someone stronger and wiser, through which we all feel safer and more grounded. In the “twinship transference”, the patient, like all of us, experiences a sense of alikeness with the analyst that serves to induce a sense of being a “human among humans” (Kohut, 1984). We learned from Dr. Jule Miller’s report on his supervision with Kohut 1 that Kohut had used the terms “leading edge” and “trailing edge” to create a more complete understanding of transference. While the “trailing edge” of personality or 1 How Kohut Actually Worked, Volume 1, Progress in Self Psychology 4 transference includes aspects of personality that result from the effects of psychologically thwarting experiences in formative years, the “leading edge” refers to the evolving and developing aspects of personality, what Kohut originally called the selfobject dimension of transference. This second dimension exemplifies Kohut’s focus on the patient’s movements toward healthy growth. Clinical examples will illustrate selfobject experiences and varieties of selfobject transferences.

Educational Objectives:

1. Attendees will develop a clear and detailed understanding of the selfobject concept.
2. They will be able to describe varieties of selfobject transferences.
3. Clinical examples will allow attendees to recognize the subtle and nuanced ways these ideas relate to treatment and participants will be able to make use of these ideas without the use of jargon.

Paper 2: "Self-subject" and the Recreation of the Father in the Transitional Space between Reality and Imagination

Ricky Pelach-Galil

In this presentation I shall introduce the term "self-subject" as a developmental concept which corresponds with Kohut's term selfobject (Kohut 1971, 1984) and complements it.

This term was developed while I was looking for a way to describe the role of the father in the developmental process of adolescent males. It was created on the basis of an integration between research, theory, and clinical work.

The findings of a qualitative study with 18 year old boys revealed the following developmental picture: At the beginning of middle adolescence, at about 12-13 years of age, along with the distancing or separation from the emotional dependence on the mother, the boy turns to the father. He rediscovers him as a subject and ascertains that the father recognizes him, his son, as a separate subject as well. The boys' stories, in my study, revealed how they actively fight to turn the father into a self-subject and, thereby, achieve mutual recognition. It is a significant developmental process through which the adolescent boy forms, shapes and builds his sense of self, self-image and self-value.

At this point in development, the son needs his father to look up to; as an ideal to see himself reflected in, on the basis of being like him. This notion resonates closely with Jessica Benjamin's portrayal of the rapprochement complex at ages 2-3 between the son and his father: "the child idealizes the father because the father is the magical mirror that reflects the self as it wants to be- the ideal in which the child wants to recognize himself." (Benjamin, 1988; 2005)

When listening to these adolescent boys, one realizes that this developmental task—a sense of mutual recognition with the father—is complex and difficult to achieve. The various ways in which boys fight to achieve mutual recognition with their fathers consist of rebellions, provocations and conflicts. They are immersed in the dance of the paradox of mutual recognition.

Some boys were unable to confront their fathers. They didn't feel secure enough to rebel or provoke against them in order to change their relationship. However, the study revealed an intriguing finding regarding an alternative mode that these boys use in the struggle to change their father into a self-subject. These boys managed to gain the desired mutual recognition by recreating the father within themselves. In Winnicott's terminology (1971), they have acted within the transitional space between reality and imagination, between inner reality needs and outer reality. They changed the father's image, at times 180 degrees, so as to be able to see him as an ideal; to appreciate him, love him and identify with him. They strived to be able to see themselves reflected in the father's new, more admirable image and thereby love themselves.

The processes described here will be illustrated in the course of a theoretical discussion of the new concepts, as well as through vignettes from the adolescents' interviews. The clinical implications of this developmental picture will be presented as well.

Educational Objectives:

1. To introduce a new concept, "self subject", which integrates different theoretical views, in order to characterize the role of the father, while emphasizing the relational contribution to this understanding.
2. To illuminate a unique developmental phenomenon where the adolescent boy recreates the father in the transitional space between inner reality needs and outer reality, so he can identify with him and view himself reflected through the father's eyes.
3. To discuss the relevance of these ideas to clinical work.

Paper 3: Many Bridges to Cross

Mildred Antonelli

While trauma is often hidden in plain sight, intergenerational transmission of trauma, much more ubiquitous than we realize, often resulting in estrangement between parent and offspring, is usually hidden out of sight. The inspiring stories of two women, one the daughter of a Vietnam veteran and the other the daughter of a veteran of the army of the Third Reich who, because their fathers never talked about their war experiences assumed they were perpetrators of atrocities reveal how the rift can be healed. Viewing their fathers negatively as perpetrators of atrocities, they had distanced themselves from them. After years of therapy they realized they had to address the reality of their fathers' actual war experiences. This presentation describes their journey from anxiety and ambivalence to empathy, compassion and fulfilling relationships, enhancing the self-experience of all. Janoff-Bulman says, "The responses of survivors to extreme life events tells a great deal about our common human needs." Immersion in the experience of healing the rupture between traumatized parents and the offspring to whom the trauma has been transmitted adds new important dimensions to psychoanalysis and to our understanding of our universal human needs applicable to all our patients.

Educational Objectives:

1. The learner will be able to identify when a patient has been the recipient of trauma transmitted by the parent
2. The learner will know that the patient must initiate mending the rift between patient and parent, caused by the transmission of the trauma of the parent

3. The learner will know that the patient cannot begin the process of mending the rift until the impact of the trauma on him/her has been adequately addressed and resolved.

A.10 Workshop: The Intersubjective Body - Imagery in Supervision and its Relational and Corporeal Resonances

Speaker: Orit Klapish, MA, Israel

Moderator: Orit Klapish, MA, Israel

The unique perception of the intersubjective field and the phenomena which create it in therapy and supervision from a relational body psychotherapy perspective. "All you can imagine is real "Pablo Picasso"

Introduction: In this panel we would like to present clinical work from the field of relational body psychotherapy. In three dialogic discussions, we will illustrate how relational body psychotherapy positioning affects different aspects of imagination and reality in the field of therapy and supervision. While observing phenomena taking place in the intersubjectivity of the relational body psychotherapist.

First discussion: Ms. Orit Klapish. This panel considers the place of imagery in supervision and its relational and corporeal resonances in the supervisory relationship. Drawing on Keleman's (1985) formative psychology concepts in order to explore clinical material through a composite case vignette from her supervision practice, the supervisor considers her parallel process and describes the role of her countertransference in the embodied triangle of supervisor, supervisee and client. The body acts as a source of and resource for clues about the emotional state of the patient, as well as the supervisor, as a seismograph for the mind. The developmental stage characterizing the patient, the therapist and the supervisor as expressed by their bodies. Those clues shape the therapeutic relationship and affect it through the changes that the figures in the therapeutic field undergo. In this panel she will describe the changing power balance in therapy and supervision while using metaphors and body psychotherapy elements, in order to understand the resonance process of the supervision triangle. This work deals with intra and interpersonal processes. She will raise the awareness in this panel for supervision as a discourse of body transference relationships in supervision and therapy, including erotic transference, parallel relationships and body resonance, as shaping the relationships between the three participants. Conceptualization is given through the Psycho-Sexual theory and passage of the pre-Oedipal stage.

Second discussion: Mr. Elad Hadad. I will explore the correlation between the degree of relational involvement of the therapist, and the extent of his use of his own body in therapy. I will suggest that the therapist's body is in-fact a relational process rather than a static object. Throughout time, body psychotherapy has consistently brought our attention to the embodied nature of our being. The history of body psychotherapy is a journey of challenging binary positions and conventional beliefs, insisting on holistic perspectives and pushing

through the edges of clinical practice. Yet for most part, this was mainly true about the client, and body psychotherapy was still largely reliant on Freudian drive-theory. The therapist's position – and the therapist's body were not explored as extensively as the client's. With the introduction of the relational turn in the 1980s and the development of relational body psychotherapy, the place of the therapist's subjectivity, and the place of the therapist's body in the therapeutic interaction became increasingly pronounced. In this discussion we will walk through reality and imagination, asking questions and seeking to find answers directly from our bodies.

Third discussion: Mr. Shai Epstein. In this discussion I will suggest that intersubjectivity is first and foremost an embodied phenomenon and that the intersubjective space is another body, co - created by the therapeutic dyad. This is not merely a symbolic body but instead a pulsating, living and speaking entity, speaking to us through the separate bodies of client and therapist. In the panel we will discuss what is the truth in this assumption, does the intersubjective field has a body? Or is it imagination? This attempts to add another facet to the bridge between the worlds, to assimilate the body within intersubjectivity and intersubjectivity within body psychotherapy. I feel that offering a rigorous exploration of bodily aspects of intersubjectivity will contribute greatly both to the body psychotherapy field, where practitioners could better work with dyadic states of consciousness, and to the larger field of psychotherapy, where practitioners could value and appreciate the contribution of body psychotherapy theory and practice to the field.

Educational Objectives:

1. The possibility to acquaint themselves with some basic principles of relational body psychotherapy.
2. Experience intersubjectivity as an embodied phenomenon, explored through body resonance.
3. Inspire connection between relational psychoanalysis and relational body psychotherapy.

A.11 Crossings: Contemporary Psychoanalytic and Queer Perspectives on Orthodox Judaism's Struggle With (Trans) Gender Identities

Speakers: Benjamin Baader, PhD, Canada; Ronit Irshai, PhD, Israel; Alan Slomowitz, PhD, USA

Moderator: Seth Aronson, PsyD, USA

Paper 1: Gender Incoherence and the Relinquishing of Selfhood as a Mystical Practice

Benjamin Baader

In my paper, I wish to reflect some more on an aspect of my story, as I tell it in my chapter in the forthcoming book, *Homosexuality, Transsexuality, Psychoanalysis and Traditional Judaism*.

I report on having grown up with a Jewish survivor father in postwar Germany, in a reality that was ruptured by the echoes of the genocide. Thus, trauma prevented me from developing a sense of a coherent self and a stable gender, resulting in states of terror, anxiety, and disassociation. After a journey that I describe in more detail in my to-be published narrative, I attained an academic position as a historian at the University of Manitoba in Canada. As I settled in a place that I experienced as safe, As I transitioned from female to male, my sense of dread and numbness gave way to a more relaxed and even joyous way of living in the world. Rather than developing a true self and a coherent gender and becoming fully at home in the world, I experienced a spiritual opening and came to embrace my gender indeterminacy within the context of a halakhically observant life style and of mystical detachment.

I will explore the dynamics of my seemingly paradoxical development. Mystical traditions, including Sufism and Hasidism consider the destruction of the nafs (Sufi term for self or ego) necessary in order to be fully absorbed in and to realize God's love, light, and radical contingency. In a protected environment in which the sheikh, rebbe, or other spiritual master provides stability and a sense of safety, a relinquishing of selfhood can take place. It seems to me that I experienced something along these lines, when my terror and numbness lifted and I took a leap of faith onto a plane of existence, in which I came to accept my gender incoherence and broken selfhood, in an act of surrender and withdrawal. And in the process, lack and emotional "unbehomedness" has turned into a source of enchantment, wonder, peace, and radiance.

Paper 2: Jewish Law (Halakhah) and the Heterosexual Matrix

Ronit Irshai

In this paper I would like to examine the attitudes towards gender reassignment of Jewish law as understood in Orthodox Judaism.

The lecture discusses the ways in which the Orthodox halakhic discourse understands the gender system—the meaning of "sex," "gender," and "sexuality," and the relations among them—through an analysis of halakhic response that pertain to transgender people. Applying Judith Butler's "heterosexual matrix" as an analytical tool, it examines the halakhic developments about transgender people and the gender meaning of that process.

Despite the assumption about the rigidity of Orthodox halakhah on issues related to gender crossing, the halakhic discourse, introduces queer possibilities as it holds the potential for divergence from the heterosexual matrix and for resistance to its organizing principles.

I address one of the most interesting and comprehensive treatises written on the subject in Israel, Dor Tahapukhot, by Rabbi Idan Ben-Efrayim (2004). This book is the only major Orthodox work on the subject of gender transition. Leaning on the kabbalistic tradition, he recognizes the possibility of a discrepancy between gendered soul and body, and reaches the conclusion that the ban on castration applies only to the person who performs it and not to the individual on whom it is performed. Taking into consideration also with Rabbi Waldenberg's conclusion that trans people (who undergo a surgery) should be treated halakhically as androgynous, I believe that parts of the "heterosexual matrix" do not remain intact in Orthodox halakhah.

Paper 3: Crossing the Divides

Alan Slomowitz

In this panel, I will explore the relevant psychoanalytic concepts raised by Irshai's analysis of Waldenberg's work and the lived experiences as described by Baader. I will focus on psychoanalytic and developmental theories of gender and interpersonal/relational "knowing" and how they shed additional light on Judaism's approach to gender and gender crossing and our clinical work.

The systems theory of gender development by Fausto Sterling (2012)

The concepts of Laplanche (2007): that gender precedes sex (social over biological), assignment over symbolization and the contingent nature of anatomical differences.

The concepts of Judith Butler's "heterosexual matrix" (2006), Gayle Salamon on bodies and materiality (2010) and Adrienne Harris on the soft assembly of gender (2008).

Using the perspectives of Levenson (2017) and Bromberg (2017): "what is going on around here?" and the multiplicity of self-states as it relates to our work in the consulting room.

Paper 4/ Moderator: Border Crossings

Seth Aronson

"A human being's ability to live a life with both authenticity and self awareness depends on the presence of an ongoing dialectic between separateness and unity of one's self states... the experience of being a unitary self is an acquired, developmentally adaptive illusion" (Bromberg, 1996). The challenge for the transgendered individual in living a life that is authentic involves balancing various self-states, such as, for example, two distinct experiences - a physical body that is perceived as one gender, and the psychological, subjective experience of being another gender.

It can be easy to fall into psychic equivalence (Bateman and Fonagy, 2012) with rigid and concrete understandings of gender. How do we help these individuals turn a lack of coherence (i.e. Bromberg's "developmentally adaptive illusion") into a strength? What can psychoanalysis teach us about the meaning of bodily experience (see for example, Balsam, 2012; Aron and Sommer, 1998) and lack of coherence of identity?

Jewish sources can also be used to illuminate such experience. For example, the Kabbalistic notion of **הכלים שבירת**, or shattering the vessels that contain divine light, creating a fragmentation of experience, helps to explain how humanity is endowed with the freedom and fluidity to play and create, across transitional spaces (Winnicott, 1951).

In my discussion of these two provocative papers, I hope to bring psychoanalytic sources into dialogue with Jewish texts, creating a space in which we can examine the experience of the transgendered individual, with implication for treatment.

Educational Objectives:

1. Analyze and critique the traditional Jewish views on gender identity
2. Assess, compare and contrast the psychoanalytic and queer views of gender development and identity with the traditional Jewish views
3. Apply the resulting theoretical and practical formulations to specific issues in clinical practice

A.12 Trans-Generational Trauma and the Mutual Imagining of Dissociation

Speakers: Carolyn Schaefer, LCSW, USA; Evelyn Berger Hartman, PhD, USA; Mooli Lahad, PhD, Israel; Dori Rubinstein, PhD, Israel

Moderator: Maria Silvia Soriato, PsyD, Italy

Paper 1: Sexual Assault: Intergenerational Trauma and Apres-Coup

Carolyn Schaefer

My paper is an attempt to explore intensive clinical work with a 25 year old woman coming to treatment five months after she was raped by her boyfriend of two years. The rape followed an argument where she attempted to end the relationship.

This young woman's attempt to deal with the trauma of rape is complicated by a previous sexual assault as a child and both her parents' history of abuse as children by their parents.

Periodically through working together she raises the question as to why she did not report the rape. The paper discusses the idea that when trauma is inter-generationally transmitted (Fraimberg 2005, Harris et al. 2016, Gerson, 2009) the experience of finding one's own awareness is in relation to the experience of opportunities to process according to new events, après coup, that questions about reporting and speaking become even more complex. Who does my patient speak for and how does she speak and to whom, when violence is shared amongst generations and when the violence done to her is witnessed by a generation close to her, bringing up for them their own challenges of their trauma and how this has been transmitted. How might speaking and not speaking function for her?

In exploring the intersection of intergenerational transmission of trauma and après-coup, I also explore in what ways fantasy functions for her and how access to play, imagination and dreaming preserve aspects of psychic space and prevent psychic collapse (Winnicott, 1971, Harris, 2016, Goldman, 2017). Briefly, I explore ideas related to "Feminine Law" (Gentile & Macrone, 2016) which help to contextualize space that is dormant and which can be used to help symbolize experiences of embodiment. This may give structure to binding the generations in their attempts to process the qualities of intergenerational transmission of trauma fostering new identifications and finding words.

I attempt to show aspects of the therapeutic relationship that demonstrate mutuality (Aron, 1996) based on love and respect (Symington, 2012) where I was able to bring my own capacity to tolerate loss and to feel hope (Atlas & Aron, 2017) as well as instances where I felt there was impasse that resulted in missed identifications (Aron, 2013) in the face of multiple generations.

In summary, I hope to show how the work has helped to restore recognition of the complexity which arises in a woman choosing when, where and how to speak of sexual violence. Working together to recognize and organize her experience of multiple trauma and sustaining forward movement in her life (regulation) gives opportunity for her to move more consistently in an object related state allowing her to build a capacity to be in relation to the totality (Symington, 2012) and to create an awareness of her experience in which she can bind, define and assert her truth based on a sense of psychic space and meaning.

Educational Objectives:

1. To describe and utilize the concept of intergenerational transmission of trauma and the intersection of après-coup in sexual assault
2. To describe and utilize the concepts of Feminine Law
3. To describe and utilize the concepts of mutuality with respect to the therapeutic relationship

Paper 2: Looking Beyond Stick Figure Images: My Personal and Professional Journey to Understanding the Impact of My Holocaust History

Evelyn Berger Hartman

Three summers ago, my brother and I traveled to our parents' hometowns in Poland and Ukraine, seventy years after the Holocaust. With only a few addresses in hand, we went on a scavenger hunt of sorts, searching for places in my parents' world that are no more.

I thought I would never go to Poland, where my mother and father's entire family except for one brother were slaughtered. My parents had intended to go back twice, the first time after they survived the war in Russia and then again years later and both times they changed their minds. If they were alive today, they'd disapprove of our trip. While they were alive, I stood firmly by them in their position. I went to Poland because my brother asked me and, without any deliberation, I thought that if he was going, we should take this journey together.

Looking back, I recognize that my journey to my parents' hometowns started long before my trip to Poland, and in ways that I would articulate only much later. My parents spoke very little about their lives before the war, and even less about their experiences during the war. More from what was not spoken than spoken, I developed images in my mind of their childhoods with family, friends and neighbors within the Jewish communities in their hometowns. From what I learned in school, books and films, I surmised what horrors destroyed all of that life. It would be many years later that I began to articulate, only in ways and in time that I could, what their lives were before the war and what those horrors might have been. As psychoanalysts, we know that trauma and its intergenerational aftermath do not become integrated or comprehended in a linear, organized way. We don't have words to express much of the trauma and the generations after often learn about the trauma from unspoken communication- from silences kept, from glances too far away. I recognize now that I only began to put into words what I learned about my family's past when I entered this field. My personal statement to graduate school, more than thirty years ago, began "Growing up as a child of parents who survived the Holocaust, I learned about emotional pain and suffering."

Without quite knowing it then, and perhaps this resonates for most of us, I needed the wisdom, insight and scholarship that this field offers of all emotional pain and suffering in order to confront my family's, and even then it took a while. Catalyzed by my analytic training, I began to put into words my own journey. It has happened in spurts- out of the blue, particular professional relationships and collaborations, reflections on my work with patients, writing this paper- each resonating with the others, forwards and backwards in time, and, perhaps, nudging me towards my trip.

In this paper I will examine how growing up as the child of parents who survived the Holocaust was intertwined with my evolution as a psychoanalyst. I will explore the transformative nature of my trip and I offer reflections on my work with patients who have been part of my journey. I will describe how my journey has filled out my previous scant, stick-figure-like images of my parents' pasts and Holocaust histories. I will incorporate theoretical understandings of the impact of intergenerational trauma on the imagination.

Educational Objectives:

1. Analyze the role that imagination plays in growing up as a child of survivors of the Holocaust.
2. Describe the interface between patient and analyst when confronting dream images created from similar histories of intergenerational trauma.
3. Assess the personal and professional value of taking difficult personal journeys towards looking beyond imagined scant figures of worlds destroyed.

Paper 3: Fantastic Reality the "As If Space" Where the Impossible Is Possible: Imagination as A Source of Healing From Trauma

Dori Rubinstein, Limor Aharonson-Daniel, and Mooli Lahad

"Imagination is the only weapon in the war against reality". Lewis Carroll

The objective of this lecture is to examine the role of imagination and playfulness in relation to trauma and more specifically in the treatment of psycho-trauma. Different evident based psycho-trauma treatment protocols utilize imagination effectively, though often without theoretical references. Our study provides an up-to-date literature review on the role of imagination and playfulness in coping and in the treatment of post-traumatic stress disorder (PTSD). Individuals facing trauma commonly use imagination to cope with harsh, uncontrollable realities (e.g., childhood sexual abuse, torture); however, imagination can also

be impaired and intrusive resulting in severe clinical symptoms such as, flashbacks or intrusive thoughts. Traumatic experience may overwhelm mental functioning and interfere with the capacity for symbolization and fantasy. Therefore, the way people use imagination before, during and after trauma may function as an important coping mechanism. Evidence of creativity and mental flexibility were found to serve as protective factors for overall psychological difficulties and as significant predictors of resilience after traumatic exposure. Nevertheless, the literature has not yet elucidated how imagination, playfulness and creativeness may be related directly to PTSD symptomology. Fantastic reality (FR) is a theoretical construct suggested by Lahad (2000, 2005), to describe the ability of people facing traumatic situations to transcend into a fantastic space where they feel safe and secure and where they can deal with and change the unchangeable. Individuals suffering from PTSD may use this function of the imagination to control, arouse, change, suppress and inhibit their traumatic memory or intrusive content. Similarly, to the broad concept of imagination this concept has yet to be fully defined or effectively measured. We have defined Fantastic reality ability (FRA) as the capacity to use imagination in response to stress or trauma and as an important concept in trauma-focused therapy. We have developed the 21-item fantastic reality ability measurement (FRAME) to measure this concept. The FRAME demonstrated robust correlations with measures of ego-resiliency, playfulness and fantasy proneness. The FRAME enables one to briefly measure imagination use in response to trauma and could serve as part of psychological test-batteries for individual differences and clinical research. In our psycho-trauma treatment method (See Far CBT Lahad & Doron 2010) imagination is used through gradual introduction of playfulness and play by creating “fantastic reality” using therapeutic cards (Ayalon), thus enabling the creation of a “space” that helps the clients to engage with, cope, control, modify and change the traumatic memory. We discuss the gap between the frequent use of imagination in therapy and the understanding of the mechanisms that brings about change as presented in the SEE FAR CBT protocol with its emphasis on the role of imagination in healing PTSD. We will briefly demonstrate the protocol for the treatment of psycho-trauma integrating Body-Fantastic Reality and CBT emphasizing the centrality of imagination and its clinical implications. There will be some reference to relational psychotherapy. To summarize, it is evident that imagination is commonly used as a therapeutic tool for PTSD in the clinical world; however, it is still neglected in the field of PTSD research. Our study aims to bridge that gap between clinical practice and theory.

Educational Objectives:

1. Learner will be introduced to the role imagination plays in relation to trauma.
2. Learner will be exposed to the concept of “Fantastic Reality” and the new tool to measure it.
3. Learner will be exposed to an imagination and playfulness focused protocol for the treatment of psychotrauma.

PLENARY I: To Dream the (Im)possible Dream- 17:15 – 19:15

Speakers: Said Abu Shakra, Israel; Prof. Hannah Kehat, Israel; Sammy Smoocha, PhD, Israel

Interlocutors: Steven Kuchuck, DSW, USA; Sharon Ziv Beiman, PhD, Israel

This panel deals with the complex reality of Israel. The state of Israel has been a war-torn country since its establishment. Furthermore, many deeply conflictual and traumatic situations are tearing the society apart ever since. We no longer enjoy what seemed to be solidarity and a wide consensus of an order with no clear majority or minorities. The dream of a melting pot is no longer tenable. Nowadays, the Israeli society is divided into distinct sectors each with its own narratives, dreams and its own claim for visible identity. Internally, there are the rifts between the secular and the religious, the Sephardi (Oriental) and Ashkenazi (Western), the Jews and Palestinian. The occupation of the Palestinians in the west bank and Gaza has further torn the fabric of the society into tragic conflictual narratives: what is experienced as a generative dream and as source of hope by some - is experienced as existential threats by others and vice versa.

However, the Israeli experience is multifaceted; it is also driven by people with dreams, imagination and creativity in a variety of fields, such as health, high-tech and various arts. Each in his own way promotes and tries to create change and build bridges in order to enjoy living together in a better place.

In this opening panel, we hope to present the imaginative efforts of some individuals who are trying to implement their social dream, who dare to challenge existing dissociations and create a mutative process of change. We will ask - How does one go on dreaming in a situation of tribal divisions? Is it at all possible? When can dreams become reality? When and under which conditions they become dissociated from reality and remain a fantasy? What blocks and what paves the way for dreams to come true?

For this opening panel, we decided to reach beyond our analytical boundaries and invite dreamers - creative, active speakers from different sides of Israeli conflictual situations. In addition, since some may feel the panel and its different voices do not represent their own voice, we propose to add to the panel an empty chair. We want to invite both panelists and audience to imagine – who would they want to see in this chair, who they would call upon to speak their voice (real or imaginary persons, dead or alive)

Friday, 21 June 2019

PLENARY II: What is Imagination and what is meant by “Imagining with Eyes Wide Open”? – 9:45 – 11:45

Speakers: Amit Fachler, PhD, Israel; Anthony Bass, PhD, USA; Stephen Hartman, PhD, USA

Interlocutors: Irwin Hirsch, PhD, USA

Psychoanalytic literature in general and relational psychoanalysis in particular do not use the concept of imagination often. We want to try to shed light on this concept and study its

meaning in the relational context. We will try to study this concept in terms of similar concepts: unconscious phantasy, Winnicottian fantasizing, Bion's thinking, dreaming, belief, escapism, prophecy or vision. Is an Other necessary for imagination, and if so - in what way. How imagination is affected by difficult social and political circumstances?

We would like to have three speakers in this panel -, theoretical and clinical: one centering on child therapy or developmental research, one centering on field theory and one on object relations.

PAPER/PANEL SESSION B - 14:15-15:45

B.1 Invited Panel: Actual Minds and Possible Worlds: Imagination's Place in Psychic Life

Speakers: Margaret Crastnopol, PhD, USA; Dodi Goldman, PhD, USA

Moderator: Ilan Treves, MD, Israel

Taking as a starting point Winnicott's assertion that "the psyche begins as an imaginative elaboration of physical functioning," this panel considers developmental and therapeutic aspects of imaginative life. What we call "imagination" is much more than a faculty for evoking images. We consider: What role does imagination play in a person's psychic development? How might imagination saturate contact with reality and what are its uses and abuses? To what degree might imaginative work be critical for working through micro-traumatic as well as traumatic experience?

Margaret Crastnopol's paper, "Imaginations Both Haunted and Healing," illustrates the interplay of three types of trauma—major historical, ongoing relational, and micro-traumatic—as evident in the recently published graphic novel, "Flying Couch." Three generations of women—a graphic artist, her psychotherapist mother and her Holocaust-surviving grandmother—are compellingly brought to life through an imaginative graphic rendering of their relationships.

In Dodi Goldman's presentation, "The Shimmering Landscape," participants will view and discuss five images of mother-child interactions to consider the developmental roots, pleasures and perils of imaginative life. The question Freud posed: 'where do we stand in relation to our unconscious fantasies?' might profitably be augmented to include: 'where do we stand in regard to our imagination?'

Educational Objectives:

1. Participants will be able to describe how a subjective sense of reality is built-up through the imaginative elaboration of experience and will understand the difference between imagination and fantasy.
2. Participants will be able to identify how the legacy of major historical traumas often interact with less severe developmental and micro-traumatic experiences.

3. Participants will have a better understanding of the implications for treatment of different types of relationships individuals can have with their own imaginative life.

**B.2 Invited Panel: Psychoanalysts Grapple with the Global Climate Emergency:
The Real, the Dissociated, and the Dream for a Sustainable World**

Speakers: Elizabeth Allured, PsyD, USA; Wendy Greenspun, PhD, USA; Susan Spieler, PhD, USA

Interlocutors: Elizabeth Harvey, PhD, Canada

The 2018 Intergovernmental Panel on Climate Change released terrifying data on what our climate faces if global warming continues unabated. If our earth's temperature even reaches 1.5 degrees Celsius above preindustrial levels, we are in for catastrophic losses to species, intensification of extreme weather events, a devastating rise in sea level, and changes to all aspects of societies and life as we know it. The necessary goal of stopping reliance on fossil fuels and making dramatic changes to all aspects of how human beings utilize the earth's resources seems a nearly impossible feat in a world characterized by divisiveness, tribalism, denial of facts and ongoing greed. It will require that governments, industries, professions, communities and individuals begin to take this problem seriously, and immediately initiate change. Harold Searles, in 1972, attempted to bring a psychoanalytic understanding of unconscious factors to help look at our difficulty facing ecological crisis. In this panel, we will imagine what we as psychoanalysts have to offer to such an immense and intolerable picture, to help others face this devastation and whether we have ways to help intervene. One paper describes the parallels between challenges to our planetary ecosystem and to human systems, including how we as relational psychoanalysts can contribute to positive systemic changes based on our knowledge of ways to intervene with human psychic struggles. Another proposes a method for becoming more grounded in the facts of the climate emergency, and how to use a therapeutic relationship for processing and understanding the affects concerning this reality. The third paper discusses the movement toward dissociation when confronting the latest IPCC report, and how to work with this and other defensive styles in ourselves and our patients. Discussion about emotional reactions to the climate emergency will be encouraged.

Paper 1: Making Ripples in a Pond: Breaking into Climate Paralysis through Psychoanalytic Awareness

Elizabeth Allured

We can each feel immensely small and helpless in the face of the of our climate crisis. Yet according to general systems theory, we are all part of an interconnected ecosystem, where changes in any one element can start to alter the larger framework. This systems concept explains how human progress and the concomitant release of greenhouse gases have destabilized our planet's ecology. Conversely, the counterbalancing force of human ingenuity may be able to exert influence to enable necessary change. Any sector of humanity or any individual can create impact, but only when the urgency of what we are facing becomes a reality that encourages action. This paper attempts to imagine how our clinical experience can be used to intervene with resistance, transforming passivity into necessary awareness.

Itself a systems theory, relational psychoanalysis can offer inroads into denial, minimization and lack of action on climate. We have a wealth of experience in fostering change in the face of paralyzing emotions and are skilled in slowly dismantling defenses by holding painful emotions, hearing the experiences of various self-states, and helping to build resilience in the face of trauma.

I will describe two examples of clinical encounters which have direct parallels to intervening with climate inaction. The first relates to substance abuse, which is comparable to human dependence on lifestyle conveniences which increase atmospheric carbon (Lertzman, 2015). With alcohol abuse, we help the patient weigh the pleasures and benefits of drinking against its negative consequences, rather than shamefully admonishing him. The second describes couple therapy with an angry dyad, parallel to our polarized political tribes and countries. We can help the couple move away from paranoid-schizoid reactivity, toward hearing each partner's underlying vulnerability and desires, and ultimately finding common ground. Like ripples spreading in a pond, ongoing climate conversations can lead to crucial waves of recognition and activism.

Paper 2: Grounding Relationality in a Real, Imperiled Ecosystem

Wendy Greenspun

In 1960, Leowald turned analytic focus toward the actual physical ministrations of the mother with the young child, seeing these as foundational in personality development. In 1960, Searles brought analytic focus to the critically important ongoing relationship of the nonhuman environment with each person, seeing this "real" relationship as crucial to *psychological* development. Searles was largely ignored. In 2018, our ecosystemic relationship can stir up annihilation anxieties, rage, guilt, and psychic numbing. Can we imagine a non-apocalyptic future when we hold the climate crisis in mind?

My paper and presentation are an attempt to help analysts better understand their own relationship with the nonhuman, with its conflicts, hopes, and dreads. I hope to engage attendees in coming to see our ecosystem as more crucial to mental health than any interpersonal relationship, much as Searles saw it. Analysts in the post-modern era have typically taken the nonhuman environment for granted, a background to the foreground of interpersonal and intrapsychic relations and conflicts. However, with the recent Intergovernmental Panel on Climate Change Report (9/2018), stating that our future as a species is at risk, the analytic community needs to decide whether to continue to be asleep at the wheel, or to wake up, process what this means to each of us, and turn this crisis into an opportunity for growth and change for ourselves, our patients, and society.

I will discuss two methods successfully used for "waking up" and grounding in current reality: 1) reading a daily climate news briefing, while concurrently 2) leaning on colleagues or others to process the news of the unfolding environmental catastrophe, and redefine hope for a sustainable future. How can we help our patients with this if we are not helping ourselves?

Paper 3: EYES WIDE OPEN? How are we reacting to the Global Climate Emergency?

Susan Spieler

Though IARPP is a large and relatively diverse psychoanalytic organization with members who care about worldly issues, few of us are talking about the Global Climate Emergency. The sparsity of articles about climate change in the psychoanalytic literature suggests that many other psychoanalytic groups are also having trouble discussing it. When I asked a member of IARPP's Steering Committee at the 2018 conference, why s/he thought this was the case, s/he responded by saying that "It's so overwhelming."

I too will suggest that our relative silence, about this issue that threatens us all and future generations, indicates that the vast majority of us are understandably overwhelmed.

That understanding the subject requires some knowledge of climate science and economic factors also contribute to our silence. We are also called upon to face the fact that increasing climate-related crises in various parts of the world suggest that this is a trend; and this, at a time when the Trump Administration has removed the term "climate change" from public discourse when the US is needed to take strong action to reduce this trend.

It is difficult to absorb and discuss the latest predictions about the pace of global warming in the 2018 report of the Intergovernmental Panel on Climate Change (IPCC), without dissociating.

It's a lot like being given a very difficult medical prognosis and finding out that everyone you know has the same prognosis.

It is no surprise that we have been closing our eyes. I will encourage needed discussion about how we feel about our global climate emergency and what we are inclined to do as individuals, mental health professionals and as a large international community. Our discussion will include mental health impacts of climate change and how we might address them with our patients.

Educational Objectives:

1. The learner will be able to describe the benefits of becoming informed of the facts of the climate emergency, through a climate news service, to expand our relatedness to the environment.
2. The learner will be able to describe two ways that psychoanalysts can utilize clinical skills to decrease defensive reactions of participants in conversations about climate change.
3. The learner will be able to describe what the 2018 IPCC predicts will happen in 12 years due to the Global Climate Emergency.

B.3 Invited Panel: What Happened to Icarus? 30 Years after Mitchell's Innovative Paper, How Do We View Illusion and Narcissism Today?

Speakers: Udi Chen, MA, Israel; Margaret Mitchell, LCSW, USA; Gianni Nebbiosi, PhD, Italy

Moderator: Roni Baht, PhD, Israel

Udi Chen

These days, 33 years after this important paper was written by Mitchell, in which he attempted to find an original, new and integrative way of looking at the narcissistic experience of the mind, it seems that questions regarding the significance of the narcissistic parts of the mind are as burning and festering more than ever, both in therapeutic contexts and in cultural and political contexts.

What do we have to say today about the relational, integrative and consolidating model that Mitchell constructed in this Groundbreaking paper, a model that tries to walk on an integrative path that is both influenced by the classical and interpersonal perceptions (that view narcissism as a dangerous illusory defense) and the Winnicottian-Kohutian approaches (that view narcissism as an essential nucleus for growth that we need to renew our relationship with in order to find a living and subjective hold in the world)? Does this model feel sufficient or valid enough, when it seems that these days something has become radicalized and more severe in the narcissistic expressions of the mind in both the therapeutic field and in the cultural-political field?

Mitchell offers us a playful place in which we meet the patient's (and our own) narcissism. He wishes to allow narcissism to express itself in an interpersonal and relational dialogue with empathy, while at the same time providing challenges in an aim to examine whether there are other ways to imagine the self in addition to in its narcissistic presentations. This, while observing the fabric of the interpersonal relationship between the therapist and the patient, as well as the history of each.

We find ourselves at an historical crossroads, where personal and political narcissism take on extreme forms, such as the rise of dictatorial democracies in many countries, globalization processes and objectivization, a world of replication and consumer brands on the one hand, and on the other, extreme subjective and solipsistic expressions in which truth and facts have no meaning or value. Are we as postmodern relational therapists can tell and speak the differences between true and false, illusional and real As such, should we adopt, and even expand and refine the therapeutic rationale that Mitchell offers us, or should we imagine new struggles and challenges regarding the narcissistic question, in the wake of these contemporary developments? Where is the said paper an inspiration, a compass and a guide, and where, in regard to the changes in our clinical understanding and the cultural and political changes that have occurred in the past 30 years, must we think about the narcissistic question again, and perhaps conceptualize it differently?

We will invite relational speakers to this panel from different cultures, in order to examine this question in both a therapeutic and a culture-sensitive rationale. We will raise questions in regard to the therapist-patient therapeutic dyad, and in regard to the therapist-patient-culture therapeutic triad. In the light of Mitchell's paper, we will examine where the therapist and the patient become entangled in the narcissistic web, which can invite blindness and symbiosis, or alternatively, detachment and denial. We shall also consider how the cultural values of each of our speakers enter this into the shared therapeutic space, sometimes blocking it and creating narcissistic cultural illusions shared by the therapist and the patient, while sometimes perhaps actually enabling a process to occur. We will try to reflect on what

has changed in our therapeutic world in the last 30 years, and in this light, how we consider narcissism today, both on a theoretical level and on a clinical level. We will try to clarify what we view as relevant and enlightening in Mitchell's paper, and whether there are things that have lost relevance with time. We will try to focus—in reference to Mitchell's paper—on where we see an opening for creativity and imagination in narcissism and narcissistic transference, and where we cross the lines and create a problematic, sometimes dangerous shared illusion. We will try to discover whether the lines of separation can be defined, and how issues of personal and cultural-political similarity and dissimilarity may be treated and managed.

Educational Objectives:

1. To view the changes that psychoanalysis, and in particular the relational psychology, had undergone through the years, regarding the narcissistic question, and try to analyze how contemporary understandings and thoughts effect those theories and attitudes.
2. Examining Stephen Mitchell innovative paper “the wings of Icarus- illusion and the problem of narcissism.” and trying to see its relevance in theory and therapy, through 3 circles- 1. The intra psychic. 2. The interpersonal and relational. 3. The social, political and cultural.
3. Assessing the connections between the social, cultural and the political, and the narcissistic question, in theory and therapy. And raising questions as –how do different societies conceptualize and diagnose narcissism? How these diagnoses changed over the years? And how “cultural narcissism” takes part and play a role in therapies?

B.4 Invited Panel: Jewish Identity, Existential Anxiety, and the Anti-Semitic Imagination

Speaker: Malcolm Slavin, PhD, USA

Discussant: Shlomit Yadlin-Gadot, PhD, Israel

Moderator: Rina Lazar, PhD, Israel

Malcolm Owen Slavin

“Jews are a rootless people. They will never truly belong.”

-----Martin Heidegger

I offer my reflections on anti-Semitism from a viewpoint that combines existential, cultural and psychoanalytic perspectives. My focus is on the way two, deeply entwined, universal, human existential anxieties can be powerfully elicited by a characteristic Jewish social adaptation and religious worldview.

Specifically: a) The unusual Jewish proclivity and historical capacity to exist vigorously as both part of and apart from—both separate from and integrated with—the larger societies in which the Jews live; and b), a notably unique, existential feature of Jewish beliefs: the absence of a significant, codified emphasis on an immortal afterlife—a monotheism that, by and large, effectively emphasizes a resolutely worldly temporal orientation.

I suggest that when historical and cultural changes threaten the cohesion of societies in which Jews have settled, these two distinctive aspects of “Jewish Otherness” often elicit deep levels of existential anxiety within the larger society. Jews then readily become experienced as willfully and deceptively threatening the sacred unity of the collectivity.

These two dimensions of Jewish existential “part and apartness” tap directly into what I believe are universal, human existential strivings: the capacity to create and maintain a separate identity while remaining integrated in the larger society; and the capacity for a crucial, sustaining, spiritually grounded, sense of meaning in face of our mortality. As a conspicuously unique adaptation to both these deeply shared, universal human longings, the Jewish social and spiritual orientation readily becomes an envied, yet sometimes darkly dangerous, form of Otherness.

Particularly in times of socio-cultural fragmentation—when merging with a sacred, often deified collectivity promises group cohesion and hope—the social apartness of the Jews, mixed with their worldly indifference to belief in an afterlife, becomes especially existentially threatening.

Thus, in the anti-Semitic imagination, Jews inherently violate the sacred basis of the social contract: their apartness becomes an evil unwillingness to surrender fully to a morally sanctified national or cultural entity. Worse, the Jews’ disbelief in an afterlife undermines any hope for eventual transcendence of mortality through fidelity to a morally and magically sanctified collectivity. The anti-Semite imagines the Jewish Other as employing transgressively hidden, fiendishly deceptive means for sustaining the Jews’ self-interested social and spiritual strivings.

Of course other factors, social and historical, contribute to the anti-Semitic imagination. Here I will briefly tell the story in terms of Jewish social and spiritual “part and apartness.” How it elicited the existential fears that led to: the Jews expulsion from 15th century Catholic Spain; the Nazi paranoia that became genocide; and to one facet of the existence of Israel within the inner struggle around secularity and modernity in Islamic and Jewish cultures in the contemporary Middle East.

B.5 Invited Panel: The Arab-Jewish Encounter in Psychotherapy

Speakers: Itamar Lurie, PhD, Israel; Shafiq Masalha, PhD, Israel; Esti Galilii-Weisstub, MD, Israel

Moderator: Ricky Pelach-Galil, PhD, Israel

Paper 1: Threat, Intimacy and Shame in a Therapeutic Encounter between a Palestinian Patient and an Israeli Psychoanalyst

Itamar Lurie

This case presentation examines certain milestones in a therapeutic interaction between me, a Jewish Israeli psychoanalyst, and a Palestinian Muslim patient. These milestones are discussed both as reflective of certain dynamics in the transference relationship, and in their

link to the Israeli-Palestinian conflict. A particular focus is given to reflection on countertransference reactions and fantasies. I will discuss three themes: (1) the fantasies that accompanied the initial phase of the treatment noting the hopes, gaps and fears that accompany a therapeutic meeting across the national divide. (2) The therapeutic dynamics surrounding the surfacing, and then the processing, of his past detention and interrogation by the Israeli Security Agency. (3) The dynamics of the termination process where the need to separate from the analyst also reflected questions regarding membership in, and social affiliation with, the Palestinian society.

Educational Objectives:

1. Elucidating special problems and potentials in a therapeutic dyad composed of an Israeli-Jewish analyst and a Palestinian patient.
2. The difficult transference-countertransference processes that accompany the surfacing of trauma related to the Israeli Occupation.
3. The importance of working through the shame, guilt and anger evoked by interrogations and their aftermath, and the inevitable drawbacks introduced by the national affiliation of the therapist.

Paper 2: The Arab-Jewish Encounter in Psychotherapy

Shafiq Masalha, Esti Galilii-Weisstub

Encounter between cultures has intensified in last decades .This change in reality, that took place almost every were in the world, is becoming a challenge to every human being. It is, however, more challenging to therapists who treat patients coming from a different culture. The therapeutic relationship becomes more complicated when the patient and the therapist represent, not only different cultures, but nations who are in a state of war.

The current presentation will discuss the factors involved in the above described therapeutic settings .I will try to identify the most efficient therapeutic attitudes a therapist may use. I will also examine the potential pitfalls a therapist may have while treating a patient who is culturally and nationally different. The case of Arabs and Jews will be brought for illustration.

Educational Objectives:

1. Participants will gain a better psychological understanding of the complicated dynamics of the Palestinian- Israeli conflict.
2. Participants will be able to gain psychotherapeutic tools in managing the Israeli Arab encounter in therapy.
3. Participants will better know how to manage group therapy and supervision when participants represent nations in conflict.

B.6 Invited Panel: Muriel Dimen Fellowship Lectures 2019: An Interdisciplinary Panel

Speakers: Ortal Slobodin, PhD, Israel; Ruth Kara Ivanov, PhD, Israel; Mordechai Gofman, PhD, Israel; Maya Fennig , MA, Canada

Moderators: Chana Ullman, PhD, Israel; Sharon Ziv Beiman, PhD, Israel

Honoring Muriel Dimen's belief that an interdisciplinary conversation with professionals working in different academic fields can open new vistas for relational theory, clinical practice, intellectual inquiry and political action, the Muriel Dimen fellowship was awarded to 4 recipients this year. In this panel each fellow will present papers that are the culmination of a year's study of relational psychoanalysis as applied to their area of research. The panel touches on a diversity of topics from theoretical scholarly studies of myth and religion to the study of underserved and traumatized populations. Ortal Slobodin discusses the contribution of relational psychoanalysis to work done with Bedouin communities in the Negev (in collaboration with Sharon Ziv Beiman); Ruth Kara Ivanov, a poet and scholar in the field of Jewish Kabala and mysticism presents her analysis of the multiple selves of King David in Kabalistic literature focusing on identity, gender and mysticism

(Mentored by Chana Ullman), Mordechai Gofman studies religion as truth and truth as religion from a psychoanalytic perspective (mentored by Mitchel Becker), and Maya Fening (mentored by Uri Hadar) discusses her research on translating trauma: The impossible role of Eritrean refugee interpreters in the mental health encounter.

Educational Objectives:

1. Participants will be able to apply relational concepts such as multiple selves in an interdisciplinary context.
2. Participants will learn about underserved populations such as Bedouin of the Negev and Eritrean refugees.
3. Participants will learn about relational psychoanalytic understanding of religion and mysticism.

B.7 Invited Panel: Candidates Panel: The Role of Imagination in Becoming a Therapist

Speakers: Angelica Tsikli, PGDip, Greece; Miriam DeRiso, PhD, USA; Dafna Katzir-Goldenbom, PhD, Israel

Discussant: Estelle Shane, PhD, USA

Moderator: Gadit Orian, MSW, Israel

Paper 1: Dreaming With Eyes Open: Dreams As "Moments Of Meeting" And Reflections Of Mutual Change And Recognition In The Analytic Dyad.

Angelica Tsikli

We, as therapists in the long-term journey in becoming analysts are coming across with multiple transformations, "births and re-births", both personally and professionally respectively. The analytic setting then, becomes a transitional place where mutual growth and impact can be experienced in the analytic dyad. This paper aims to demonstrate the way that an early-career analyst made use of dreams and imagination in a five-year therapy as a

relational bridge for opening an intersubjective dialogue. The implicit ways of relating and changing will be explored as facilitators for meaningful encounters, for “moments of meeting” where more than “meets the eye and can put in words”. Questions like how early-career analysts can accomplish balance as objects being available to facilitate the projective process of the internalized object-relations representations without denying their subjectivity and the desire to be seen will also bother us.

Educational Objectives:

1. Dream analysis as an intersubjective experience and as a reflection of mutual change and recognition in the analytic dyad
2. Analytic work based on the "implicit relational knowing" procedures and transactional events ("moments of meeting")
3. Patient's analysis as an evocative instrument of analyst's personal history

Paper 2: The Silent Client-Dreaming the Client and Therapist into Being

Miriam DeRiso

The silent client. Often curled on my couch, squeezing a pillow, avoiding eye contact, he says nothing. When he does speak, he says: “Nothing will ever get better, it is hopeless”. Most of the time the air is empty. My associations are none. What is happening? I ask myself is this a skill problem or a countertransference problem (McLaughlin, 2005)? What is being enacted? How do I "enliven" the client? And myself? How do I envision a future for someone who can't envision their own?

As unconscious client-therapist communications and disruptive enactments revealed themselves in the therapy, I was led to fruitful explorations of relational psychoanalytic theory and clinical skill development.

I will describe a series of enactments, meaningful consultations, and inspiring journal articles. With each, I began to see the client differently, and internalize a particular set of eyes that led to the enlivening, and forward movement of this challenging client, and my development as a therapist.

Educational Objectives:

1. Participants will be able to identify ways to approach a challenging, seemingly impossible to help, client through searching the literature and pursuing multiple consultations.
2. Participants will be able to name four areas of growth in technique learned through the work with this challenging client: experience-near vs. experience-far, noticing the unconscious stirrings of the therapist ("uncanny moments"), rupture and repair following enactment as a way that moves the therapy forward, and utilizing/noticing a "generative enactment".

- Participants will become familiar with the work of Lisa Director on "enlivening the client" through the subjectivity of the therapist. Specifically, being able to use one's own subjectivity to imagine an emotionally deadened client into being.

Paper 3: The Role Of Imagination And Rêverie In The Creation Of The Psychological Space Between An Israeli Therapist And A Palestinian Patient

Dafna Katzir-Goldenbourn

Sitting in my clinic alone, I imagine Ruba's reaction to the news from Gaza. Probably she will start our session by telling me how murderous we are. I imagine my reaction to her, saying that I see only the two of us in the room. She will probably say that I am a part of an oppressive people. I imagine myself with mixture of feelings, playing the role that she is dictating me – being an Israeli oppressor. I also imagine sometimes that the barrier she puts between us is unbreakable. 8 kms separate my clinic in Israel and her house in East Jerusalem, so close are we and yet so far. At the beginning of Ruba's therapy, our sessions often started with this type of discourse and the stereotype of my collective identity sometime overshadowed my individual identity. Ruba is 27, married and mother of two, works as a teacher. She is a Palestinian. She started therapy 2 years ago, while I was in the midst of my internship as a psychotherapist at the Israel Institute of Psychoanalysis. She reported feeling constantly unhappy and unable to manage her life in a satisfactory and fulfilling way. We meet twice a week on regular basis. In this case illustration I will discuss the mutual change in the analytic couple with transformations occurring in both me and her, working with the imagination that each of us has on each other, and the creation of a psychological (triangular) space between us (Ogden, 1999).

B.8 Social Dreaming Matrix

Speaker: Hanni Biran, MA, Israel

Moderator: Liat Ariel, MA, Israel

Dreaming is a major human experience. Ever since people had a language they told each other their dreams. It is a known fact that aboriginal and Indian tribes used to tell dreams in their morning community meetings, and tried to decipher what they predicted about the future. Where they should hunt and whether or not a danger is approaching.

The Social Dreaming Matrix (SDM) is a contemporary version of those tribal processes. This is a method of viewing dreams from a social point of view. People live in groups, institutions, organizations, countries etc., Social life and their complex meanings permeate into dreams. The basic assumption of the system says: A dream is simultaneously one hundred percent personal and one hundred percent social. It all depends on the point of view the dream is viewed from. When a patient tells a dream in the private clinic, to his psychologist, they would, both, look at the dream as says something about the personal life of the Dreamer. On the other hand the SDM takes the dream out of the treatment room and the personal, brings together a group of people who tell their dreams and raise associations to each other's dreams and look for connections among the dreams. We name this experience a matrix and not a

group because we are not dealing with group dynamics but try to understand what the puzzle, created by the dreams, is saying about the society we live in. W. R. Bion claimed that Sophocles' Oedipus the King is consisted of two dramas. One drama is that of Oedipus, which is parallel to what one would investigate about himself in a personal analysis. The second drama is a social one, the drama of The Sphinx who is asking riddles, and is dealing with social catastrophes. What is happening to society? Why is the city of Thebes punished with a plague? And so on. That is, in the metaphor of The Sphinx the emphasis is on the power and influence of society. The Israeli society, for example, is experienced social traumas, historical and current. In the SDM we investigate aspects of unconscious processes in society and try to discover how social pressures penetrate into our dreams.

SDM was invented in 1982, in London, by Gordon Lawrence. It is common today in many countries around the world. What triggered the method was Charlotte Beradt's book The Third Reich of Dreams, in which she collected dreams that were dreamt in Berlin between 1933-1939. In those dreams the anxiety of the totalitarian regime was evident and the dreams even prophesized the Holocaust. The dreams contained a lot of knowledge about what is going to happen, much more then people allowed themselves to know and think consciously.

Social Dreaming does not deal with the dreamer but with the dream. Whoever tells a dream is not the owner of the dream anymore. The teller contributes the dream to the matrix and enables us to play with the dream and associate to it. When you associate you nourish the matrix.

Educational Objectives:

1. Learning about the social unconscious
2. Experiencing social dreaming
3. Learning about the concept Matrix

B.9 Couples on the Couch: Psychoanalytic Couple Psychotherapy and the Tavistock Model - Meet the Author

Speaker: Shelley Nathans, PhD, USA

Moderator: Rachael Peltz, PhD, USA

This session offers an opportunity to meet one of the Editors of the new book, Couples on the Couch: Psychoanalytic Couple Therapy and the Tavistock Model. We will discuss some key concepts fundamental to psychoanalytic couple psychotherapy and highlight those that are the cornerstones of the Tavistock Centre for Relations model (TCCR). This approach to working with couples is rooted in psychoanalytic theory and technique and facilitates in-depth work with couples that is dynamic, capacious, and creative.

The Tavistock model has evolved from its original Freudian theoretical foundation to an orientation that draws deeply from the work of Klein and Bion, to some extent from the work of Winnicott and Meltzer, and especially from the contemporary British Object Relations theorists such as Britton, Steiner, Feldman, and Joseph. Recently, this framework has expanded to include other contemporary psychoanalytic concepts such as attachment theory and Fonagy's theories of mentalization. These changes have resulted in a rich and diverse theoretical model that is especially compelling for psychoanalysts and psychoanalytic couple psychotherapists.

The book begins with an introduction describing psychoanalytic couple psychotherapy and outlines the history, theoretical basis, and development of the TCCR model. Subsequent chapters cover a range of topics, including the question of what distinguishes psychoanalytic couple psychotherapy from non-psychoanalytic models; an examination of the complex pathology in the couple relationship in Shakespeare's *Macbeth* that incorporates some important Freudian and Bionian ideas; an explication of the importance of considering unconscious beliefs in couples; a neo-Kleinian view of extreme pathology in couple relating; an examination of attachment issues in sexual difficulties; a contemporary neuropsychological/psychoanalytic perspective on trauma and its effects on relational capacities; and a psychoanalytic consideration of the issues encountered when working with aging couples facing loss, illness and death. Each of the papers contains clinical material that is used to illustrate the theoretical concepts discussed, and considers the technical implications derived from thinking about couples from a psychoanalytic point of view.

This discussion will provide an opportunity for those who are unfamiliar with psychoanalytic couple psychotherapy theory and technique to become acquainted with this approach and for others to deepen their understanding of working psychoanalytically with couples.

Educational Objectives:

1. List two psychoanalytic concepts that are fundamental to working with couples.
2. Describe how the concept of containment is central to working psychoanalytically with couples.
3. Describe how the concept of projective identification may be used in working with couples.

B.10 Arrival in the Promised Land: Helping Children and Adolescents Integrate the Strangers Within

Speakers: Seth Aronson, PsyD, USA; Susan Goodman, LCSW, USA

Moderator: Yonit Shulman, MA, Israel; Abraham Saroff, MA, Israel

We are all "strangers to ourselves", (Kristeva) foreigners in some sense, seeking sameness and otherness. But in our imagination, lives an internal landscape that allows us to inhabit different selves and different worlds.

In this way the treatment room is the ultimate theatre of the absurd, imagination, and dreams. Presenting treatments along the developmental ladder, this panel takes up the experience of otherness and other voices:

A young girl discovers her animalistic, unladylike self through her identification with creatures; A 12-year-old girl questions her parents creation of a self that resonates in many ways with their own histories; and an adolescent case of Wicca; a young teen drawn to her witchcraft against the pressures of adolescence as she forges an identify. The panel hopes to stimulate discussion about how imagination is stimulated between analyst and patients at different points in their development in the transitional space of the consulting room and how it shapes treatment.

Paper 1: Am I Enough?

Seth Aronson

“The feelings evoked in us when we become parents have a great deal in common with the feelings evoked in us as children by our parents and siblings, “Bowlby remarked. (1956) “I believe that the trouble does not lie in the simple recurrence of old feelings – but in the parent’s inability to tolerate and regulate these feelings.” The presenter will describe work with a 12-year-old girl where the teen began to question her parents’ ideas about her developing self. Where there was a difference in rhythms that required the analyst attend to what was alien in the parents and teen, which allowed for development in the adolescent that was previously foreclosed, and deepen the quest for authenticity. The presenter will also discuss transference and counter transference experiences relevant to the therapeutic process.

Paper 2: Season of the Witch

Susan Goodman

Children show resonance with their subterranean selves in their love of the Fairy Tale, as well as modern day tales of witches, demons, and villains. The Brothers Grimm (1812) understood this with their gruesome and delicious stories of abandonment, death, injury, greed and jealousy- The case I bring today is that of an adolescent self-proclaimed witch, intent on using her “otherness” as both a defense and a weapon.

Educational Objectives:

1. Participants should have a better understanding of how imagination interacts with development at various stages.
2. Participants should have a better understanding of how to intervene at these various developmental points.
3. Participants should have a better understanding of how imagination further the treatment process.

B.11 Meet the Author: Pain is Deaf

Speaker: Laura Molet Estaper, PsyD, Spain (author)

Moderator: Ruth Lijtmaer, PhD, USA

Paper 1: Pain is Deaf

Laura Molet Estaper

“El dolor es sordo” y ensordecedor. “Pain is deaf” and deafening.

When pain comes put, it ceases to be deaf, invisible and mute. It is given place and social recognition allowing those who suffer to feel worthy.

The anger one feels when facing an abuse relationship, the terror and suffering that a disease as hard as cancer brings, one must never surrender.

“Devil wears Paul Smith” can have human form or disease form. We can recognize him.

We must tolerate and support both our own as well patient’s suffering in order to transform it.

The art of transforming pain,

Pain transformed in art.

Educational Objectives:

1. Try to stop abuse relationships. Keep the faith on find solutions to this hard and heavy problem. I believe that we can’t keep looking to another side and don’t confront this real problem.
2. Unsilencing traumatic experiences. Share them in order to identify and transform your own pain and suffering, and the others. Dare to be oneself. Freedom is the capacity to be oneself!
3. Try to never fall in paralyzing fear when you have a cancer diagnostic. You need courage and positive attitude to fight against it. Never surrender:” No retreat baby, no surrender...” Music speaks and is a good and healthy therapeutical tool.

PAPER/PANEL SESSION C - 16:15-17:45

C.1 Invited Panel: The Israeli-Palestinian Conflict and and the International Community

Speakers: Emanuel Berman, PhD, Israel; Asfahan Bahloul, MA, Israel

Moderator: Omer Dror, MA, Israel

Paper 1: Protest Yes, Boycott No: Psychoanalysts Facing the Israeli-Palestinian Conflict

Emanuel Berman

Holding our conference in Israel aroused understandable conflict in the IARPP community. Similar conflicts appear in numerous international organizations, on the background of sympathy for the suffering of the Palestinians in the West Bank, occupied by Israel since the 1967 war, as well as of the residents of the blockaded Gaza strip and the 1948 refugees.

There is no doubt that the policies of the Israeli government violate the civil rights of the Palestinians, cause bloodshed and trauma, and must be sharply protested. The government justifies these policies as a reaction to Palestinian terrorist acts (including suicide bombers, murder of Israeli citizens, missiles on civilian targets in Israel etc.), but a critical examination proves this reaction is utterly futile, arouses more rage and hostility, and creates a vicious circle of mutual cruelty with no resolution in sight. The striving for a just peaceful settlement, started by Rabin through the Oslo agreement, was sabotaged by his assassination in 1995. Recent right wing governments pay lip service to this goal but block it by their actions.

The BDS movement offers the international community to boycott Israel as a state, and boycott Israeli professionals, academics and artists, as a way to put an end to the Israeli occupation of Palestinian territories. This boycott initiative absolutely fails to achieve any positive results. It may on the other hand strengthen paranoid trends in Israeli society – as the belief that "the whole world is against us" – and increase chauvinism, militarism and xenophobia, the sources of popular support for the present right wing leadership.

From the time the Zionist movement was created, it was divided by "the Arab issue". The mainstream maintained a utopian vision that the Palestinians will be helped by the technological progress introduced by the Jewish settlers, and will therefore join forces with them. The right wing was more realistic regarding the national feelings of the Palestinians, but proposed dealing with them by military force; this is the heritage promoted by Netanyahu and his partners. On the left wing there were proposals for negotiation, and a search for compromise solutions which will recognize the national rights of both sides.

These competing views are all represented in Israeli politics at present. It is noteworthy that the search for a peaceful settlement, supported by a meaningful minority, has the upper hand in particular circles: intellectuals, academics, writers, artists – as well as psychoanalysts and psychotherapists. On this background, the government goes out of its way to suppress such voices, initiates laws that will limit the activities of human rights organizations, attempts to deprive any critical artistic initiatives of public budgeting, and so on. Frequently, the same film or play that arouses the rage and contempt of Israeli officials as being "unpatriotic" is boycotted abroad by BDS activists because it is Israeli. The historians, sociologists and analysts who try to help Israeli culture out of its nationalistic and militaristic trap are caught in cross fire.

In addition to these general issues facing many disciplines and professional organizations around the world, there are unique issues regarding the place of psychoanalysis in dealing

with political realities. It is proposed that psychoanalysts cannot afford to be apolitical, but in order to make an innovative contribution they must develop an empathic understanding of both sides in national and social conflicts, including the Middle East conflict, because only deeper understanding of the yearnings and the fears of individuals on both sides can help in achieving peaceful solutions.

Educational Objectives:

1. To better understand the history and dynamics of the Israel-Palestinian conflict.
2. To explore potential contributions towards a resolution of this conflict and the suffering it causes.
3. To study the dilemmas of dealing psychoanalytically with political issues.

Paper 2: A fragile Tango: The Sensitive Civilian Status of the Arab Citizens of Israel

Asfahan Bahaloul

"And the day will come when the Jew will not be ashamed to find an Arab element in himself, and the Arab will not be ashamed to declare that he incorporates Jewish elements, especially regarding the Land of Israel in Hebrew and Palestine in Arabic. We are the product of all the civilizations that have passed through this country—Greek, Roman, Persian, Jewish, Ottoman. Each powerful civilization passed through and left something behind. I am the son of all these fathers but belong to one mother.

Does that mean my mother is a whore? My mother is this land that absorbed them all, and was both witness and victim.

"Exile is so strong within me, I may bring it to the land." Hadarim 1996, 12

[Mahmoud Darwish, from an interview on 2.2.1996]

Israeli parliament approves by a vote of 62-55 the Jewish Nation-State Basic Law that enshrines Jewish supremacy over Palestinian citizens. The law has distinct according to Adalah² an apartheid characteristic and requires racist acts as a constitutional value.

The Israeli Knesset voted 62 to 55 on 19 July 2018 to approve the Jewish Nation-State Basic Law that constitutionally enshrines Jewish supremacy and the identity of the State of Israel as the nation-state of the Jewish people.

This law – which has distinct apartheid characteristics – guarantees the ethnic-religious character of Israel as exclusively Jewish and entrenches the privileges enjoyed by Jewish

² Adalah ("Justice" in Arabic) is an independent human rights organization and legal center. It was founded in November 1996 as a joint project of two leading Arab NGOs - The Galilee Society and the Arab Association for Human Rights (HRA), and it became an independent NGO in 1997.

citizens, while simultaneously anchoring discrimination against Palestinian citizens and legitimizing exclusion, racism, and systemic inequality (Adala, 2018).

Therefore, the lecture will focus on the the fragile dancing Tango un the sensitive civiliante status of the Arab citizens of Israel.

Educational Objectives:

1. **To critique** the question of the Israeli Arabs, or the Arab citizens of the state of Israel-The 1948 Palestinian Arabs, which will remain deeply embedded beneath Israeli society, rumbling like earthquake whose aftershocks keep reshaping the landscape.
2. **To assess and evaluate** the current status of the **Jewish Nation-State Basic Law** that enshrines Jewish supremacy over Palestinian citizens.
3. **To define and illustrate** the complexity of Israeli society regarding the national divide between the **Jewish majority and the Palestinian Arab minority.**

C.2 Ending Analysis with Eyes Wide Shut

Speakers: Joyce Slochower, PhD, ABPP, USA; Jill Salberg, PhD, USA

Discussant: Seth Aronson, PsyD, USA

Moderator: Gilly Katz Ben Sheffer, MA, Israel

Paper 1: Ending Analysis with Eyes Wide Shut

Joyce Slochower

It's widely agreed that analyses must come to an end; indeed, termination remains both an exalted psychoanalytic value and a central measure of clinical success. Yet in unshadedly embracing termination as a treatment goal, we ignore its complexities, problematic edges, and the space between this analytic model and clinical actuality.

Based in a rigid, indeed, calcified professional vision, the place, role and meanings of termination have become one of the last unexplored frontiers of our clinical work. I open this space by exploring the gap between our vision of termination and clinical actuality. Here I set aside my earlier work on post-analytic sexual liaisons and focus on instances when the treatment relationship morphs into a non-sexual but intimate friendship. We're all familiar with this phenomenon, particularly within the field, but we've sequestered it. Left outside public discussion and exploration, post-analytic friendships tend to be colored by some shame and anxiety on both analyst and former patient's part.

This paper examines termination's underbelly and explores its dynamics. I challenge underlying termination's assumptions about the nature of human connectedness, loss, and the necessity of separation. Using several case vignettes, I explore the varied ways in which treatments may both end and not end, arguing for a deconstructed termination model that leaves room for both outcomes.

Paper 2: Seeing and Not Seeing When to End

Jill Salberg

Every treatment begins paradoxically. Patients seek help transforming their lives and yet we begin knowing that the vehicle through which we help requires that we part. Our life models do not match this. In most intimate relationships if things go well, we stay friends or partner with romantic others; intimacy begets continuity and we remain engaged. It is only in analytic work that our success begets a rupture. It is termination which ruptures and often presages a crisis. While *Nachträglichkeit* is a part of the on-going interpretive work of analysis, I see it as the central work and concern during ending. It is because of this rewriting of memory that abrupt endings, enacted endings, and acted out endings can spoil the gains of what had been a worthwhile treatment. The work of *nachträglichkeit* can be in the background during the treatment when talking, enacting, unraveling, or interpreting, but given the disruptive nature of ending it needs to be foregrounded. This kind of disruption may offer a creative opening that allows patient and analyst to discover where the work needs to move before a Good Enough Ending (Salberg, 2010) can occur.

I will present my work with a long-term analytic patient where a crisis occurred which stalled our ending. It was only when we began a planned termination phase that new work was excavated and exposed. Despite feeling it was time to move towards ending, I had been blind to what this rupture was provoking. What ensued was at first not being able to resolve crisis nor end our work and then our no longer imagining ending was possible. It was only as we entered and then resolved this crisis that we could, with eyes now quite opened, imagine together what a good enough ending could be.

Educational Objectives:

1. Describe the traditional psychoanalytic model of termination
2. Identify and see how *nachträglichkeit* can be crucially utilized during the termination phase
3. Describe how post-treatment friendships reflect a different termination model that values attachment as much as separation

C.3 The Reality of Imagination and the Imagination of Reality: Theoretical and Clinical Implications

Speakers: Alexis Mordoh, PhD, Greece; Noa Gur-Arie Gostinsky, PhD, Israel; Avi Efrati, MA, Israel

Moderator: Paolo Stramba-Badiale, PhD, Italy

Paper 1: Dreaming with Eyes Wide Open: the Boy Who Would Not See

Alexis Mordoh

When I first met him, George was an out-of-control 10-year-old boy. His parents struggled to satisfy his every whim and, anytime he did not get his way, he would yell, curse, throw and

break things, hit, kick and spit. He slept in the same bed with his mother and controlled his whole family, monopolizing all of the attention and care. Having been born with a suspected rare genetic syndrome, he suffered from diabetes type 1 and 2 and was expected to have a progressive loss of hearing and sight and a shortened life span. Having been around doctors and hospitals since a very young age, he was averse to any contact with any medical professional. As often happens in such cases, his parents had tried to compensate for his misfortune by indulging him and not setting any limits on him whatsoever.

My initial approach consisted of an intensive crisis intervention, meeting with the parents twice a week and with the whole family once a week, in order to help them establish some basic limit-setting. Once some order was established within the family, we were able to proceed with some more psychotherapeutic work. Initially, George came to therapy only because his parents made him and he was resistant to any change. As the work with the family progressed, his mother asked me if I would see him individually. I was open to that, but convinced that he would never come on his own. To my amazement, though, George started coming regularly for individual sessions. An incredible therapeutic journey ensued. I followed him, as the boy turned into an adolescent who graduated from high school and enrolled in a foreign university. He came to see me during school breaks and then, continued to meet with me every other week some years later. George settled into a pattern of scheduling an appointment whenever he felt the need to see me. He periodically disappeared, but would always turn up again at some later point. I have known George for almost twenty years now. During this time, his hearing loss has worsened. More tragically, he has progressively lost his eyesight. He is now effectively blind.

When he comes to meet with me, George places his hand over my shoulder so that I may lead the way. Our sessions consist mainly of non-stop chatter on his part. He cheerily talks about his activities and projects; some of them are real, most are grossly exaggerated, unrealistic or plain imaginary. As I have followed him losing part of his hearing and all of his vision, I have valiantly tried to discuss with him about his condition and about how it affects his life. Over the years, I have endeavored in countless ways to help him explore the possibility of adopting various aids for the hearing and visually impaired, both low-tech and high-tech, including a cane, a dog guide, specialized computer programs, a miniature video camera mounted on his glasses, etc., that would greatly facilitate his mobility and autonomy. I have also tried to work with him on understanding the ramifications of his genetic syndrome and controlling his diabetes. While he has adopted the use of hearing aids in both ears and has improved in controlling his diabetes, George has resisted all other efforts on my part. In the past, he has chronically put himself at risk of being hit by a car by walking unassisted on streets with no sidewalks in his neighborhood. He has flown unaccompanied and has gotten lost in foreign airports. He has also been repeatedly saved by family members from lapsing into a diabetic coma. Throughout it all, George has steadfastly declared himself in perfect control of his life and his health. He has consistently denied that he has been going blind, attributing his (minor, according to him) vision difficulties to circumstantial causes.

In this presentation, I would like to discuss my struggle to be with George by straddling two different worlds: one foot set in reality and one foot set in what we both know to be pure imagination, effortlessly slipping from one world to the other, or inhabiting both at the same time. My work with George has raised numerous therapeutic dilemmas and questions over the years. What is real and what is imaginary and who gets to define that in therapy? Why do we typically place greater value on living in the real world rather than an imaginary one? What happens when what the therapist thinks has to offer is consistently rejected by the patient? In such a case, what does the patient get out of the process that motivates him to keep coming back? How does the therapist endure alone the sadness of the tragedy that he is participating in? How does he deal with the fear of witnessing the patient playing with death? How does the therapeutic process change when the therapist can see the patient, but the patient can no longer see the therapist? It is these and several other questions that have been raised by this case that I would like to address in this presentation.

Educational Objectives:

1. The clinical challenges involved in maintaining a therapeutic alliance while simultaneously fostering therapeutic change when working with a patient who is in denial of his chronic life-threatening illness;
2. The clinical, ethical and philosophical dilemmas involved in treating an adolescent who chronically puts himself at risk of death;
3. The ways in which individual and family therapy can be used conjointly to treat an adolescent with a serious medical illness

Paper 2: Personality and Professional Measures of Therapists, and the Therapeutic Alliance and Countertransference Toward the "Difficult Patient": Imagination, Dreaming and Being - A Retrospect Insight

Noa Gur-Arie Gostinsky

The paper describes two parts of a unique professional and personal experience of my PhD study.

The first part, my PhD study, that took place in Israel, a country full of social and political complexity between the years 2013-2014, included 298 therapists, working at different therapeutic settings, who treated "difficult" patients. The study was based on the theoretical framework of the relational field, emphasize the mutual contribution of therapist³ and patient, to the therapeutic interaction, while acknowledging that the therapist's personality affects both the therapeutic alliance and the nature of the transference processes (Aron, 1996). The study aimed to examine the encounter between the therapist and the "difficult" patient, who demands unique qualities and characteristics from the therapist, in order to ensure the very existence of the treatment. We addressed the type of treatment, where therapeutic alliance plays a highly significant role, and where understanding the

³ The terms 'therapist' and 'patient' refer to both genders.

countertransference is of the utmost importance and helps to establish this alliance and make treatment possible.

The study findings constitutes a theoretical contribution as well as implications for the clinical practice and will be introduced in detail.

The second part is an attempt to shed light over the meaning of the findings as I perceive them now, 5 years later, while addressing the conference terms of imagination, thinking proses, and creativity. Considering the findings, I would like to ask what is this special encounter with the "difficult" patient? Isn't it the encounter with ourselves and with our own demons? With our own narcissistic wounds? What do we really "need" for these kinds of treatments to be alive? I would like to suggest that what the treatment need is for us to be both blind and wide open, maybe blind to the difficulties ahead in order to agree treating such difficult patients in our clinics, maybe paradoxically wide open to our blind spots, to the place where our narcissistic parts become alive and harm our caregiving system. What equipment do we need in order to dive into this complex treatment, within a complex political environment? We must go deep into our ability to imagine, imagine what the patient can become, as we know from Winnicotian way for ex., imagine and dreaming the patient and our dyadic relation with him, in a "reverie kind of way" as we know from the Bionian thinking, or imagine within the relational context, while holding both subjects breathing the same "pollution political climax", fighting in order to relate and to be.

I will also address "later thoughts", as my own difficulty at conducting the research, convincing therapists to answer and expose their very deep feelings towards an unbearable patient, my necessity for imagine how can this research become alive and how can I stay alive, the need for creativity in all levels in order to write my thoughts, and in order for this research to become real, to become my PhD degree, my baby.

Educational Objectives:

1. The presentation will describe the research findings while examining highly sensitive components in the therapist's personality and professional world, and while focusing on therapeutic professionals who encounter "difficult" patients, who challenge the establishment of the therapeutic alliance and elicit intense and ambivalent countertransference feelings in the therapist. For example, suggesting that a beneficent set of therapist personality variables (i.e. a low level of narcissistic personality features or high differentiation of self), professional variables (i.e. secure caregiving and high professional self-esteem) and treatment surroundings variables (i.e. receiving clinical supervision) contribute to the establishment of the therapeutic alliance and to countertransference processes.
2. The presentation will seek to apply to the knowledge about the "caregiving system" and to re-establish its importance in the field of therapy and in the therapeutic relationship, while the present study is the first to examine this important measure within therapists.
3. The presentation will try to shed light over the meaning of the findings as I perceive them now, 5 years later, while addressing the conference terms of imagination, and creativity,

and ill seek to ask important questions about the special encounter of ourselves with the "difficult" patient - an encounter with our own demon, with our own narcissistic wounds. The presentation will bring my own retrospective thoughts about the things we "really" need in order for these kinds of treatments to be alive and about the equipment we need in order to dive into this complex treatment, within a complex political environment.

Paper 3: "An Ongoing Story": On the Complex Role of Imagination through a View of Psychodynamic Process in Two Phases

Avi Efrati

The objective of this lecture is to shed light on the complex role played by imagination in psychotherapy, through a consideration of a treatment that took place in two periods of time. The first treatment, that occurred during my internship while the patient was a student, involved marked elements of self-psychology. These elements occurred on an intuitive basis, without conscious theoretical thinking. The second treatment, 15 years later, consciously involved intersubjective thinking.

In the second treatment, both therapist and patient were married career men and fathers. The patient sought therapy because of difficulties in his relationship with his son. He had been furious and insulting towards him, remembered his own father who was emotionally and physically abusive, and decided to return to therapy.

In the first therapy, my subjectivity was suspended. The patient used a lot of Idealization towards me. In the second therapy, I learned that during the years, the attempt to imagine "what was going on with me" occupied a significant place in the patient's world.

In the second therapy, the imagining of the therapist played a decisive role. after the initial distress had passed and the patient's relationship with his son became better, he expressed much gratitude. I felt he longed for a closer and intimate relationship with me. It made me happy and I felt that the conditions were set for introducing another dimension, that of mutual recognition between two subjects as an expression of a developmental need (Benjamin).

On September 1st, the first day of school, after he told me that he took his son to school happily that morning, I shared with him a musical piece about father-son relationship at the beginning of the school year. I told him that I listened to it that morning and imagined excitedly him with his son. We listened to the song, to his request. I was moved. He hardened and couldn't react.

A few weeks earlier, I was excited to hear that he had kept a note that I left him once on the clinic door, during our first treatment. In the beginning of the next session, he took out that note, and said demonstratively: "take it, I don't need it anymore and I don't need you". I was shocked. I could not have imagined such a reaction from him. I asked myself whether I introduced my subjectivity too early, in a way that was seductive and overwhelming; were those my needs and not his?

This was the beginning of a turbulent wave of distrust. When he calmed down, it turned out that my description of how I had imagined him broke the way he had imagined me – strong, without difficulties or weaknesses. The transition to contact, that involves intimacy and expression of my human and unideal characteristics, was complicated and involved contact with trauma and dissociation (Bromberg). The patient shifted between longing for intimacy and terror of breaking the ideal fantasy, which aroused persecutory anxieties.

Through examples, I will describe transference and countertransference as processes that involve imagination, as well as the complexity involved in the therapist's freedom to imagine: It can allow and facilitate potentials; Could it be that in certain situations, it can undermine the process?

I will also discuss the changes that occurred between the two periods of treatment: how life experience and professional knowledge affected the therapist's ability to imagine and to handle aggression? The patient's ability to broaden his experience? I will describe the establishment of the therapist's worldview and identity as a continuous dynamic and multidimensional process.

Educational Objectives:

1. A possibility to consider transference and countertransference processes as imagination that is created by each party – therapist and patient – regarding the other; imagination that serves as a basis for their reactions, until the two parties can reflect on things and sort them out together, for the sake of reaching a more complicated understanding of each other as part of the intersubjective encounter.
2. Shedding light on the multidimensionality played by the therapist's imagination regarding his patient: on the one hand, this imagination can serve as a transformational intersubjective dimension, when used along with authentic, appropriate self-disclosure that allows contact and creates an opportunity for the occurrence of intimate experiences. On the other hand, perhaps in certain situations, as described in the clinical case in the lecture, the freedom to imagine and its sharing with the patient can also lead to unexpected turmoil.
3. An unconventional opportunity to consider several significant parameters on the therapeutic timeline – to observe the therapist's development throughout the years – the development of his worldview and theoretical view (and his capacity for imagination and freedom, among other things) that is influenced by a complex interaction between various elements. All these shed light on the process of developing one's professional identity as a continuous, dynamic and multidimensional process.

C.4 Dreaming Together as a Squiggle Game

Speakers: Janet Brown Lobel PhD, USA; Mehr-Afarin Kohan, MD, Canada; Sérgio Silva, MA, Portugal

Moderator: Ofer Dobrecki, MA, Israel

Paper 1: "So I Won't Have to Dream Alone....."

Janet Brown Lobel

“No live organism can continue for long to exist sanely under conditions of absolute reality; even larks and katydids are supposed, by some, to dream” (Jackson, 1959)⁴

“He is poor indeed who is only sane.” (D.W. Winnicott)

A patient in her 50's who grew up in China during The Cultural Revolution and immigrated to the US at the age of 25 comes to analysis having (incorrectly) diagnosed herself as suffering from Asperger's Syndrome. The first two years of her analysis are notable for her almost complete inability to produce dreams, as well as her intellectualized approach to treatment. Two years into the analysis she brings a series of dreams to a session. The ability to begin to dream her traumatic history (as described by Ogden, Ferro, and Bion, reflects progress in her limited ability to creatively access fantasy and imagination. Her dreams center around an awareness of this limitation and her wish to develop her potential in these areas. In one dream, half of her visual field is obscured so that she can only see one side of a long room in which she is standing; the other half is gone, having been destroyed in a fire. She is arguing with a friend about imagination and reality as it pertains to Chinese philosophy and the maxim to “keep one eye closed and one eye opened.” She is arguing in defense of imagination. but can only see reality; the fantasy side of the room has been destroyed. In another dream, she is desperately trying to preserve a theater stage in the middle of a football field and connects this to a wish to create a space for fantasy, enactment, and play. The patient is understood as being impaired in her ability to exist in Winnicott's realm of transitional space as a result of personal, familial and societal trauma. For this patient, absolute reality predominates, with forays into fantasy in the form of a love of fiction, in but any attempt at integration of the two modes - fantasy and reality- in the creation of a transitional area of functioning is challenging. Similarly, loosening the constraints of absolute reality in her day to day life and in her relationships is difficult. Treatment centers around helping her learn to dream, play and develop a capacity for illusion within the analytic dyad. From the broader perspective of the trauma of growing up in a repressive, terrifyingly “real” society, the needs of the patient demand that the analyst function as both a witness, as described by Donnel Stern and as a witnessing third, as articulated by Sam Gerson. The treatment is understood as proceeding on several levels in that the analyst attempts to address the impact of the banishment of fantasy, play, and imagination within the child-caretaker dyad, within the broader context of the extended family, and within a society trapped in a totalitarian political regime in which creativity, play and imagination are punishable by death.

Educational Objectives:

1. Participants will be able to apply theories discussing the clinical relevance of the capacity to dream, the development of symbolic play and a capacity for illusion and the ability to exist in transitional space as described by Bion, Ferro, Ogden and Winnicott to the

⁴ Jackson, S. (1959) *The haunting of Hill House*. New York: Penguin Books.

assessment and clinical conceptualization of patients who are deficient in these capacities as the result of dyadic, familial and cultural trauma.

2. Participants will be able to utilize these theories as the basis for treatment interventions within the dyadic context of the analytic relationship.
3. Participants will demonstrate an awareness and understanding of the broader societal impact on individuals and families subjected to political trauma from the perspective of theories of witnessing as discussed by Donnel Stern and Sam Gerson. They will be able to utilize Gerson's concept of a political "third" in a reparative manner within the context of the analytic relationship.

Paper 2: Therapy As Story-Telling: Dreaming Together Without Falling Asleep

Mehr-Afarin Kohan

Psychoanalysis has been conceptualized by some as a metaphorical process in which the analyst and analysand take on many different roles within the frame of the analysis, while maintaining an awareness of the playful nature of their interaction. Taking part in such theatre, however, requires an ability for play and imagination by both parties. In this paper, I explore a clinical case in which such ability for imagination appeared foreclosed and saturated by past trauma, nostalgic and utopian narratives, and prescribed religious mythology. This is the case of a highly traumatized Muslim woman from Afghanistan who presented with severe depression and posttraumatic stress disorder (PTSD) due to what she had witnessed and experienced in Afghanistan as well as in her abusive marital life. In the course of a two-year weekly psychotherapy, I found that our sessions were filled with religious myths/stories (sometimes borderline delusions) concerned with a near apocalypse and resurrection of Mahdi, as well as nostalgic narratives about a utopia that was lost well before her birth (and once again with the premature death of her father). This was in combination with a general sense of emptiness, not only in real absences from therapy and immature departures, but also in her form of narration (eg. silences, not bringing material to sessions) and her black attire. It seemed that there was no room for colour in a world saturated with trauma, devoid of a potential space for imagination and dreaming. 1 Initially I experienced her religious stories as a way of avoiding the actual "trauma work" that I believed needed to be done, until I started to listen to them as metaphors/dreams representing her emotions and wishes as well as what was perhaps happening in the relational space between us (ie. her role as a mourner, martyr and my role as a saviour). I realized that the potential for imagination actually lied within the matrix of the religion that she adhered to, although it was alien to me as a secular person. But I was torn between wanting to connect and not wanting to enter what in my view was a world of illusions/delusions with her. How could I enter her sea of imagination with one foot on the shore? How could we dream together with eyes wide open? Without entering a psychotic world? How could we maintain the metaphorical process and engage in this theatre together to therapeutic ends? I describe a significant moment in our work together, where in a moment of desperation to "rescue" this woman from her abusive husband, I resorted to a story told about the prophet Mohammad that surprisingly came to my head. The connection that resulted from this encounter and the subsequent session were telling. The significance of

narration and narratives in psychoanalysis is relevant and will be explored in this paper by drawing on work by Michel Foucault, Antonino Ferro, Jeremy Holmes and Glenn Roberts. Jeremy Holmes described “three prototypical pathologies of narrative capacity: clinging to rigid stories; being overwhelmed by un-storied experience; or being unable to find a narrative strong enough to contain traumatic pain”, all of which seem to apply to the above patient. I argue that pathological stories held rigidly by patients can be deconstructed and 2 re-written within the relational matrix in the process of dreaming together without falling asleep, such as was described in the above encounter.

Educational Objectives:

1. To appreciate therapy as a metaphorical process involving dreaming together of analyst and patient.
2. To explore how imagination and play can be foreclosed in a patient, imposing as barriers to therapy.
3. To gain knowledge of how narratives can be utilized within the relational matrix in a therapeutic way.

Paper 3: Flowers Learn to Fly in the Eyes of the Birds

Sérgio Silva

There is in the human being a subtle way of creating images about his world. Does the imagination always elaborate from the elements captured in reality? How does this process work? And the fantasy? How do we articulate this with reality? This paper will think how the day dream works like a potential construct that uses imagination to re-order the concrete. How is it possible to achieve a re-meaning process through imagination that can articulate with the time boundaries. A process that we could designate as an image re-admiration of the new image acquire, that the patient has created. Will this image admiration process transform the way that the patient sees reality? There is a circular relationship between the imaginary and the reality, which enables to change each other mutually within this relationship. How can we experience freedom? Bachelard says that day dreaming is the strongest way to experience it. "It is remarkable that the most favorable domain to receive the consciousness of freedom, is precisely the daydream. What other freedom do we have, beyond the freedom to dream? Gaston Bachelard Hillman says: “Psychoanalysis is a work of imaginative tellings in the realm of poesis” Psychotherapy belongs to the rhetoric of poesis, where we can find the persuasive power of the imaginary in words. Ricoeur (1984) adds to Husserl’s phenomenological findings the insight that meaning takes place in a life narrative, and narrative consists in temporal organization. The past becomes relevant insofar as it encountered the trajectory toward the future. Can imagination reconstruct the past through a phenomenological organization? To revive the values of the past, it is necessary to think in the rivalry between memory and imagination. G. Bachelard says that the memory dreams and the reverie remembers, Daydreaming is seen as a psychic dilation that underpins this mechanism. The creative imaginary is not an escape from reality but instead a real construct, it goes beyond its own

memory. The strength of the imagination rests on the fact that the patient can rediscover the evoked parents in a new way in a new space. Rarely the potential father, has to do with the current or even lived father. The evocation of this potential makes it possible to construct the appearance of the potential father, and even, finally, the father himself. Childhood is much more than the sum of our memories, we must be able to add our childhood to it. Can we think in a future that is ontologically prior to present and past? In this way we can think that the past results from what we can do with the future. So we are in a constant move in time, the essence of what I call Futurity, lies in this innovative subjectivisation (subjectivity in motion) and not in any classifying objectivity. Time has its own limitations, it does not permit the repetition of (any) phenomenological apprehension, this is an impossibility. Futurity depends on a future subjectivity entirely involved in, evolved from, and enthralled with imagination; a subjectivity whose futurity will design the present. In this transitional time we will think about another central element in the design of temporality: the Interval. The intervals are extremely important part in the topology of the affect. They are areas of loss, fear, anguish, anxiety, promise and more important: they are animated of imaginary proto actions in construction. Many periods in our clinics are lived in an interval time. Time constructing imagination and imagination constructing time. I ask: What would we know about our patients if we did not imagine them?

Educational Objectives:

1. In this paper I intend to think of how the dynamic imagination relates to the construction of meanings in the patient life and to rethink the way in which creative phenomenology can contribute to this construction.
2. I will discuss how temporality and transitional time articulate with memory and with the construction of meanings, thus potentiating the construction of a "real" that will arise from the possible equation between the imagination and the reality, promoting potential new narrative.
3. At the end of this presentation, participants will become familiar with the conceptualization of the therapeutic relationship between imagination and the re-signification process that alter the subject's perception of reality and how this movement is central psychotherapy process.

C.5 "Imagine All the People"... Will it Be Possible?

Speakers: Silvia Naisberg Silberman, MA, Israel; Corinne Zeevi Weil, MSW, Israel; Shiri Raz, MA, Israel

Moderator: Talia Appelbaum-Peled, MA, Israel

Paper 1: Imagination as the Texture of Creativity and its Disturbances during Personal and Social Trauma and Their Political Implications

Silvia Naisberg Silberman, Betty Blanck Berger, Sara Metzger

We think of imagination as the site of freely flowing thinking, distinct from the repetitive mental productions of people with post-traumatic experiences or catastrophic anxiety that freeze past scenes and don't let time flow.

Imagination is one of the most important psychic resources we have at our disposal that let us think, play, re-think and re-play, cross the boundaries and come back. Fantasy and imagination let us see reality more fully and in a richer way. That's how we started to play with the idea of participating in this conference.

While imagination is un-ending, infinite (Castoriadis), secondary processes contain and limit (Freud); but they also allow the primary process to fly openly. This dialectic movement allows imagination and thinking to be the rich resources that enable life and social change to be. Thus individual and social dynamics intertwines from the most particular to the most political.

Winnicott called our attention to the risks from losing oneself into day dreaming up to living strictly in what is seems "truly" real, with no personal meaning. "Crazy" thoughts may be frightening least they break the boundaries of secondary processes, leave the mind and transform into actions. That's why psychotic processes are some times paralyzing. The mutual enrichment of thinking and feeling, the ability to dream (Ogden) depends on the ability to contain catastrophic anxieties (Bion).

Myths are but one of the bridges from the individual to the transpersonal (Castoriadis). They represent the collective imagination and feed individual thinking and dreaming, but may (easily) transform into thanatic ideation and drive destructive attacks up to wars. Standing on the bridge we will try to deal with the personal to social axis and to true-but not true axis.

The prolonged presence of traumatic experiences and threats that the wars and quasi-wars bring with them affect the prevalent discourse of entire communities. They carry with them projections on to the quality of cognitions and emotions up to the point of preventing play and dream (Ogden). May promote regression to the schizo-paranoid position (Klein) at the individual and the transpersonal level, limiting the potential space for thinking and imagination, and reinforcing splits that hinder the ability to contain complexity and multidimensional perception of events. Racism, classification (patriot, traitor) are but one line of dire consequences for public mental health and social resiliency.

At the individual level, the containing function of the aware therapist helps restore the ability to dream, to think, to imagine. At the social level, moving from splitted and simplified representations are much more difficult because they imply the acceptance of social changes. Small opening of the social split barrier opens opportunities for a social change, as for example through work group that makes political awareness available.

Being therapists in a war and conflict ridden society, brings us very frequently to difficult existential moments. The possibility to deny, "not see" the political projections of our patients imaginations and their difficulties to imagine may be not open for us. The inclusion of issues political in therapies is not an easy challenge. The systematic and systemic exposure to the

predominantly right wing discourse threatens our abilities. The circular thinking that focuses on the "no partner" situation, closes the way to put imagination and creative thinking to work.

Our hope comes from the limited initiatives that bring together Jews and Arabs, Israelis and Palestinians to share group work, mourning, dramatic experiences, mutual therapies, etc., that interferes with the homogenous flat field that kills imagination and participation.

While imagination is un-ending, infinite (Castoriadis), secondary processes contain and limit (Freud); but they also allow the primary process to fly openly. This dialectic movement allows imagination and thinking to be the rich resources that enable life and social change to be. Thus individual and social dynamics intertwines from the most particular to the most political.

Educational Objectives:

1. To show the interrelatedness between the individual and the social levels.
2. To relate to the all-embracing and mutual projections of the political level, the permanent presence of the political level at the individual endeavors as well as at the social level.
3. To relate to the difficulties of the individual therapists and ways to deal with them.

Paper 2: Holding On To a Room with a View - Against All Odds

Corinne Zeevi Weil

In two small rooms belonging to the outpatient clinic for posttraumatic children and adolescent in the Hadassah Hospital on Mount Scopus in Jerusalem, two Palestinian, Christian psychologist, students at the "Binational School for Psychotherapy", are treating Muslim children from East Jerusalem. One of the women therapists lives in East Jerusalem, the other in Bethlehem. At the end of their day at the clinic, I, an Israeli, Jewish, Swiss born clinical Social worker living in the West part of Jerusalem come to meet them for supervision. The different religious, cultural and socioeconomic backgrounds of the members of this Triade: patients, therapist and supervisor are a challenge for everyone. In the tense and conflictual political reality in Jerusalem especially, such an encounter is rare.

In this presentation, I would like to raise questions and reflect on some of the ways, we have found to sustain these fragile therapeutic setting. As Ogden (2005) writes: "it is the Supervisors who is responsible for creating a frame that ensures the supervisee's freedom to think and dream and be alive to what is occurring both in the analytic process and in the supervisory process."

How is it possible to build, maintain and protect a therapeutic space in this explosive environment? What will allow the patients, the therapists and the supervisor to feel secure enough to "work" with each other? How to express our anger, our fears and dreams freely? How to deal with the vulnerability, the open wounds and the scars of "the Other", often

inflicted by "my" side in the conflict (Israeli or Palestinian). How to form a therapeutic alliance with a member of the opposite group in a war-ridden zone where violence, deprivation and oppression is present, forms reality!

I realized, that we will have to find a way how to keep therapy and supervision a safe place against destructive powers working from within and even more so from without. Means like Freud's "protective shield" that operates, as a filter and bumper against excitations from the external world that could overwhelm the mental apparatus have to be found. The violent events around us (terror attacks against Israeli, killing of Palestinian civilians by Israeli soldiers) lead us often to an almost automatic reaction of identifying with "our" side of the conflict. We turn again into being or the victim or the perpetrator, we are reduced to this "or or" situation. A regression to the kleinian paranoid-schizoid position with splitting as its main defense occurs. Another way of splitting is creating an "us" against the world outside, a moral supremacy over the people and the politicians on both sides. "Righteous" critique turned to the outside unites and protects the group. As tempting this defense is it does not allow an authentic and sincere relationship and discourse. We had to create a space in and between us that enables us to think, to mentalize, to imagine and to remain loyal to our personal and professional beliefs – to understand that keeping these psychotherapies alive, is an act of resistance, an act of decency (see Margalit 1998) despite the states of hopelessness and indifference that so often prevail. We created a common ground by different means. Clinical illustrations from supervision and the therapy hours will be described. We have found a common language composed of a variety of colors and tunes searching together a space where we can enhance autonomy for our patients and for ourselves through psychotherapy. "...if psychoanalytical practice has a political meaning' it is solely to the extent that it tries, as far it possibly can, to render the individual autonomous,.."(Cornelius Castoriadis, 2008)

Educational Objectives:

1. The paper analyzes and proposes ways, which will allow establishing, maintaining and protecting psychotherapy and supervision against attacks by a violent, oppressing and discriminating reality outside; in a situation where patients, therapists and supervisor each belong to different groups involved in the conflict.
2. The paper utilizes philosophical notions to explain and find words to part of the beliefs, which may motivate mental health workers to continue to imagine the possibility of change through therapy. Concepts of ethics, that give meaning and a framework to relate to while working under conditions, which are prone to cause hopelessness and indifference.
3. The clinical examples will show the resilience often found unexpectedly in the psyche of the patients and ourselves. These moments of strengths in the therapeutic encounter allow imagination and creativity to be experienced in a relationship. These moments promote freedom within the patient and the therapist (and supervisor) and the space between them.

Paper 3: Beyond Eat or Be Eaten – A Relational Psychoanalytical Perspective on the Interplay between Our Inner Models Of Relationship with Human and Non-Human Others

Shiri Raz

In her article “The Wolf’s Dictionary”: Confronting the Triumph of a Predatory World, Benjamin criticizes the social and financial situation in the US, where many classes suffer discrimination and exploitation. She suggests that what establishes this situation is a dichotomic phantasmic perception model which she calls 'only one can live'.

She argues that this model leads us to a schizoid mental state, where we feel threatened by the other, and this prevents us from seeing them and their suffering. She says that most of us hold this perceptive position in many areas of our lives, even if we are unaware of it, using it to create our own world of fear and violence:

The truth, speaking psychoanalytically, is that the fearful, self-protective position that drives the wolf’s need to dominate—i.e., the idea that if I do not overpower you, you will overpower me—is one held by most people some of the time, even those who modulate it with a more generous, less fearful position. I call this position “Only one can live.” The fear, the core fantasy [...] operates in projecting vulnerability, based on terror of annihilation. The “One” could be us, our tribe or nation, or simply the self, but the point is that when we are organized by this fantasy, we are living in a kill-or-be-killed world (p. 477).

In my talk, I will delve deeper into the ideas of Benjamin (2004, 2017) and other theoreticians who explore similar social issues of racism and violence (Holmes, 1992; Altman, 2000; Leary, 2000; Suchet, 2004). I will argue that the same schizoid perception model that molds our relationships with the human other exists all the more forcefully in our relationships with the non-human other, and moreover – inevitably affects our human relationships as well.

In addition, I will argue that to reach a third position which breaks the binarity of 'only one can live' in human society, we must first progress to a third position which breaks the binarity of 'eat or be eaten', which determines our relationships with animals. I will claim that a true third position of recognition, which exits all circles of guilt and revenge, becomes possible only when we dare to examine ourselves thoroughly and choose to fight the tendency to fall into schizoid patterns in intersubjective fields with any other.

To prove this, I will focus on the Israeli-Palestinian social space and present several exciting, radical projects where Israelis and Palestinians, Jews and Arabs (Muslims and Christians), cooperate to help animals and promote veganism. These projects show how changing the relationship model in the intersubjective field with animals affects the relationship model in the human intersubjective field.

Among these projects, I will present the Arab-Jewish Animal Rights Parade which takes place annually in Haifa, stories of animal rescue which cross geographic and national borders and the trilingual Arabic-Hebrew-English cookbook, Recipes for Peace, by Kifah Dasuki. I'll end this with her words, which invite us all to imagine a better world and create it together:

My words might seem big and fancy, but I truly believe that this book will bring forth the true definition of peace. Peace with animals and peace among us humans.

I'm aware that we don't have the much-desired political peace at the moment, but in the interim I plan on building this little world, this book, in which I intend to plant seeds of peace. I invite you all to come and join me in this peaceful world.

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Educational Objectives:

1. Demonstrate the use of the psychoanalytical relational theoretic perspective to describe the inner models of perception and transference defense mechanisms which lie at the basis of the intersubjective relationship between humans and animals.
2. Examine the crucial impact of our human-animal relationships on our human-human relationships.
3. Explore the possibilities of change in our human relationships that open up once we change the inner model of perception of our relationship with animals, through the Israeli-Palestinian sphere case study.

C.6 The Spiritual, the Creative and the Faith Dimensions in the Interrelated Space of Imagination

Speakers: Tali Sella, MA, Israel; Smadar de Lange, PhD, Israel; Benjamin Rubin, PsyD, USA

Moderator: Judi B. Kobrick, PhD, Canada

Paper 1: Toward Imagination: A Dialogue between Rudolf Steiner's Conceptualization of the "I" and the Psychoanalytic Process

Tali Sella

In this paper I shall describe a study of the interface between Rudolf Steiner's conceptualizations and psychoanalytic theory, outlining the contributions of this dialogue to relational psychoanalytic theory. Steiner, a contemporary of Freud, was a Viennese philosopher and thinker, known mostly as the founder of Anthroposophy. Despite the proliferation of writing pertaining to the interface between psychoanalysis and many spiritual, religious and mystical outlooks (see: Black, 2006), there has been – to date - no attempted dialogue between psychoanalysis and Steiner's paradigm. The current study creates a dialogue between prevalent psychoanalytical schools and Steiner's philosophy and Anthroposophy, and delineates the potential inherent in this dialogue for enriching the field of psychotherapy.

Presenting Steiner's views regarding the concept of "I" and the concept of "Imagination", I shall demonstrate that, through the dialogue between Steiner's views and psychoanalytic thinking, a theoretical transitional space is created between an essentialist conception of human selfhood and a conceptualization of selfhood in terms of intersubjectivity and its dyadic constitution. I shall further demonstrate that this dialogue supports the understanding of the psychotherapeutic encounter as a transitional space between intrapsychic, inter-psychic and intersubjective processes on the one hand, and spiritual processes - within a space that conduces the oscillation between self-knowledge and knowledge of an-other – on the other hand.

In sync with Donna Orange's (2010) plea for a psychoanalytic-philosophical dialogue and for an appraisal of the philosophical assumptions underlying psychoanalytic theories, I shall refer to Steiner's philosophical formulations as a potential interlocutor in this dialogue. Steiner's philosophy supports the formulation of spiritual development, typified by the broadening of consciousness that furthers the perception of the essential nature of the world and of the self. This development leads to the full fruition of man's essence as a moral and free being.

Human essence is designated by Steiner via the concept of the "I". The human "I" is both the subject and the object of the process of spiritual development. This process is described in essentialist terms, as the exposition of a pre-given substantial selfhood on the one hand, and in terms of constant construal - within and through encounters and human relationships - on the other. Spiritual development takes place through an encounter with "an-other" and through the broadening of self-knowledge and of world-knowledge that comes about through such an encounter.

Steiner's concept of "Imagination" is linked with a formulation within which spiritual development is coincidental with the development of the "I's" consciousness. Knowledge of the world is gained, according to Steiner, not only through ordinary, sensually-based, consciousness - just as self-knowledge is not acquired solely by introspection: both require a transformation of consciousness. In the process of this transformation, there ensues a mode of cognition which Steiner designates "Imagination". This mode of cognition is a stage in the development of consciousness that furthers the perception of more of the self and of the world: through images based in the sensory domain, man experiences spiritual dimensions of being.

Not every act of imagination qualifies as imaginative consciousness, which requires processes of elaboration and development. It is my assertion that the therapeutic encounter may serve as a space for such processes of elaboration, enabling the development of the "Imagination" as a form of knowledge and of self-knowledge, as well as enabling the development of the "I". Accordingly, I shall demonstrate how the psychotherapeutic dyad is perceived through these theorizations and how they may contribute to the therapeutic endeavor.

Educational Objectives:

1. An evaluation of the possibility – hitherto unexamined – for a dialogue between relational psychoanalytic thought and Rudolf Steiner's spiritual and philosophical formulations.
2. An introduction to Steiner's concepts of "I" and of "Imagination", an analysis of their contribution to the psychoanalytic endeavor and an appraisal of their clinical implications.
3. A discussion of the contribution of the dialogue between psychoanalytic thought and Steiner's formulations to:
 - a. Forming a transitional space between essentialist formulations of the self and of knowledge and their conceptualization in relational and constructivist terms.
 - b. Conceptualizing the psychotherapeutic encounter as a transitional space between intrapsychic, inter-psychic and intersubjective processes on the one hand, and spiritual processes - within a space that conduces the oscillation between self-knowledge and knowledge of an-other – on the other hand.

Paper 2: Creativity in the Interrelated Space

Smadar de Lange

The presented research offers the perception of creativity as an ever present layer of the psyche, always there waiting patiently for awareness to dive in and enjoy the muse (Eigen, 1982). This presented research offers a map of the psyche layers according to interrelatedness between self and other in a space of separateness and merging. The map offers a perception of the self as an apparatus from which one interrelates with the environment. Winnicott's (1953, 1958) transitional space is the fertile ground in which separation, merger, and manifestation of an aspect of the psyche's layers occur. The map is an integration of the psychoanalytic literature (Balint, 1968; Bion, 1962, 1963, 1965, 1967, 1970, 1990; Bolas, 1968; Elkin, 1972; Green, 1993; Guntrip, 1973, Hillman, 1972, Matt-Blanco, 1975, Merleau-Ponty, 1962, Milner, 2005; Schwartz-Salant 1998; Winnicott, 1971, 1974a, 1974b) and mainly the interpersonal psychoanalytic view (Atwood & Stolorow, 1968; Ogden, 1982, 1994; Orange, D. M., Atwood, G. E., & Stolorow, 1997; Eigen, 1982, 1983, 1986, 1996, 2004, 2005; Schore, 1994, 2003a, 2003b; Stern, 1977, 1985; Stolorow, & Atwood, 1976; Stolorow, Brandschaft, & Atwood, 1987; Sullivan, 1953, 1997). The map offers three educational objectives: 1. Bestow a navigation tool for the therapist in the therapeutic space of interrelatedness, in which the 'play' with the client occurs. 2. Provide directions and guidance for being in contact with the

creative force. 3. Apply a structure that offers scaffolding for the 'dance' of separation and merger in the interrelated space.

This hermeneutical research explores the space of the psyche layers as the: field of silence and the contact layer intensities in psychotherapeutic interactions (de Lange, 2014). The research illuminates several aspects that underlay egoic perception and cognitive processes in the dyadic encounter. The structural underpinnings of consensual perceptions in the clinical interaction are presented in five channels in the format of a five tree roots (see appendix A). The tree represents the human being and the roots represent the underlying apparatus that enables psychological growth. Because psychological development revolves around differentiation and the emergence of self via relationship with another, and because it stems from a boundless space, the interpersonal space of the psychological encounter has a natural mechanism for the journey into the field of silence and greater contact intensities. Furthermore, resistance due to the inevitable fragmentation, chaos, and anxiety that are natural by-products of the journey may be handled in the psychological encounter either through deactivation of the resistance and/or through direct utilization of this forceful psychological reaction. This research carries importance for the field of clinical psychology due to its contribution to healing and psychological growth, and due to the nature of the encounter that is activated while dwelling in the field of silence.

For the purpose of facilitating healing and growth, it is essential that the therapist possess an understanding and control of the levels of contact in order to maximize utilization of the interpersonal space in the psychotherapeutic session. This hermeneutic research aims to uncover the various contact levels, ranging from language and cognitive connection to the deepest degree of contact, in an utter field of silence. Moreover, this research paper examines the layers of armoring and defense that stand between a perception of separation and limited experience on the one hand and a perception of boundlessness and whole-gestalt experience, an essential creative force on the other. I'm interested in demonstrating the value for clinicians to experience comfort and skillfulness in tolerating any intensity of contact and its accompanying challenges, as musicians enjoy utilizing their skillfulness, going up and down their instrument scales and being aware of the intervals.

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Appendix A

Educational Objectives:

1. Bestow a navigation tool for the therapist in the therapeutic space of interrelatedness, in which the 'play' with the client occurs.
2. Provide directions and guidance for being in contact with the creative force
3. Apply a structure that offers scaffolding for the 'dance' of separation and merger in the interrelated space.

Paper 3: Faith, Fate and Destiny - an Existential Psychoanalytic Ethic

Benjamin Rubin

Berger (2005) records that during the 1950's and 1960's, R. Joseph B. Soloveitchik was pre-occupied with the questions of human existentialism – “what does it mean to be human? What is the nature of our being? What is our place in the world?” R. Soloveitchik's ideas were formulated in a series of lectures sponsored by the National Institute of Mental Health in 1958 and later published as *The Lonely Man of Faith*.

In Mitchell and Greenberg's seminal 1983 work, drive theorists were presented in sharp distinction with proponents of object relations. Two incompatible frameworks for understanding the human psyche were in competition. In the thought of R. Soloveitchik there began to emerge an integration of the two views. Drive theory, object relations and psychic reality were all grounded within a phylogenetic and ontological development. From this vantage point, there are conceptual stages preceding what Freud (1915) described as the basic human motivation of hedonic pleasure or what Fairbairn (1941, 1944) described as the most essential human motivation, the desire to connect.

R. Soloveitchik's model sees the twin developments of drive and human relatedness as successive stages in the formation of teleological man. For R. Soloveitchik, man can only be understood within the comprehensive developmental narrative that details a complex movement from non-directed biochemical plant life towards an ethical existence.

Aron and Atlas (2015) write that Freudian psychoanalysis is characteristically focused on historical origins as explanations of psychic phenomena. They contrast the Freudian model with Jung's prospective function, in which action, whether physical or psychical, anticipates and molds future possibilities. Aron and Atlas see in Jung's notion a deep-seated nod to the agency and creativity of the human being. Citing Jessica Benjamin, “where objects were, subjects must be.” In this paper, the author attempts to contextualize the prospective function within the broad philosophical-existential framework of R. Soloveitchik.

Aron and Atlas distinguish further between Freudian fatedness and Jungian destiny. To this end, they cite R. Soloveitchik (1956), “Man's task in the world is to transform fate into destiny; a passive existence into an active existence.” Nonetheless, R. Soloveitchik's writing is deeply dialectical (Aron, 2005). The various incommensurate manifestations and existential realities of man as natural, animal, esthetic, and ethical all find their place in the shifting fabric of human complexity. In their emphasis on the generative or prospective quality of human praxis, Aron and Atlas fail to explicate the depth and totality of the dialectic tension between the twin polarities of destiny and fate, object and subject, hedone and ethic.

Eigen (1981) draws upon the works of Winnicott, Bion and Lacan to open a space for the role of faith in psychoanalysis. Eigen's conception of faith is placed in dialectical tension with the defensive use of mastery and introjection-internalization processes. The author of this paper argues that the model of faith presented by R. Soloveitchik presents a more radical departure from the role of mastery. In this way, faith stands as the opposite pole in Aron and Atlas' development of the prospective function and agency.

R. Soloveitchik articulated a model of ethics rooted in faith, and covenantal commitment as opposed to one founded on *logos*, and rational-cognitive movement. The author concludes the paper with a discussion of R. Soloveitchik's notion of ethics, the Ethical Man of Faith and its relevance as a psychoanalytic ethic.

Educational Objectives:

1. Critique the opposing positions of Freudian historicity and Jung's prospective function
2. Analyze the role of the faith concept and its role in clinical psychoanalysis
3. Describe the notion of a psychoanalytic ethic as developed in the writings of Soloveitchik

C.7 The Future of the New - Imagining Live Moments

Speakers: Hanni Mann Shalvi, PhD, Israel; Ada Michal Weinstein, PhD, Israel; Edna Lahav, MA, Israel

Moderator: Ahuva Barkan, MA, Israel

Paper 1: "Imagine the Future: - The Place of the Future in Psychoanalysis"

Hanni Mann Shalvi

"High above the clouds, looking out into the sky, right before our eyes our lives are coming into shape. With each breath we take, We find the reason why we've come together in this place. Tell me can you see the future looking back at you? Tell me can you hear the message carried in the winds, to your heart?..."

-Hiroshi Ichikura

Psychoanalysis is primarily concerned with the impact of past traumas. A focus on the future by using imagination is usually attributed to other therapeutic approaches, such as behavioral, narrative, positive psychology, etc.

Imagination, and the future as central analytic theoretical and clinical components can be traced in several psychoanalytic theories. Such as in Klein's 'depressive position', the place of 'creativity' in Winnicott's writings, 'reverie' and 'alpha-function' in Bion's theorization, 'analytic third' in Ogden and Green, 'Link theory' in Pichon River and more.

Yet the place of the future and imagination as central concepts is absent from psychoanalytic theory.

I suggest that psychoanalysis, needs to complement working through of past trauma with the working through of dreams, day dreams, wishes and imagination regarding the future.

That might be more central in the last stages of analysis.

I suggest that the analyst must be attuned to the very existence of these two components in the analysand's internal world, the way in which they appear in analysis, the change in them during the course of the analysis and to pay special attention to them in the last stages of the analysis as predicting the end of the analysis.

Educational Objectives:

1. To describe the 'ability to imagine' combined with the 'ability to perceive the future' within the center of psychoanalytic theory and practice.
2. To examine the place of the future and ability to imagine in the existing psychoanalytic theories, include South American psychoanalytic theories like "El Vinculo" – Link theory which are less known to English speaking psychoanalysts.
3. To apply the theory with psychoanalytic practice by clinical vignettes.

Paper 2: Spontaneous State Of Mind as A Tool to Keep Our Imagination Alive, Vital, Passionate and Creative

Ada Michal Weinstein

How can we keep imagination alive, vital, passionate and creative?

This is the question I wish to address in this paper. I would like to present a new concept. In the research I carried out during my PhD, I found a new state of mind we, humans, use. I call it a "spontaneous state of mind".

Spontaneity is defined as the ability to act as an expression of desire, motivation and activity. Without spontaneity we could not perform any of these, and would remain at the level of impulses and instinct. It is the human ability to create renewal. Thus, it is not innovation; nor is it a phenomenon of innovation and change. It is the ability to do each of these.

The concept I would like to suggest is innovative in that the spontaneous state of mind, proposed as a bridge connecting or enabling transmission and communication between different language games. The spontaneous is offered as a foundation for interpersonal communication from a philosophical-linguistic perspective. In addition, I suggest the concept "spontaneous state of mind" as a manifesting force of the mind channeling imagination and creativity.

I suggest that one of the challenges in the field of spontaneity be named the spontaneity paradox; representing the challenge of articulating the characteristics and manifestations of something whose essence is enigmatic and beyond the boundaries of language and the world.

According to Mitchell, to understand something means to organize it, and there may be several understandings or organizations of the self as they relate to a particular experience.

Later, Mitchell connects the organizations of the self and the question of authenticity to spontaneity, as an essential force for proper organization at a given time. That leads us to the question: how can we achieve proper organization when we face a complex and anxiety-evoking situation? There are several answers to this question. I will attempt to provide a new perspective stemming from philosophical-linguistic, psychodramatic and psychoanalytic language games, all referencing concept "spontaneous state of mind".

How then do we "keep imagination alive, vital, passionate and creative, while our eyes are open and what they see is the restraining and reinforcing powers?"

In summary, I would like to suggest a new organization of the self as "imagining with our eyes wide open", constituted by the spontaneous state of mind and an understanding of the spontaneity paradox. In order to achieve this, I will use the Wittgenstenian terms: "language game" and "seeing aspect" concept to help deepen our understanding of the capacity to imagine, and its contribution to growth.

The latter is one of the main goals of therapy, but not only. Maintaining growth, maintaining a healthy use of imagination, all contribute to our ability as humans to go through changes, to achieve integration and responsibility. The spontaneous state of mind, is suggested here as a foundation of the abilities mentioned above.

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Educational Objectives:

1. To familiarize participants the new concept "spontaneous state of mind".
2. The participants will learn (and may agree or disagree) about the contribution of this concept to the capacity to imagine and be creative, from a linguistic point of view.
3. Participants will be able to add the "spontaneous state of mind" concept to their critical toolbox.

Paper 3: "On Saying Yes to Life in Psychoanalytic Therapy and in Nietzsche's Philosophy"

Edna Lahav

This paper aims to explore the fundamental concept of "YES" in both the fields of philosophy and psychoanalysis. It is characterized by "saying yes to life", as Nietzsche's postulates in his late book "The Gay Science", and as reflected in psychoanalytic theory. I will attempt to examine the philosophical question of the value of life as opposed to its negation and the corresponding implications within psychoanalysis. I will focus on the relationship between an internal consent to life and the creative dimension. Psychoanalytic thinking will be presented in order to emphasize the role of imagination, creativity and anticipation, from the part of the therapist, especially in various traumatic states.

In my view patients, even those in a regressive state, constantly examine their therapists' degree of vitality. They observe the therapists' inner relation between living and reviving parts, and dead or deadening ones. The patient is aware of the therapist's set of values with regard to the latter's life, even without any knowledge of his actual life. It is my belief that the patient needs to feel that the therapist engages with questions regarding life, all the while holding a certain cumulative faith about the value of life.

A clinical tale will serve to demonstrate the subtle moment of "saying yes to life" in times of crisis in the framework of the therapeutic relationship, during hidden moments of transference when it is possible to tip the scales in favor of the life of the psyche.

This paper will present the concept of an "annunciating interpretation" as a means of extricating the patient in situations of internal fading and intense despair. Certain characteristics in Christian iconography regarding the "annunciation to Mary", as well as examples from the literature, will be shown in order to deepen our understanding as to the meaning of annunciation in therapeutic context.

Annunciating interpretation, as demonstrated in the clinical tale, identifies the desire for life and views it as a joint and present entity. It addresses the individual's creative element. This interpretation constitutes a kind of rope or an outstretched hand in those moments of crossing a troubled inner zone. It acts as a midwife delivering faith, proclaiming the option of giving birth to the life of the psyche. Furthermore, annunciating recognizes the foundation of one's yearning, namely the possibility of belonging and being included in a lively world. It relates to this foundation and proclaims its existence as a shared state of affairs. This interpretation affirms the existence of the patient's psyche, confirming it as a valid entity, anticipating the patient's actual encounter of his psyche. The content of the interpretation is not necessarily positive, nor explanatory; however, it announces the possibility of transformation.

Annunciating is attuned to the individual's innermost question of whether life is worth living. It has to first identify the psyche's profound yearning and then establish it as viable. This is neither an anticipatory message about the future, nor an external subjugating instruction. It is about tracking (and extricating) from one's internal reservoir one's fundamental desire, needed for the continuation of his being.

Educational Objectives:

1. At the conclusion of this presentation, the conference participants will be able to assess those moments in therapy when patients question, albeit unconsciously, the value of their life.
2. The conference participants will be able to apply the annunciating interpretation when their patients experience intense despair and a loss of hope.
3. The participants will enhance their own creativity and resourcefulness, at different crossroads in the therapeutic process, thanks to the presentation.

C.8 The Way We Tell a Story - Truth, Fiction or Maybe Both

Speakers: Iris Lerman, MA, Israel; Emily Kuriloff, PsyD, USA; Shira Marin, MA, PhD, USA

Moderator: Jenny Kahn Kaufmann, PhD, USA

Paper 1: Truth and Fiction in the (He)Art of Therapy

Iris Lerman

The search for psychic truth is the bedrock of analytic work and consequently interpretation became the preferred technique in that search. The concept of psychic truth assumed various meanings as different analytical theories were developed (Gadot, S., 2017) and formed a space between the truth that is to be discovered and the truth that needs to be created. (Stern, D.B., 2013). Thus the analytic technique became more varied and interpretation lost its preferential position (Ringstorm 2018).

Anna in the film “Frantz”, Henold in Gradiva and Adam in Ian McEwan’s “The Children Act” are pulled back to life with the help of a cocreated fabrication.

In this lecture I wonder what kind of fiction is needed for our patients? I will argue that in those cases in which the psyche has been crushed by a traumatic reality, a fictional space needs to be created in order to breathe life into the patient.

The analyst participates in some form of fiction in order to trigger life in the patient (Director 2009, Cooney 2018). In such a case the analyst perhaps embodies the metamorphosis “of the subject who is supposed to save”. Sometimes the analyst collaborates with a hidden hope, whilst at other times the hope has to be created. These are patients whose life force has been so damaged that they are unable to develop transference love. They are patients who supposedly do not dare to harbour the expectation of transformation and yet nonetheless enter therapy. The feeling is that these patients used what strength was left to them in order to reach the analyst’s clinic and that from this moment on it is his duty to breathe life into them, or perhaps to seduce them back into life. From the perspective of the analyst the fiction is a kind of seduction to reenter life in cases where death has assumed control. I will examine this act of seduction as a sort of catfishing (Knafo 2018) and will consider what it is that enables this act to remain within the boundaries of an ethical seduction (Chetrit-Vatine, V. 2004, Maroda 1999).

I shall outline a subtle space of fiction created in the analysis of such difficult cases. The illusions or phantasies created in the relational space between the analyst and analysand is important as a transitional space which is not to be challenged verbally.

I will examine the characteristics of the therapeutic fiction and consider how and when it is possible to play with it, when it is to be interpreted and when the variation and regulation achieved by the analyst's actions and gestures are sufficient. (Beebe, B. Lachmann, F., 2002, Apter, G., 2015, Lazar, R., 2016).

I will suggest that the fictive space can facilitate inter-psychic interpretive work which in and of itself is not in need of interpretation.

I will also suggest that the fictive space facilitates the metabolization of the psychic truth. The dialectic between the truth as nourishment for the psyche and fiction as enabling the metabolization of the truth will be examined, as will the therapeutic and ethical dilemmas that are aroused.

The starting point of the lecture will be the fabrications woven into François Ozon's film "Frantz" (2016), Jensen's "Gradiva" (Freud 1907) and Ian McEwan's "The Children Act" (2014). From these by way of a number of vignettes I shall illustrate the therapeutic dilemmas around gestures which create and regulate the fictive space on the one hand, and the use of interpretation on the other.

Educational Objectives:

1. Participants will learn to detect the subtle ways in which a fictive space is created and the ways of preventing that space from becoming an actuality.
2. Participants will learn the different functions of interpretation as an expositor and creator of truth and the conditions necessary for metabolizing the interpretation.
3. Participants will learn to simultaneously retain states of illusion and disillusion so as to progress psychic development as well as learning about the therapeutic and ethical dilemmas that arise in such states.

Paper 2: What Happened to the Baby's Head--A failure of Imagination among Post War German Psychoanalysts

Emily Kuriloff

Frankfurt Am Main was carpet bombed at the end of World War II, but today the banks of Europe line its skyline, an indication that this city is affluent and booming—"Bankfurt," they call it. In comparison, a tiny group of psychoanalysts, so many less than there used to be, are gathering in the city seventy years after the Allied "Victory in Europe," or V-E day. We are invited to address, challenge, and reconfigure patterned, superficial ideas and behaviors towards The Nazi Era. But this is not what happens, for the group, predictably, is stuck in what happened before, and the memory pulls and pushes us. Indeed, the professional speakers and audience fail to imagine the impact of their past in the present, nor can they play with a future. Instead, they bemoan the burden of history, and they subtly yet profoundly revise in the light

of day. Some confess because they seek forgiveness, others insist they are and their nation are blameless, still others align with a traumatized group of victims referred to as “War Children,” who suffered as much as anyone, particularly during the bombings in 1945. Many theorists and clinicians have written about such moments with Post WWII Germans, and generally focus on unconscious conflict, or enactments of split off or dissociated experience of “doer and done to.” As an American interpersonal analyst, however, I am more interested in the “here and now,” a process I view as similar to constructing a lie, although not necessarily due to a lack of a moral compass. This paper will aim to describe such behavior as what Harry Stack Sullivan referred to as a “happy thought,” or a “selective attention” that avoids disapprobation and rejection should a more fulsome narrative be provided. Such relatedness will be understood as a misuse of imagination in service of security, or the threat of devaluation, loss, and loneliness, a disorder of one’s sense of self in relation. In sum, and to paraphrase from Edgar Levenson, I will use my experience in Frankfurt as a case study, asking not “What does this really mean?” But, rather, “what is going on around here?”

Educational Objectives:

1. This paper will clarify the distinction between traditional notions of unconscious psychic conflict and the Interpersonal psychoanalytic notion of selective attention.
2. Selective attention will be understood as a relational process by which individuals avoid humiliation and loss of the needed object.
3. The use of a detailed inquiry with the patient, rather than an interpretation of highly theorized unconscious conflict, will be applied towards the development of the patient’s fuller awareness.

Paper 3: Fostering Relational Intimacy through Creative Engagement and Group Process: The Arts-Based Process Method

Shira Marin, Annie Danberg

This paper illustrates the idea that, according to Rachel Remen, healing and creativity arise from the single source: an innate source the authors describe as the imaginal instinct toward self-healing. The authors posit that a method conjoining creative engagement, with reflexive awareness, reflective writing, and process conversation in a ritually oriented group context fosters self- and other awareness that leads to self-healing and other healing and intimacy.

In this paper, self-healing refers to automatic, homeostatic processes of the body that are controlled by physiological mechanisms inherent in a human being, through which the living body repairs the damaged part by itself. Beyond the innate restorative capacities of the physical body, there are many factors of a psychological nature that can influence self-healing. Disorders of the soul, the spirit, the absence of faith, hope, trust, and love, also, can be self-healed.

The germination of the method originated in the personal imaginal/creative and psychological work of the authors who noticed positive transformative effects from working together in mixed-media visual journaling sessions. During these sessions, creative engagement

combined with times of nonverbal reflective engagement and written journal entries, prompted each author's self-healing impulse. Each observed their apprehension of the physical/interoceptive relationship between their outer images and their inner experience. The authors realized that their activity stimulated the transformative potential of the imagination as both a guiding principle and remediator of the intrapsychic challenges and individuating tendencies each one was experiencing. The authors' witnessing and sharing their visual expressions and shifts in their psychological unfolding was also an important part of what became their ultimate methodology because these activities engendered both self- and other healing and intimacy through a creative-relational channel.

Thus, the authors speculated that the capacity to imagine that had fostered their process potentially could function similarly in the group context to foster self- and other healing/transformation and intimacy. The authors envisioned group co-leadership because they felt by combining their different expertise, they would more effectively contribute to their group members' individual and group learning. They proceeded to form focus groups introducing the Arts-Based Process Method to attendees. Potential group members were contacted through email invitations, flyers, and professional listserv postings. Initial time-limited focus groups were conducted in order to test the method: working with a combination of beginning and ending rituals, creative engagement, and process conversation. The success of the focus groups led the authors to conduct a series of shorter and longer time-limited groups.

The authors' hypothesis is that most conflict, intrapsychic and interpersonal, can be remediated through the channel of the imagination coupled with interpersonal processing. The outcome of the authors' time-limited groups has responded most favorably to the authors' desire to create an imaginal means by which non-artists and artists alike could resolve pernicious, unresolved conflicts. The outcomes have far exceeded the authors' expectations.

The authors continue to test this hypothesis through the use of mixed-media visual journaling in ongoing research in their groups. Through this process, the authors have learned that imagination is always alive, vital, passionate, and creative but that human beings must turn inward toward it and relate to, and express it as frequently as possible. It is through developing personal and ever-deepening relationship with with the imagination that one can depend on it as a guiding principle that does not fail. Turning inward toward the imagination can contribute more to our lives than virtually any other life enhancing or remediating activity. The ancients knew this; indigenous people also knew it. We must relearn it as a basis for our welfare: personal, interpersonal, and global.

Educational Objectives:

1. Explain how the use of expressive arts and the imagination in a group context reduces anxiety, enhances self-expression, and promotes self-acceptance that leads to a sense of intrapsychic and group intimacy and cohesion.
2. Identify facilitative elements that create an environment to support members' openness to sharing, witnessing, and relating to one another's creative expression.

3. Describe the ways that personal and interpersonal relating are enhanced through mutual witnessing and sharing of both creative expression and discussion of inner experience.

C.9 Imagination and the Tales of Separation, Trauma and Grief

Speakers: Karen Bonnewit-Erseven, PhD, Israel; John A. Sloane, MD, Canada; Ophira Schorr Levy, Msw, Israel

Moderator: Tanya Anagnostopoulou, PhD, Greece

Paper 1: Freud and Einstein Grieve Together In an Imaginary Playground

Karen Bonnewit-Erseven

A 35 year old schoolteacher becomes a belly dancer after losing her mom, a middle aged engineer, who never practiced sports in his life, starts to train towards an upcoming triathlon just as his wife past away, and a young girl discovers she has the gift of painting while trying to cope with the loss of her father.

The Law of Energy Conservation states that the total energy of an isolated system remains constant, only transforming its form or location. By way of metaphor, we can see similar statements among several scholars regarding the process of grief. According to Freud, a griever strives to detach oneself from the object of mourning, to recognize the finality of death and to redirect one's libidinal energy to a new object. According to Bowlby, the process of growing is mainly driven by the need of internal closeness, to one's internalized representations, rather than to real figures. In states of dealing with death and loss, there is often a confluence between the need to get closer to the real person, one on hand, and to the person's representation, that is, his or her imaginary abode, on the other hand. Klass, Silverman & Nickman's "Continuing Bonds theory" stresses the significant contribution of interdependence, even in the absence of one person, to establishing relations with that person's inner representation, as a continuous process. These and other concepts illustrate all the forces within the griever trying to direct the person's energy towards what might generate the familiar feelings which one's identity relies on, and the mental means at one's disposal to achieve that goal.

In this paper, I shall try to look into the specific conditions in which the griever transforms one's energy, which now lacks a responsive target, towards an object other than the previously known one. I will examine it from the relational psychoanalysis approach, which claims that the human psyche can only evolve from its lingual, inter-subjective relational basis, and consequently, once the other subject is lost in the middle of the dance of creation, libidinal energy seeks an alternative focus, either real or representative. Furthermore, using relevant statements in research literature, I suggest that despite the fact that mourning mind's endeavor to transform, and, paradoxically, at the same time, remain the same, the Law of energy conservation compels it to relocate or transform, thus allowing the generation of a

completely new entity, which could have never been created if that energy wasn't made available. In addition, I also suggest that the process of redirecting of energy towards an alternative target will be mostly associated with those inner representations referred to by the theorists mentioned above. This would require an increased use of various forms of imagination, fantasy, dreaming and hallucinating, which stations the griever in a very unique state of consciousness, at least for a certain period of time, and therefore allowing a significant transformation to occur.

In my clinical work I have been fortunate to be present, and even take part, in that remarkable time of mental and emotional state, where, out of great pain, there is prospect for a birth of a new self-creation. That is, if the person has the impregnability to let those familiar feelings of one's previous identity, fade away, and thus relieving some of the bonds with the deceased.

Educational Objectives:

1. To stress the importance of imagination in the proses of grief
2. To emphasize the relational psychoanalysis view on the matter, with the focus on the unique intersubjective creation between the griever and his loss, that seeks to be continued
3. To introduce the way in which therapists can endues the use of spiritual thinking in clinical work with people whom have experienced loss

Paper 2: A Tale of Two Terrors: Early Loss of a Parent and the Search for Safety

John A. Sloane

In this paper, I present an enactment with a man who had suffered the catastrophic loss of his father in a fire at the age of ten, the same age I was when I lost my father after erupting in rage at him for how he was treating me. That formative–deformative childhood experience had left both of us with an underlying sense of shame and terror, triggered by different signals on the world stage. It struck me as worth discussing with others who are equally affected by the climate of our times. Such enactments tap boundless preverbal depths and splits in the nuclear self. These are times of terror from at least two directions; sudden death by deliberate acts of terror or “acts of God”, on the one hand, and regressive disintegration and destruction of democracy in the service of self-supremacy or ideological certainty – with contempt for “the Other”.

A 75 year-old Jewish man was referred by a colleague who thought we might be a good fit. The man had read a psychoanalytic article on the loss of a parent and its “reclaiming” through psychoanalysis, giving him hope – even at that late stage of a “failed life”. The referral came at a time when I had decided to retire by not taking new patients, hopeful of leaving behind those unpredictable places of trauma for which I felt responsible. There was something about his story that touched me – and something in him that I trusted despite his conviction that Donald Trump was a kind of messiah who would save the world from sudden death by Jihad, aided and abetted by ignorant, wilfully evil left-wing politicians and mainstream media. For me, Trump’s palpably irrational, dishonest, irresponsible abuse of power and authority

triggered visceral disgust and terrors of my father's decline, the rise of Hitler, and my own aggression.

When disparate things come together like that, I have learned to trust the synchronicity as a signal of opportunity for collaborative inquiry. Although I never know in advance where such exploration will go, often enough "O" emerges in ways that are useful, as Bion and Eigen both describe.

Needless to say, we clashed – and parted – at a pivotal point three years into our therapeutic process. I thought that was "the End", as he did. Then, as it happened, we survived one another's "all-out destructiveness", came together again, and are beginning to find genuinely inter-subjective modes of affective communication around embodied states of deadly but vital inclinations.

It is my hope that by sharing that clinical experience, it might serve as a stimulus for useful associations, feelings, and reflections not only on what others encounter clinically, but also on that which is written on "the hearts of all men", writ large on the world stage. I have yet to write the theoretical section of the paper, let alone come to grips with how psychoanalytic formulations might find useful application in the socio-political sphere. There, the vast bio-psycho-social complexity of trans-generationally transmitted trauma, conflict and defensive entrenchment of "solutions" sets the stage for repetition well beyond the grasp of any human being. It's a far cry from what we face in our offices with an Other who knows (s)he does not know and needs our help to understand what (s)he's doing. Even in our offices, the absence of a reliable frame confounds us all at times with patients whose life circumstances make it impossible to agree on the necessary terms and conditions. But that doesn't stop us from imagining – and when two or three are gathered together in search of truth, ways can be found.

Paper 3: Imagination – The Passport for Separation – a Dialogical Approach

Ophira Schorr Levy

My father passed away when I was six years old. Ever since, I have been intrigued by the question of how a person copes with separation from someone so close as a parent, spouse, or a dear friend. What allows one to continue leading a full life? In the proposed lecture, I shall demonstrate the way in which imagination may serve as a powerful tool while treating individuals who experience distress due to separation.

Our identity may be defined as a subjective stable sensation, consisting a set of relationships we experience (Mitchell, 1993). Ending close relationships damages the sense of identity and we may feel as though part of our being has been taken away.

As therapists, we often address absence, thus, therapist and patient are to capture together through imagination what is missing from the patient's mental life (Colman, 2006; Holmes, 2014). True imagination depends upon the ability to acknowledge the absence of what is imagined from the actual world. This mechanism is closely related to the ability to symbolize

(Klein, 1930; Segal, 1957; Winnicott, 1971) which serves as a transcendent function connecting presence and absent, in Loewald's words: "symbolization may be described as an imaginative act" (1988, p. 45).

In the world of imagination, anything may work. The therapeutic relationship is to allow imagination to occur. Using imagination is, in fact, a journey into the self; the ability to observe from afar and create new experiences. The ability to imagine the future is also essential for a meaningful life in the present and to prevent addiction to past events and experiences (Yaguri, 2016).

I wish to focus upon those patients capable of imagining and symbolizing, yet facing separation experience difficulties implementing those abilities. The psychological pain arousing due to separation paralyzes the abilities of imagination and symbolization. Shutting away the act of imagination allows to protect oneself from aspects of reality associated with absence and loss (Winnicott, 1971; Colman, 2006). How, in those situations, one may revive the ability of imagination so as to bridge between the absent and the present and the future possibilities? The greatest challenge each and every one of us faces is to keep on imagining despite the sense of subjective reality which threatens to destroy us.

In order to experience the sensation of being part of this world, we need an encounter with the imagining force surging in other individuals. Therapist-patient relationship are a journey where two individuals allow themselves to touch the moments of imagination and set aside their truths regarding themselves and others. Then, imagination may fall into its shared space (Bromberg, 2013). Through clinical vignettes, I shall demonstrate how a space for imagination may be formed, where both present and absent subjects may exist, without conceding the existence of any of them. I shall demonstrate how such a process may allow a comforting space toward choosing a new perception of separation.

Additionally, I shall address Agnon's work "A Simple Story", where, after being forced to separate from his lover and marry a woman according to his parents' will, Herschel remained with no ability to bear the separation, and descended into psychosis. I shall explore the innovative way in which the doctor healed Herschel through a shared journey of imagination and personal exposure. Such a shared journey may serve as a passport to a separation experience that is richer, creative, inducing growth and expansion both for the patient and the therapist.

Educational Objectives:

1. Analyze the relationship between imagination and separation.
2. Propose a therapeutic approach focusing upon the therapist-patient shared imagination work.
3. Demonstrate the way separation can be perceived as a constructive experience.

C.10 Mentalizing Imagination/Imagining Mentalization

Speakers: Erik Fagerberg, MA, CSW, Sweden; Karla Rodríguez Escenaro, PhD, Mexico; Jo Frasca, CTA, Australia

Moderator: Mervyn S. Miller, MA, Israel

Paper 1: Mentalizing States of None-Humanness

Erik Fagerberg

You did it again! My patient, K, was furious with me. Not for the first time, but this time it felt as if she was in for the kill. Why? Enacted parts of trying my best and interpersonal focus on what made K feel bad was not what she needed. K was ruthless in pointing out my mistakes. The main thing seemed to be – To her, I had lost my humanity. Keeping with a timeframe, I was just one of those who tries but are too rigid to be there when it matters. And someone who is not human is easy to kill.

It seems in every conflict from war, genocide and into the consulting room – the doer and done to, echoing from the past – Keeping an eye open is vital. Nearly always, some guilt or anxiety is there, especially when an acting out of an original oppressor takes place. Subtle shifts in self-states may be missed when the clinicians' sight is obscured by being “under fire”. Sadly we, as therapists, often lose our patients in such turmoils, unless a reflective part of our mind (the capacity to mentalize) is open. The use of mindfulness in training therapist's capacity to open up internal space for reflection when the mind is stuck has been described by Safran & Muran and others. I have found training in mindfulness as well as using my experience as a musician to go along the lines of Sullivan's concept of participation/observation. One part of me is always listening to if there is music between me and the person I work with. How interesting it is then when I notice there is no music! Is one of us blocked with shame or anxiety? Does depression cause the patient to be unable to play? In the schizoid patient, is there any glimmer of music at all between us? When I feel as I don't know my part, feel lost somehow or feel like when my playing is stiff, I wonder why. It makes me reflect on why - and I may even use such notions to meta-communicate about what might be enacted. Has the patient noticed me being more loose or eager? Why the sudden drop of the tuning? These kinds of changes often make me alert in shifts in the music of the dyad. What does the patient think may have contributed to this? Quite a few analysts have made use of notions of music to understand what is going on in the relational dance to attempt to understand the present moment of the clinical encounter. By keeping an open eye on the interaction with K, I managed to just glimpse a sign of her taking care of me in all her hatred. When I pointed that out after a lengthy attack, me having felt blocked, a self-state of calm and understanding took place and we met in a “moment of meeting”. K stayed in therapy with me and began to see me, and I her, as human. In this presentation, I wish to illustrate the potential disaster of perceived loss of humanity and to shed light on the use of mindfulness to be able to mentalize during conflict.

Educational Objectives:

1. Understand ways that therapists can reinforce their capacity to keep their eyes open
2. Describe the use of self through mindfulness-in-action in psychotherapy

3. Utilize the use of self-disclosure in reaching thirdness in moments of breakdown of mentalization

Paper 2: Let Your Mind Inundate Mine. The Relational Process to Imagine Life

Karla Rodríguez Escenaro

The purpose of this paper is to discuss the importance of imagination in attaining links. Imagination and creativity will be taken as axis for building the relational foundation that enables people to think and, thus, exist. It has been clinically observed particularly with teenage patients who haven't had access to deep connections and, therefore, who haven't been able to think, to imagine, to put together a past and a future integrated into the history of their existence. All these deficiencies make them feel numb; they attend their consultations with no desire, no dialogue and lacking meaningful links.

In Mexico, nowadays, it is frequent to find young people with such characteristics; the historical moment they are living betting for a future that seems ever more complicated and uncertain, in addition to the lack of meaningful relationships with their parents as well as their friends, have pushed these generations into not thinking or imagining themselves, into a lifeless existence, generating a worrisome generational social phenomenon.

To better illustrate this phenomenon, the case of a teenage patient, a 13 year old angry, quiet young man will be narrated. I had to learn to relate to him. I realized that his life had not been constructed, that fragments of his past were not shaped as memories. He wasn't mentalized. We were stuck in an interpersonal/relational impasse and we couldn't reach each other intersubjectively. I wasn't facilitating what was needed for his subjectivity to emerge. The silences began to hurt, to turn into desperation; then, the deficit in the relation re-edited.

Bromberg (2011) recounts that these relational halts bet for a temporary emotional security; neither member of the dyad allows him/herself enough spontaneity because it would lead into the sphere of the unpredictable, of imagination and creativity. It is thus that, to paraphrase Masud Khan, the absent melody of that which is emerging there in a relational manner, has to be heard with the eyes. Gabriel and I had become visitors of our somatic reality, instead of its inhabitants.

There can't be intersubjectivity when we find no interest in the other's mind, when imagination doesn't inundate our being in order to become curious about what is or is not in the other. And this is what happened to Gabriel and I.

Finally, our gradual emergence from this impasse through curiosity, creativity and imagination will be described; how we began to think and feel.

Educational Objectives:

1. To analyze the relevance of imagination in the analytic process, to be able to think each other as a fundamental part of existence.

2. To reflect upon the young generations and how many of them are in the process of devitalization due to lack of imagination, due to not thinking themselves in a relation.
3. To analyze the relational impasses that arise in consultation as a result of devitalization processes and, consequently, the lack of interest in the other, of not thinking or imagining oneself.

Paper 3: The Loss of Imagination Vitality and Creativity' within Rigidity

Jo Frasca

Is there an ongoing challenge to keep 'imagination vitality and creativity' alive in our work while we disregard aspects and resources in our relational psychoanalytic psychotherapy work? And is this 'imagination vitality and creativity' not the very premise, that delivered us a phenomenal shift, with the birth of the relational way of working? Perhaps it is as a result of that very 'imagination vitality and creativity', that along with Freud, this psychotherapist and many others we may navigate an otherwise potentially banal practice as a relational psychoanalytic...and consider a third in the room.

In this paper I will use a nine-year relationship with an animal in the therapeutic room to reveal the use of how 'imagination vitality and creativity' has the opportunity to provoke work that is otherwise overtly untested territory in this profession. I will discuss the transference nature of the work and how an animal is able to contribute in liberating the unconscious, freeing long repressed trauma and create new connection to the other, for clients.

I will hypothesize and discuss the question that with the complexity, rigidity and lack of imagination in our modality and work; what do we in effect prevent clients from bringing into the room? Further asking how that may limit our expansion into 'imagination vitality and creativity' in our own professional practice?

Using the controversial use of a third...or in this case, an animal in the room I will consider a 'closing down of imagination, vitality and creativity' in both the practitioner and client. And how in not considering the effectiveness of an animal in the room we may potentially create a platform for the 'imagining becoming dangerous to the self, other, or society'.

This presentation will touch on the much avoided history of Freud's work and relationship with his various dogs in the room. And how his work culminating in the comment that his dog was a good judge of character and that he would often assess client's mental states with the help of his dog. With brief discussion about how, amusingly, the accuracy of Freud's fifty minute session length was also aided by his dog, who would get up and head for the door at the end of a session. In the research for my upcoming book on this topic, many psychotherapists, including myself find this same phenomenon.

It is reported that Freud believed dogs had a calming effect on people (though that is not necessarily what we desire in our practice rooms). I will use a vignette about the manner in which a traumatized client's story is accidentally liberated as the dog enters the room.

Freud confronted his own death with the same practicality he approached life; in a coherent, analytical impassive manner. In one of his final letters to his friend Marie Bonaparte he discusses the machination of his dog in his work. Tellingly perhaps we can take from these final words, as a profession, while we search for meaning without rigidity ... Freud wrote; his dogs provided, 'affection without ambivalence, the simplicity of a life free from the almost unbearable conflicts of civilization ... the beauty of an existence completes in itself.'

Are we even able to imagine with our eyes wide open?

Educational Objectives:

1. The attendee will gain theoretical observable skills to describe the pros and cons of working with an animal in the room
2. This presentation will teach a clear critique on the application of working with a third in the room
3. The attendee will learn how to analyzing their own potential use of an animal in the room

C.11 Collective Dreams; Trans-Identifications and Liminal Belonging

Speakers: Eyal Rozmarin, PhD, USA; Francisco J. Gonzalez, MD, USA

Discussant: Víctor Doñas, MD, Chile

Moderator: Hilary Offman MD, FRCPC

Collective Dreams; Trans-Identifications and Liminal Belonging

Eyal Rozmarin

This panel is a sequel to a panel presented in the IARPP 2018 conference, titled "Subjectivity and Collective Fictions; Identity, Conformity and Resistance."

If that panel attempted to question traditional formulations of what we call "subjectivity," in this sequel panel we hope to do the same with the notion of collectivity. What is a collective? To what do we belong, forced to belong, choose to belong? How do we form and trade our collective identities? The panel is comprised of two papers and a discussion.

The first paper is titled: "Trans-identification and the post-collective."

Building on a notion (previously developed by the author) of subjectivity as a threshold, the current paper centers on questioning and queering the concepts of collective identification, collective identity, and collectivity itself. The paper leans on, and reverses the notion of imagined communities developed by Benedict Anderson to continue an investigation of subjectivity as an imagined location, drawn along lines provided by a constellation of given collective, socio-political discourses. If the collective is imagined and so, in an infinite loop, is the self, how are we to think of belonging and of communities? What are the principles guiding our being part of, and experience of being part of any group? Taking its inspiration from transgender phenomena and ideology, this paper proposes a more general notion of trans-identification vis-a-vis collective identity in general. We may be born or induced into a certain

set of identifications, but we can trans into others, and towards queer, poly-identification spaces. And a subject who trans-identified enables new kinds of collectivity and community to emerge.

The second paper is titled: “Interstitial Belonging: Centrifugal Force, Aggression, Futurity.”

To be human is to belong: there is no humanity without others. In previous work, the author proposed that without a collective there is no individual subjectivity, which makes subjectivity labor under the centrifugal forces of group multiplicity. This intersectional quality allows the possibility of openness to the world of others, but presents the subject with existential anxieties. Building on these ideas, the present paper elucidates the contingency of collectives themselves: how they only attain real existence in certain material iterations, in particular places and under particular conditions. Groups are therefore are not perdurable or transcendent outside of their instantiations or materializations. The presentation draws on the work of analytic group theorists, philosophical writings (including the new materialists and J-L Nancy on the “inoperative community”), personal experience, and clinical work with individuals and groups. More specifically it highlights the necessary figment of the community, which can work as a source of violence when it disavows its radical intersectionality, or an engine of creative development when it can embrace this complexity and the contingency of its “vibrant materialism.” What can be created at this delicate intersection is the future.

Educational Objectives:

1. To utilize ideas drawn from social theory to challenge traditional psychoanalytic notions of subjectivity and collectivity.
2. To contemplate subjectivity and collectivity as a fluid constructions animated by social forces and social imagination.
3. To develop awareness of the theoretical and clinical value of considering the collective aspect of subjective life.

C.12 Imagining Ethical Possibilities: When Do We Apologise in Psychoanalysis (And When Not)?

Speakers: Micha Weiss, PhD, Israel (Chair); Adriano Bugliani, PhD, Italy; Robert P. Drozek, LICSW, USA

Moderator: Irit Kleiner Paz, PhD, Israel

Psychoanalysis has been gradually evolving during the last decades owing to the potent influence of the intersubjective turn and its effects on Psychoanalysis.

This viewpoint stressed the dyadic nature of the therapeutic encounter, sharpening our awareness of both participants' influences one upon the other. Among these influences there is a growing awareness to the potential negative influence of both sides, and to the need to deal with this Ethical aspect of the psychoanalytic encounter.

Various works have begun to theorize the appropriate ways of dealing with the ethical aspects of the encounter: Hoffman (1998), Benjamin (1995, 2004, 2009, 2018), Mitchell (2002),

Meissner (2003, 2007), Donnel Stern (2012), Drozek (2015, 2018, 2019) and Weiss (2018), begin to provide a conceptual framework to encompass the ethical component in the analytic relationship.

This is all in the making, being currently a vibrant field of exploration of theory and clinical wisdom.

The current panel is intended to enter this vibrant field by encountering one of the central clinical complexities of theoretically introducing the ethical encounter as a possible clinical choice of the analyst- That is when would it be a sound clinical choice to meet the patient as an ethical subject with an ethical response, and when the appropriate clinical approach would be to situate oneself as a transference 'object', versus the patient's accusations, and feelings of hurt.

The three presenters shall illustrate via clinical vignettes the possible varieties in this clinical crossroad: The fruitful use of an Ethical response, a fruitful clinical decision not to enter an Ethical dialogue, the demonstration of an Ethical response going therapeutically wrong, or erroneously choosing to meet the patient 'Analytically', while missing the essentially needed Ethical 'moment of meeting'.

The exposition is intended to arouse a discussion with the audience concerning this clinical complexity.

The panel will precede with a presentation by Dr. Weiss '**We Are an Ethical Vocation**' concerning the ethical encounter in the psychoanalytic discourse. This will incorporate a short historical overview stressing the way Freud structured his theory, with its premises concerning the ethical perspective, followed, as stated above, by the influences of the intersubjective turn on psychoanalysis, depicting the psychoanalytic encounter as a meeting between two subjectivities.

This will be followed by an exposition of the clinical crossroad encountered by the analyst concerning the Ethical.

After this overview two short clinical vignettes will be presented, exemplifying various possibilities of an ethical stance via a direct relational approach, sometimes using apology in the process.

The next presenter Dr. Adriano Bugliani will present '**Two mistakes, one repair. About maintaining my own dignity while apologizing**' exemplifying via two clinical expositions a 'natural' way of interacting with clients, where 'natural' means that "our basic therapeutic leverage is our humanity", as Allen, Fonagy, and Bateman put it. Only in natural interactions can real (ethical) mistakes and real (ethical) reparations happen. Given that disconnection/repair is a basic developmental pattern, a clinical environment where natural patterns occur has the potential to restore psychic/brain damage.

The next presenter Robert Drozek will present '**Ethical exploration as 'the fundamental rule of psychoanalysis'**', illustrating a dialectical vision of psychoanalytic technique, which centers on the mutual exploration of ethical and intersubjective patterns in the analytic dyad.

Following the presentations there will be a brief summation of the approaches that were presented, after which the floor will open to an open dialogue with the audience.

Educational Objectives:

1. Sharpen one's perspective concerning the Ethical dialogue within psychoanalysis, and its manifestation in the clinic.
2. Realize the diversity in the field concerning the Ethical Encounter, and begin to analyze differing solutions of different Schools.
3. Begin to scrutinize, on the way to applying one's personal viewpoint.

C.13 Artforms and Imagination as Enhancers

Speakers: Ravit Raufman, PhD, Israel; Shoshanna Jordan, MA, Australia; Michael Reison, PhD, USA

Moderator: Duncan Cartwright, PhD, South Africa

Paper 1: Imagination, Poetry and the Relational Psyche

Ravit Raufman

Psychoanalysis is often regarded as an art, not merely due to our articulated way of alternating between words and more primary modes of expression within the therapeutic enterprise, but also due to the ongoing endeavor to theoretically conceptualize the non-verbal. My presentation touches upon the functions poetry, as part of human spirit and imagination, plays in relational psychoanalysis, also suggesting a meta-theoretical view. After reviewing several conceptualizations made in the field, I present various examples of a bi-directional process, in which poetry helps expand our experience, and also serves as a source of knowledge regarding human relational psyche and imagination. The following quote is the opening lines of a poem named "Standing in front of me", penned by Perel, reflecting the development of subjectivity emerging through the gaze of our beloved:

My growing-up daughter pulls the final baby off me like a blanket in the morning. Daily she watches me less from inside me and already she stands in front of me recognizing my features.

The world reflected in this poem is in motion; we witness a shifting relationship, perpetually transforming, never static. She is not a grown-up daughter, but a growing-up daughter. Bursting with active verbs that take place in present time and goes on happening, the poem reveals how the daughter's perception of her father is continually changing and in turn, altering his perception of her. No longer a part of him and his psyche, she acquires the subjectivity of her individual state. And as she sees him as a separate person and recognizes

his features, he can do so as well. The poem illustrates the relational belief that the human mind is interactive rather than monadic.

Relational psychoanalysis calls this gradual process “mutual recognition.” Perel's poem illustrates how important insights regarding human psyche and development emerge from poetry, allowing the mind to speak for itself.

I suggest that this sequence is parallel to the development of psychoanalytic literature, which first focused on the one person psychology, later developed concepts that focus on the therapist's subjectivity, and later focused on the interaction itself.

In describing the influential works of Benjamin, Mitchell and Aron (1999) note her focus on the question of how we relate to the other's independent consciences, and "how separate subjects can recognize each other as equivalent centers of experience" (p.181). In so asserting, they emphasize "Benjamin's **ability** to maintain an approach of both/and rather than of either/or. Where we all tend to collapse the tension in an argument toward one side or the other, Benjamin has managed better than most to keep the tension, holding out for a theoretical space that makes room for complexity and paradox" (p.182). In emphasizing her **ability**, we can see how psychoanalytic writing is perceived in terms of a developmental achievement; a notion that allows comparing the development of the individual to that of psychoanalytic literature.

Perel's poem illustrates the shift from a one-directional gaze into mutual recognition. It illustrates constant switches between gazes; the reader cannot decide who is looking at whom. Something has been fundamentally changed, forcing us to ask: can the father describe himself, while his self is ever changing? Can he describe the focal point from which he is being looked at – his daughter – while this “point” continually shifts according to his gaze? In a way, these questions usually accompany us in our therapeutic realm, shared with our patients. Various clinical vignettes serve to demonstrate this idea and revisit the development of relational conceptualizations.

Educational Objectives:

1. To describe the unique characteristics of poetry and its functions in the analytic endeavor
2. To compare the theoretic and poetic modes of expression
3. To describe the parallel processes between the development of the individual and that of psychoanalytic literature

Paper 2: Imagining with Eyes Wide Open in Art

Shoshanna Jordan

It is proposed that both psychotherapy and art are uniquely human forms of imaginative meaning making and that there is much to be gained from dialoguing with each other. The therapeutic relationship relies to a large extent on the verbal, an exchange of words, and a ‘talking cure’. Precisely because it is non-verbal, art communicates and ‘speaks’ to our unconscious in ways where text and speech may falter. While it is qualitatively different to

the transference relationship between two persons, therapist and patient, nevertheless, art is always seeking a relationship with an alive other, the viewer. Art too may involve transference. A to-and-fro creative interchange, a dynamic struggle, between viewer and artwork happens. Even though the work of art is an inanimate thing, in relationship with the viewer it becomes animated with a human vivacity. Shoshanna Jordan a conceptual photographic artist, born in Tashkent, raised in Israel, living in Melbourne, uses photographic-art as her 'language' of communication and dreaming. Her artistic process resides in the realm of unconscious, archaic memories. Her artwork is her imaginative response to themes of memory, emotion, desire, loss and exile. Art is desire; a wish to be seen and known. To an extent, an artwork becomes a container for the unconscious imaginings of the viewer. However, the creator-artist gives up control over their creations, a perilous but inevitable action. The works of art 'speak' for themselves. The danger – and the thrill – here, is that lack of definition takes the viewer into the realm of the viewer's own unknown. The unknown is a silence, which invites the viewer's imagination and desire to come into being. The viewer can be said to be in a transferential relationship with the art. In this transferential space the viewer is free, open to playing with whatever arises in the mind. It is argued that a relationship with art is a creative enrichment, fertilising imagination and dreaming. In this paper, Shoshanna presents and discusses a series of her works in order to make this creative process available to psychotherapists to facilitate a type of playful improvisation so necessary in therapeutic work. The first series presented, titled 'Mir Zehnen Do – We Are Here', depicts empty chairs in a shadowed room. The second series presented, titled 'Unraveling the Self', portrays monochromatic garments in various stages of unraveling, the only colour, a vein of knotted red thread. These images emerged unbidden through reverie, an unconscious striving to connect with buried feelings of absence and presence. It is suggested that when an everyday item such as a piece of clothing or a chair is placed into a work of art it is transformed, it becomes more than just a physical object. In its relationship to the viewer it becomes alive. A never having been imagined before, or previously thought of as possible, new meaning emerges. Could this new unimagined meaning be akin to a 'third'? As do psychotherapist and patient, the viewer and the image come together in a personal encounter. In both psychotherapy and art an inter-subjective relationship is co-created. In art this relationship belongs neither to the artist, the artwork or the viewer. The viewer relates to the artwork through their own subjectivity, bringing their own conscious and unconscious relations into play. In between the image and the viewer there lies an imaginative play space for new understandings, for a 'third' to emerge. It is proposed that an insight into the operation of the imaginary in art is of value to relational psychotherapy. Art enhances the creative capacity to feel and imagine with 'eyes and heart wide open'.

Educational Objectives:

1. Develop an understanding of the transferential aspects of viewing art as an imaginative and creative gesture.
2. Gain an appreciation of how the third might be experienced through viewing art.
3. Understand the way the creative endeavour in the visual arts can inspire and enhance the capacity for improvisation and play within the therapeutic setting.

Paper 3: The Creative Ways of Undoing Creativity

Michael Reison

I have a number of patients in my practice who engage in a variety of artistic activities. What is striking about many of them is how they either never finish their art, never engage their art with others or think so poorly of their art they end up destroying it. This paper will explore the development of creativity, the meanings and creative ways with which the creative process can be undone and, in this respect, how the self is then kept in a deadened, depressed and/or anxious position.

According to Winnicott “The transitional phenomena represent the early stages of the use of illusion, without which there is no meaning for the human being in the idea of a relationship with an object that is perceived by others as external to that being.” I would argue that Winnicott’s use of the term illusion could easily be called imagination and that, while Winnicott never stated this, it is what underlies being a minded corporeal being in the world. Furthermore, both the capacities to think and enter into the fullest extent of human interactive conversations including our most intimate relationships are dependent upon our most imaginative processes.

While I agree with Winnicott that symbolization begins with the capacity for and practice with transitional phenomenon, I want to bring our attention to the idea that meaning making and real conversation with ‘the other’ begins from birth onward. Infants, 2 hrs. post-partum, imitate their caretakers, not simply to be like the other, but rather to understand the meaning of communication (Trevarthen). The imitation is never a perfect copy of the other. Furthermore, they imitate with the anticipation of a response. They soon use their acquired repertoire to initiate conversation, taking delight in their ever increasing capacity for creative engagement with the other. Learning to engage in the world is a creative act and the beginnings of creativity are based on proto-conversational interaction. In these proto-conversations, openness to the influence of the other, as well as influencing the other, is inborn. Reciprocity is not a mechanism; it is an openness to inter-influencing and personal change.

Creative imagination coming out of human conversation is not a developmental achievement of early childhood. It merely has its beginnings there. In an Eriksonian sense, it is something we work on throughout our lives. The myriad of positive and negative human experiences happening throughout the life cycle have major influences on the full extent of our creative endeavors as a self and a self with others.

Imaginative processes all too often become stuck or undone. We all have patients whose acts of creativity and capacities to think creatively are stifled. These patients suffer in the prisons of an all too often frozen, obsessional and compulsive ending of imaginative engagement with the world. Only when creativity furthers human conversation and meaning making does it bring any sense of fulfillment.

For a whole variety of reasons, some people are able to harness their creativity to fully engage with the world. Others are able to creatively represent the difficulties they have being an engaging human among other humans. Still others undo their own creative selves and sometimes do so in creative unconscious ways. This occurs both in collaboration with and contrast to dissociation. I will illustrate the complicated creative ways some of my patients undo their own creative lives and the relational positions I have found myself engaging with them to help get their creativity engaged in what they perceive to be a more open, reciprocal, fulfilling conversation with the world.

Educational Objectives:

1. At the end of the presentation, participants will be able to understand what is meant by the creative use of undoing.
2. At the end of the presentation, participants will be able to recognize when their patients are creatively undoing their own creative processes.
3. At the end of the presentation, participants will be able to participate in the co-creative processes with their patients that move their patients toward finishing their creative endeavors

PLENARY III: Imaginary Journeys in the Clinical Situation – 18:15 – 20:15

Speakers: Susanna Federici, PhD, Italy; Robert Grossmark, PhD, USA; Ilana laor, PhD, Israel

Interlocutors: Rachael Peltz, PhD, USA

This Plenary will deal with clinical observation on the connection between mental states mutuality and imagination. The relational mental model often relies on kaleidoscopic thinking of multiple self-states that are constantly in motion both in the patient and in the therapist and on the therapeutic space as being constructed and is influenced by both of them. We will ask ourselves using clinical observation what is the place of imagination in this model. Whether and how the imagination allows standing in the spaces (Bromberg, who coined the term), is there a possibility of processes of mutual imagination? what happens in situations where the movement in the therapeutic space is tedious, inhibited or unimaginative? Is there such a state without imagination or a mutual inhibition of imagination- and what fills the space in these situations?

IMAGINARIUM Workshops – 21:15 – 23:15

IARPP 2019 Conference Culture Committee: Udi Chen, MA, Israel; Noga Guggenheim, PhD, Israel

The idea at the heart of designing the Imaginarium was to correspond with the theme of the conference in real terms. The Imaginarium is meant to be an experiential place, a sort of transitional space in the conference, a kind of womb and a respite at the end of the first long

day of the conference, a place for creating relaxation and rest. The activities in the IMAGINARIUM will be in small groups on Friday evening at the hotel.

The Imaginarium should also provide a solution for people who will come to the conference alone.

The activities will combine imagination with pre-verbal methods. The facilitators are therapists from a variety of fields: plastic arts, music, movement and theater and with a relational orientation.

A Line Marks the Spot: Creating an Artistic Encounter between People, Bodies and Minds

Yoni Schur, Art Therapist, MA, Israel; Lior Schur, Art Therapist, MA, Israel

The workshop invites the participants to open their eyes and observe each other while moving, documenting and drawing. We invite you to build a rich and colorful shared space that creates an unmediated encounter with what is happening between the “here and now” and the process of weaving dreams made of reality and fantasy. The workshop will link concepts from the art world to the relational approach, both in the practical experience and in the joint conversation that will take place at the end of the workshop. We will examine how the encounter with the language of art enables a complex non-verbal dialogues.

*Come in clothes that can be dirty

**The workshop is designed for 22 participants

Dynamic Batukada

Shay Pridor, BA, Multidisciplinary Program in Art, Music and Movement Therapy Diploma, Israel

A group experiential and dynamic workshop, which uses different kinds of drums and percussion instruments, and involves personal and group attributes and progressions.

- We will experiment with Personal and interpersonal musical reactions to different conditions, such as : chaos vs order, freedom of choice and expression vs following rules, the voice of the one vs the voice of the group etc.

- We will also experiment together in creating different kinds of rhythmic patterns, created by our own imagination.

- We will enjoy the power and satisfaction in drumming alone and in a group, and check the possibility of getting into different states of consciousness through music .

Music, Memory and Imagination

Roey Bar Even, BFA in Music & Sonic Arts, Music and Movement Therapy Diploma, Israel

Group workshops that combines guided imagination with music.

The workshop includes exercises to guided and unguided listening to music along with exercises meant to arouse and invite attention to information that comes from our imagination .

Workshop objectives are:

- Developing connection to music- memory- imagination at the personal level .
- Developing awareness to the above on a group level.
- Personal and group reflection

Theaters of Mutual Imagination: Psychodynamic Group Drama Therapy through Playback Theater Inspired by the Relational Approach

Ronen Kowalsky, MA, Israel; Shoshi Keisari, MA, Israel

Israeli Institute of Psychotherapeutic Playback Theater

Playback Theatre is a form of improvisational theatre in which audience or group members tell stories from their lives and watch them enacted on stage (Fox, 1986). Playback Theater became an extremely popular Drama Therapeutic tool through the last two decades. In parallel to its flourishing in the communal, social and artistic fields, many therapists use it in their practice with wide range of populations. Playback Theatre is a part of most programs of Drama therapy training. However, a unifying theory of psychotherapeutic playback theater as a field of group psychotherapy was never presented. The present workshop will present and demonstrate such a theory initiated from a relational point of view. Thus, the present workshop will present psychotherapeutic playback theater as "relational drama therapy."

As group members perform stories from each other's lives and inner world as a theatrical improvisation, an intersubjective field of mutual imagination is being created around the story and the mental content it portrays, that enables the symbolic expression of dissociated possible selves. During this process, group members switch between "playing the other", and examining the experience and practicing the ability to observe the situation from the other's perspective, at the same time that they "allow the other to play me", thus expanding their view of the self from the perspective of the other. This process provides an ongoing training inside the intersubjective field in empathy and understanding of others and working through the difficulties involved .

In the workshop the participants will practice Playback theatre methods in the above orientation, by which the framework of dynamic group Drama therapy will be demonstrated. It will present the existence of relationality as the core essence of theatrical resonance. The workshop will enable to experience the potential therapeutic effect of psychotherapeutic Playback Theater that stems from the mutual experience in the intersubjective field, which carries the developmental transition, from "self and other" being split, to a perception of "relational individualism."

- Workshop participants will learn about and experience Psychotherapeutic Playback Theater.
- Workshop participants will learn about the connection between intersubjective thought and Psychotherapeutic Playback Theater.
- Workshop Participants will learn about possible implications of psychotherapeutic Playback Theater to verbal psychodynamic psychotherapy.

Moving Towards Imagination

Nama Ravid Behar, MA, Dance Movement Therapist and Psychotherapist, Israel; Liza Palchan, MA, Dance Movement Therapist and Psychotherapist, Israel

In our workshop we would like to explore the ways in which different appearances of imagination exist in us and move us in and out of the personal and the interpersonal space.

Through movement, we will try to become familiar with the multiple meanings of existence or absence of imagination as a driving force, with our eyes wide open.

We will explore the ways imagination is influencing our life movement in relationship with the self, the other, and the environment.

We will create a space of movement that will allow us to meet issues related to the motivating forces and the meaning of imagination.

Together, we will examine personal and interpersonal experiences in movement, while observing the sensor and emotional reactions that arise during and after the movement.

Previous experience in dance or movement is not necessary.

It is recommended to arrive in comfortable clothing.

Saturday, June 22, 2019

PLENARY IV: Imagination and Trauma

Speakers: Cathy Hicks, PhD, Australia; Jeanne Wolff Bernstein, PhD, Austria; Vojna Tapola, PhD, Finland

Interlocutors: Tami Dror-Schieber, MA, Israel

It is customary to say that "when cannons roar, the muses are silent". At the same time, we are all aware that even in particularly difficult circumstances people keep on with their creativity in music, theater, and dance as well as other art fields. What is the role of imagination in these situations does it have its own special characteristics? What is the mutual influence of conflictual social and political circumstances and the capacity to imagine?

PAPER/PANEL SESSION D - 14:00-15:30

D.1 The Perceived, the Imagined, the Virtual and the Co-Created in the Therapeutic Encounter

Speakers: Judi B. Kobrick, PhD, Canada; Adit Nir, MA, Israel; Biri Rottenberg, PhD, Israel

Moderator: Daniella Guendelman, PhD, Israel

Paper 1: Imagination: Betwixt Eyes Wide Shut and Eyes Wide Open

Judi B. Kobrick

I am transported back to Stanley Kubrick's 1999 film *Eyes Wide Shut* based on Arthur Schnitzler's 1926 novella *Traumnovelle* (Dream Story) that has been relocated and reinterpreted from early twentieth century Vienna to New York city in the 1990's. Fantasies of gratification abound, amongst feelings of dread and foreboding. Schnitzler's protagonist is stripped of his Jewish identity in Kubrick's version of the script ... from the Venetian ball, sexual orgy and anti-Semitic sentiments to a stage of disembodied sexuality, aggression and homophobic slurs that are cascaded in the Christmas lights of New York. Kubrick created a hypnotic and dreamlike atmosphere of desire and dread in his study of the human psyche, albeit his treatment of the narrative is through the creative lens of examining a specimen of human struggle at close range. Kubrick, an intensely private man, revealed his evocative imagination as we gain entrance into the forbidden personal realm. Edgar Levenson (2003) posited that the therapist, as participant, grasps the patient's narrative "by visualizing it" and like poetry and art, the spoken and unspoken, expressed in a nonlinear and impressionistic way could potentially recapture's one's being in the world. The threads of unconscious communication between the perceived world, self-created world and co-created world are also embalmed in objects and the art form that hold dissociative states and affects (Bollas, 2009). In moments of uncertainty, "acts of freedom" (Symington, 1983), that herald imagination are crucial to the analyst's repertoire. The co-creation and collaboration of a psychic landscape is highly personal, expressive of the analyst's personality as well as the understanding of the patient and integral to the analyst's art ... whereby the analyst and patient are both artist and medium for each other (Loewald, 1980). The poet John Keats embraced the idea that sensations and affects were created by words rather than rational meaning and thoughts, and in turn created a life apprehended in the realm of uncertainty, mystery and imagination.

Schnitzler's Venetian masks, associated with the freedom to enact sexual improprieties whilst remaining both hidden and remaining in plain sight, are reimagined by Kubrick. The mask on the pillow, present at the end of the novella and film, represent both the dread and survival of psychic escape. Unbidden, I have surrendered in reverie, dreaming, images and words, attempting to hold on to a sense of identity whilst tolerating a loss of self ... meeting the other.

I ask myself, what is known and unknown, embodied and disembodied, spoken and unspoken, seen and not seen, foreclosed and imagined that accompany my foray into the depths of treatment entering and partaking in a co-created world with another human being. Are my eyes wide shut... seeing and not seeing ... feeling and not feeling ... while paradoxically being wide open? I have entered a complex landscape where there are moments of imagining something unspoken that has already happened, self-states that have gone unrecognized that come to life and open new vistas and potentialities for engagement.

The transitional landscape between the experience of eyes wide shut and eyes wide open will be explored through clinical encounters of both my imagination and that of the patient in the world we both inhabit.

Educational Objectives:

1. Participants will gain knowledge of the complexities of imagination and its role in the therapeutic process.
2. Participants will gain an understanding of the dialectic process of mutual recognition and complementarity in discovering differentiation of self with other within connectedness
3. Participants will gain exposure to paradoxical self-states that accompany reverie, dreams, poetry and art forms in the clinical encounter.

Paper 2: Seeing Inside and Outside: Eye Contact and Imagination

Adit Nir

Psychoanalysis began its journey without eye-contact between therapist and patient, in order to enable both to maintain “free floating attention”. It was conjectured that the patient’s high reactivity to the therapist’s facial expressions will hinder the former’s freedom to express everything that comes to mind, thus limiting the potential for uncovering unconscious material. Lying on the couch, the patient is thereby asked to depict her free associations as she would the passing scenery viewed from the window of a moving train (Freud). This leaves the therapist available to listen as openly as possible, while also using reverie processes to observe what is emerging within her. As she works, the therapist enters a state of receptivity, in which her ears are pricked, her head is engaged in thought and her heart is open. Throughout most of the history of psychoanalysis, eye-contact has been viewed as disruptive of this free intra-psychic introspection, of the unique potential for being alone in the presence of another within a private space of imagination and dreaming. It was therefore viewed as detrimental to the psychic work required for being in touch with areas of dissociation, which leads to “dreaming ourselves into being” (Ogden).

On the other hand, parent-infant observations and interaction studies (Stern, Beebe and Lachmann, Fonagy, Tronick, Safran and others) emphasize the vital importance of the visual modality to processes of attachment, mutual regulation, synchronization and the detection and restoration of ruptures in communication, to the shifts between rupture and repair. Attachment studies indicate that eye-contact enables us to perceive and transmit feelings (both conscious and unconscious) in a way which does not always have a verbal equivalent (Holmes). Video footage allows us to trace an entire world of implicit, interactive and multi-sensory dyadic communication, which is constantly changing and which shapes the shared dyadic space. Neuropsychological studies indicate that mirror neurons play a crucial role in identification and interaction processes, which include, among other things, affective resonance and attunement (Gallese). Looking into another person’s eyes, which we often call

‘the window to the soul’, gives rise to powerful moments in our experience of relatedness: reciprocity, accommodation, and “moments of meeting”.

The relational approach contributed to stressing the importance of inter-subjective interaction in the therapeutic session. This also inspired a rethinking of the need to conduct psychoanalysis while the patient is lying on a couch (Celenza, Skolnick). In this presentation I will discuss when the absence of eye-contact with the therapist does indeed provide the patient with the unique conditions of inner freedom to imagine and when such absence rather undermines these conditions. In addition, through relational eyes, the couch is not only a one-person position; it becomes a two-person position. I will demonstrate that the presence or absence of eye-contact during therapy sessions affects both the intra-psychic and the interactive dimensions and that its meaning is different for each patient, therapist and therapeutic dyad.

In tracing the role of eye-contact in analytic therapy, I will present clinical vignettes in which the absence/presence of eye-contact was a lively and significant element, both in establishing a space for imagination and dreaming and in constituting intersubjective space, as the absence/presence of eye-contact took on a shared meaning in a manner that allowed the new to emerge from the old.

Educational Objectives:

1. Participants will be able to learn about the key notions of the centrality of mutual eye-contact in development and in psychotherapy.
2. Relational reflections on the role of the couch in psychoanalysis will be presented.
3. Participants will be able to examine clinically the influence of the presence/absence of visual communication on imaginative space on one hand, and on the interactive sphere, on the other.

Paper 3: Love and Mourning in a Virtual World

Biri Rottenberg

“Black Mirror”, produced by Charlie Brooker, is a British miniseries which deals with the impact of contemporary life, especially the intensive use of the internet or virtual reality, on the future of humanity. The first episode of Season 2, “Be Right Back”, is the story of Martha (Hayley Atwell), recently widowed, whose young husband Ash (Domhnall Gleeson) has died in a car accident, leaving her pregnant. In despair, she decides to use a special new service which is still in its experimental stages: a company scans the “virtual personality” of her late husband (including Facebook statuses, tweets, emails, pictures, video clips and anything else he put on the internet) and produces a computer program that constitutes an exact simulacrum of him. Next, to achieve maximum similarity, the software scans the more personal and private parts of his virtual personality. Using his private emails, hundreds of videos and skype conversations, the computer can perfectly reproduce his voice, accent, typical ways of speaking. The result is a perfect imitation of Ash. After conducting never-ending telephone conversations with him, Martha decides to start phase two of the experimental process and

acquires a human sized doll that is a copy of the body of her dead husband, which also speaks in his voice and acts according to his personality traits as registered by the virtual database. The doll looks like Ash (though, Martha admits, younger and more handsome, but this is because the photographs on whose basis the virtual effigy was made were “flattering” ones of the kind that people tend to put on Facebook, and on which they look better and younger); it responds like Ash (its tactile features are identical or very similar to human flesh and skin), and it acts like Ash (it speaks in his voice with idiosyncrasies and behaviors that are closely reminiscent of him).

The panel's two presentations will focus on the implications of this magic replacement of the human by the virtual on the capacity to love, to mourn and to narrate.

Rather than analyzing this episode as a science-fiction fantasy, my presentation will relate to it as to an existing reality brought to an extreme: one in which human relations and communication are increasingly replaced by virtual relations, managed by digital means that make the simple human touch increasingly redundant. While the technological utopia this episode (much like the series in general) presents seems to make it possible to deny the fragility of human existence by making the human object reproducible – my presentation, which focuses on the crucial role of the capacity to mourn, will show how it confronts the viewer exactly with the irreducibility of humanity.

The presentation will focus on the human capacity to narrate and its crucial role in the survival of complicated and traumatic states. The transition of the main character, Martha, into motherhood, while experiencing the loss of her partner, will be discussed through the conceptualization of motherhood as a self-state which is based on the capacity to "narrate in the spaces" between maternal self-narratives and maternal child-focused narratives.

Educational Objectives:

1. Participants will learn about the influence of virtual technology on human relationships.
2. Participants will learn about the human capacity to narrate.
3. Participants will learn about the work of mourning and its implications on the capacity to love.

D.2 The Documentary Film, The Personal Photograph and the Symbolic Encounter as Different Facets of the “Analytic Third”

Speakers: Adva Balzam, MA, Israel; Sharon Strasburg, MA, Israel

Moderator: Gila Ofer, PhD, Israel

Paper 1: Imagining the Unrepresentable: The Documentary Film as ‘the Third’ in ‘Perpetrator Trauma’s Genre’

Adva Balzam

The documentary cinema is known for the pioneering way by which it deals with trauma. As such, it strives to expose realms of the sole, personal and collective, that are detached and hidden from the eye. The documentary film is, in this respect, an attempt to capture 'haunting ghosts' and solidify them through imagery and sound. Interestingly, the source of the word imagination is image, alluding to the potential benefits of psychoanalytically examining it through the lens of visual art.

Unlike other forms of art, the protagonist in a documentary film is a real person, that experienced the trauma first-hand, and shared it with another person, the director of the film. In this sense, the film-making process is rooted in a human encounter, vivid and at times volatile, between two persons. The relationship between the director and the protagonist is constitutive for the film and is simultaneously created by it. Hence, I propose examining the film itself through the lens of the psychoanalytical concept of 'the Third'. In essence, the film assumes the role of 'intersubjective Third' by residing between the director and protagonist, from the moment it is conceived by the director's imagination, until it becomes a cultural "real" product.

In the current presentation, I will focus on a unique genre, known as 'Perpetrator trauma's films' (Morag, 2012), that deals with the testimonials of Collective Perpetrators, that harmed other people while acting under governmental decree. I will focus on two Israeli films that stand-out in this genre, "To See if I'm smiling" (Tamar Yarom, 2007) and "Z32" (Avi Mogravi, 2008). Both films deal with former soldiers that recount injustices and atrocities they inflicted on Palestinians, as part of their army service in the occupied territories. The first film, "To See if I'm Smiling", creates an intimate and feminine space in which bearing witness is perceived as a therapeutic process. The second film – "Z32" - on the other hand, attacks the testimonial-gathering process and deals with the dissociation and ethics of the director as a witness to the testimonials.

In my presentation, I will attempt to show that through the prism of the concept 'the Third', and its polysemous nature, the encounter between the perpetrator as the protagonist and the director, during the process of film-making, holds transformative potential. I propose that the film, and through it society as a witness, generates a unique form of 'working through' that revives the Third that was shattered during the atrocities.

The possibility for rehabilitation of the Third depends on the quality of the intersubjective processes taking place between the director and the protagonist. This mainly refers to their ability to move away from a 'split complementarity' (Benjamin, 2004) of victim vs. perpetrator, toward constituting a creative space (me-you-Third), where the cathartic confession can turn into a 'moral witnessing' (Ullman, 2012).

The overarching purpose of the presentation is an interdisciplinary implementation that mutually contributes to two realms of discourse:

1. One direction involves borrowing psychoanalytical terms and specifically the notion of 'the Third', and applying them to documentary cinematography, that tends to focus on the means

of expression while neglecting the challenge of conceptualizing the director-protagonist relationships.

2. The second direction, perceiving a documentary film as a “concrete” Third, enables direct investigation of this intangible term.

3. Finally, the ‘Perpetrator’s Trauma Documentary Films’ demonstrate the central role of a wide social-context in creating transformation, and so expands the discourse regarding its presence in the therapeutic process.

Educational Objectives:

1. One direction involves borrowing psychoanalytical terms and specifically the notion of ‘the Third’, and applying them to documentary cinematography, that tends to focus on the means of expression while neglecting the challenge of conceptualizing the directorprotagonist relationships.

2. The second direction, perceiving a documentary film as a “concrete” Third, enables direct investigation of this intangible term.

3. Finally, the ‘Perpetrator’s Trauma Documentary Films’ demonstrate the central role of a wide social-context in creating transformation, and so expands the discourse regarding its presence in the therapeutic process.

Paper 2: Illusion, Imagination, and Symbolization: A Psychoanalytic and Literary Perspective

Sharon Strasburg

Psychoanalysis has a complex relationship with "illusion", a term which bears both similarities and differences with the term "imagination". One of the most significant, yet neglected, aspects of this relationship is the connection between illusion, symbolization, and language, which I will address in this paper. While imagination is highly valued in psychoanalysis, the perception of illusion has undergone significant developments. Contrary to classical psychoanalysis, which held a negative view of illusion as a failure to adapt to reality, Winnicott and Milner presented a revolutionary position which viewed illusion as a precondition for creativity and a full life (Milner, 1952; Winnicott, 1971; Turner, 2002). The perception of 'moments of illusion', where there is an overlap between the mother's and infant's desires, shifted the emphasis towards an intersubjective dimension of illusion. Although much has been written about the significance of omnipotent illusion for the infant's development, Winnicott and his successors' answers as to how the gradual disillusion occurs remain obscure. I will propose that, to a large extent, the answer is rooted in the encounter with the symbol. Given that the essence of the symbol is constituted in its being similar, but not identical, to the signified, the process of symbolization facilitates the beginning of separation. When the mother represents something of the non-self (Benjamin, 1988), she prompts the process of emergence from the illusory bubble. This process peaks in our use of language, given that there is a perpetual gap between the word and the thing it signifies (Wittgenstein, 1953). This mediated formation of illusion and disillusion through language is highly relevant

for therapy. We ask the patient to symbolically express feelings through language, and offer him or her such an expression in our own words. The analytic framework enables illusion (expressed in transference and counter-transference), which in turn, produces a joint relational space for the growth of the capacity to symbolize, thereby sustaining the inherent tension between illusion and disillusionment (Ogden, 1986). A clinical vignette reflecting this tension will be discussed. I will then turn to David Grossman's novel, *To the End of the Land* (2008), to demonstrate the complexity of the relationship between illusion and language. This novel offers, in terms of both its content and form, a unique insight into this relationship. Ora, the novel's heroine, moves between an insistence on staying in the omnipotent illusory space (escaping from home to avoid receiving the news of her son's death), and a constant awareness of reality while telling her son's life story to his father. As often seen in his work, Grossman deals with the place of language and of inner grammar in the individual's internal world. Here, he positions the word at the novel's focal point, emphasizing that only speech, which exists within an intersubjective space, can verify the individual's existence. I will show that in the novel, as in the developmental process and in therapy, the language of symbols not only creates the illusion, but also serves to emphasize the existence of reality and separateness.

Educational Objectives:

1. Participants will be introduced to the claim that disillusion is related to processes of symbolization, and will be able to explore this assumption in light of ideas presented from psychoanalysis and the philosophy of language.
2. By way of a demonstration from literature, participants will learn to identify the relations between illusion, disillusion, and language.
3. Participants will be able to apply these insights in their clinical work.

D.3 Looking Towards the Future, Imagining Alternatives

Speakers: Divya Rastogi Tiwari, MA, India; Roy Samana, MA, Israel; Ruth Lijtmaer, PhD, USA

Moderator: Sandra Toribio Caballero, MA, Spain

Paper 1: Through Windows of My Mind...

Divya Rastogi Tiwari

Through different relational journeys and distinct mediums of human expression, (including personal anecdote and film), author illustrates 'imagining', as a distinct point on the continuum of hope, and a necessary precursor to dreaming. 1994 Hollywood film, *The Shawshank Redemption* is a film situated in the Shawshank State Penitentiary. Andy, the protagonist, is falsely convicted with murder charges of his wife and her lover, and consequentially sentenced to life imprisonment. The story is about how in jail, he is repeatedly subjected to rape and violence, yet continues to help other inmates and sustain hope for a free world, which he eventually grants himself by digging a tunnel in cell wall over 19 years of

slow and sustained hammering. The film offers a metaphor for imagining a violent and violating inner world where love is convoluted by hate such that pain and deceit becomes a way of relating. One is trapped in this life imprisonment until it becomes possible to find and sustain connect with the other, the outside, the not-me, i.e to experience existence of an alternate possibility of a benign, benevolent not-me. Fundamentally speaking, imagining is believing in existence of possibilities and loosening of personal rigidities.

Author believes it is analyst's creative imagining of the patient (in his/her absence), that conceives idea of a person that patient once was, and can be, in seeing what he/she is, and offer a sense of continuity to patient's being in one's own mind. One could say, when patient has shut windows of his own mind, analyst must be able to imagine tiny openings from where light could still seep in, to hold hope for and continuity of patient in one's mind. It becomes of paramount importance, to see through eyes /windows of our mind, by work of imagining, what may not be visible to perceive through our eyes, and may not yet be possible to dream in our minds. While working with very disturbed and disturbing patients, its possible analyst's own dreaming may get interrupted, and imagining too may be filled with horror. Author suggests in such moments that could very well stall any psychological work, analyst needs to be aware of his/her own unconscious hate, which is only natural and human to be stirred in states of such suffering. It is only with recognising and processing one's own hate, that creative imagining is restored, paving way to dream work.

Author imagines illustrating through a clinical vignette, that such a stalled 'dream work' is neither representative of attacks on linking nor it is a deficit in linking. Instead, it is dread of links, and linking, that makes creative imagining and dreaming freeze, as a way of preserving self and other. It is perhaps a convoluted way of loving, where unprocessed hate continues to terrorise and terrify both and yet offers itself as the binder in relationships. In analytic work, where spontaneity and creativity is constantly killed, analyst continues to seek both inside and outside herself, what may keep alive this work. This writing (paper) is one such attempt.

Author believes it is through windows of one's mind, that analyst may need to imagine 'love' - a love that may even not be accessible within. Analyst must continue to generate understanding and creativity within, inspite rising hostility, in order to offer an alternate kind of experience - a possibility of love that offers safe existence, transcending both despairing as well as destructive states of mind that keep us imprisoned for life, in endless cycles of hate and violence.

Can we begin to imagine...

Educational Objectives:

1. Defines 'imagining' as another point in continuum of hope, alongside fantasizing and dreaming, however having its own distinct character. Imagining is believing in existence of possibilities, and possibilities that seem real, feel probable, and are enhanced and enriched by one's own stuff - of fantasies and desires. It is in creative coming together of the two, (inside and outside, conscious an unconscious, self and other, love an hate) that fresh possibilities are generated, i.e. imagination come alive and hope is born.

2. Demonstrates through a clinical experience, how in hostile conditions (where inner world is experienced as destructive) analyst must be able to imagine with eyes wide open, which author refers to as 'seeing through windows of my mind', a kind of love that may not be even available to the analyst herself, but must be born in spite of hostility experienced towards severely disturbing patients or disturbing clinical work. Such creativity when generated within, demonstrates outside, for patient to believe in existences of possibilities, i.e. in imagining. Where there have been huge deficits in trust, it becomes paramount to see in order to believe until belief could transcend into faith.
3. Describes 'failure of imagination' as 'dread of links and linking' that aborts all and any possibility of meaning, as establishing contact or sustaining connect is fraught with terror and hate. It finds its link in traumatic experiences, where linking is felt to be more terrorizing.

Paper 2: The Future of an Imagination - On the Restoration and Development of the Prospective Function

Roy Samana

Philosopher Peter Railton (2016) believes that calling human creatures "Homo Sapiens" (wise men in Latin) is problematic because we are not born wise and some of us never get to be wise even years later. What makes us different from other organisms, says Railton, is our ability "to be guided by imagining alternatives stretching into the future" (p. 7), meaning our ability for prospection. Hence, according to him, we are better named Homo prospectus.

Since its early days, psychoanalysis dedicated much thought to the past and through the years, thanks to the relational school, more and more thought is dedicated to the present, especially the "here and now" present. And yet, to this day psychoanalysis have dedicated very little, too little, thought to the future. It seems that the important focus on regression came at the expense of dealing with progression.

Lewis Aron and Galit Atlas (2018) claim that our unconscious hopes, dreams and goals pull us toward our destiny. They argue that we unconsciously anticipate our future and rehearse for it. The mind exercises, rehearses, anticipates and constructs the future. Aron and Atlas base this idea on what Jung (1960) termed "the prospective function", that function which enables us to look towards future possibilities.

Bollas (1989) differentiates between a sense of destiny and a sense of fate. A person who feels that his fate is sealed, says Bollas, does not experience reality as leading towards a fulfillment of his idiom, his unique nucleus, but as one in which he can only live a reactive life, limited in spontaneous gestures. In contrast, persons with a sense of destiny invest psychically in the future, or more accurately in the futures. At important crossroads in their lives, where they will have to choose partners or university programs, they will try to imagine life according to the different possible choices and to identify which of the options will help them develop their idiom.

Donnel Stern believes that dissociation is the unwillingness to allow one's imagination free play, the unwillingness to allow oneself freedom of thought. He writes that "Sometimes we refuse to imagine fully the unstructured possibilities and alternatives that are implicit to the stories we already tell about our lives" (2003, p. 81).

I suggest we define the prospective function as the psychic function which enables us to plan ahead and strive towards possible futures that stem from our idiom, in a realistic and flexible way, while being able to tolerate waiting and uncertainty.

In this paper I address three possible deficiencies in the prospective function, using the classic metaphor of the road:

1. The future becomes pre-fixed and is reduced to a single, predictable, road.
2. The sense of future is fluid and limitless in such a way that it creates numerous roads, numerous forking paths, which grow exponentially.
3. A poor and sometimes even nonexistent prospective function. The road to tomorrow in such cases is very short or does not exist at all.

After discussing these potential deficiencies, the paper will present a few clinical principles which support the prospective function's restoration and development.

The final part of the paper will discuss potential pitfalls and problems in the future-oriented clinical approach it focuses on, as well as possible solutions to these.

Educational Objectives:

1. Learn about the importance of the future dimension in psychoanalysis and about the positive as well as negative effects it may have on clinical work with patients.
2. Analyze problems in the functioning of the prospective function.
3. Apply certain technical measures in order to help patients in the restoration and development of their prospective function.

Paper 3: Can We Imagine A World Without Walls?

Ruth Lijtmaer

Tom, a middle aged patient told me that he and his family crossed the USA border illegally when he was a child. They escaped their native country that was engulfed in war. One day, after talking about his social trauma, he asked me the question: "Can you imagine a world without walls?" I was pleasantly surprised by that question because I had asked it myself many times. How can we, patients and analysts, deal with the wars that lead to the displacement of people from one place to another not knowing if they are going to be welcomed in another country? Whether they are accepted or not, what is the emotional price and consequences that it entails?

It is important to distinguish between immigrants who leave by choice and exiles and asylum seekers, who had to leave their native country against their will to save their lives. As an exile

the person will be unable to revisit the country of origin. What was lost will remain lost. Grinberg & Grinberg (1989) write about exile as a specific kind of migration in which “departure is imposed and return impossible.” (p. 157). Nevertheless, both immigrants and exiles are subject to complex psychosocial processes involving profound losses with long standing effects on the individual. Whatever the circumstances, these changes entail periods of disorganization, pain, frustration, and may produce a catastrophic sense of loss. This feeling of homelessness is an emotional self-state (Lijtmaer, 2017a). Paradoxically though, immigration can also facilitate healing. Exile can become a haven, a potential space, in which to develop the capacity to think and build linkages and process a disturbing personal and historic-political domain. Living in a welcoming country provides new opportunities, new objects, new channels of expression and new models of identifications (Lijtmaer, 2011).

Imagination can help enrich the painful reality and can allow the creation of something undiscovered. Britton (1998, in Bonovitz, 2010) referred to these imaginative spaces in the mind as “the other room,” a space for “fiction.” Imagination has the power to not only play with reality but also to animate as well as reanimate the real world and our relations with the other. Imagination can reshape and transform current realities. It engages our senses, our mind and body. Imagination holds the potential to stimulate longing and desire, and rekindle a sense of hope and a glance towards the future. In some cases, it keeps the future alive and impart a willingness to endure the fear of loss in beginning to imagine the future (Phillips, 1995).

For a person who is “imagining,” the person is experiencing the self as it now exists but projected into the future. When the capacity to transform fantasy into imagination starts to increase, self-state transitions do not disrupt self-continuity. What is imagined is not impossible for the self in the present; it just hasn't happened yet (Bromberg, 2013)

In the analytic relationship, self-other dialectic include shared imagination. If present, facilitates a connection that enlarges the sense of wholeness in both partners without their losing any of their parts.

With Tom we had interactions about how we imagined the world without walls, accepting everybody in every country without dehumanization and discrimination. Those moments allowed us the acknowledgement of horror that is beyond recognition and beyond words. It permitted us to connect at a deeper level that helped us become more alive, free, liberated. There were no walls between us.

Educational Objectives:

1. To understand the psychological processes that encompasses being an exile as different from being an immigrant.
2. To assess the power of social trauma in patient-analyst interactions and how the unknown remnants of a trauma can reverberate through generations
3. To describe some of the effects of trauma on the children of those who have survived a traumatic socio-political event of persecution.

D.4 Playing and Reality (TV)

Speakers: Dan Friedlander, MA, Israel; Yael Doron, MA, Israel; Gabriel Bibliowitz, Israel

Moderator: Christina Emanuel, PsyD, USA

"Is this the real life? Is this just fantasy?"

Caught in a landslide. No escape from reality"

(Freddie Mercury; Bohemian Rhapsody, 1975)

A couple sit in front of two therapists and share with them the events of last week and especially the fight they had two days ago. The therapists listen, ask some questions, and help them to unfold the deadlock and find their way back to open communication, warmth and connection.

It all seems so real and feels like "real therapy" in real life, but in fact they are part of a reality-TV show. There are four cameras, one in each corner of the consulting room, and two cameramen stand behind them. The couple and the therapists are wired to microphones. There is no secrecy or privacy at all, because they all agreed that this will be broadcast in a few months on Israeli prime time television.

In fact, this couple was matched by these relationship-experts and met one another, for the very first time, in their wedding, a few weeks ago. "Married at First Sight" (MAFS) is defined as a "social experiment", where experts from various fields deeply examine individuals from many angles and then they professionally match few couples. The couples get married⁵, spend their wedding night in a hotel and then leave for a honeymoon. Upon returning home, they move in to live together as a married couple, hang out and get to know each other - filmed most of the days for the next 42 days – and accompanied by professional counselling along the way - in individual and couple sessions per week. After six weeks the couples need to decide if they wish to go on and become a "real" couple or separate.

What is the line drawn between reality, authenticity, playing, imagination, fantasy, false and fake in a show like this? Is there a "reality" at all in such a reality-show? Could a "real" relationship develop in these conditions? And how "real" and "authentic" can the relations be, between the couple and the psychologists who were part of their matchmakers' team?

Naturally, questions of Ethics rise when hearing on such an "experiment". How much professional freedom is there for the psychologists who are part of the TV staff? Could they be really committed in such a project to the well-being of the couples? What is the real purpose of the sessions the couples have on the show? Is it therapy? Counselling? Could any of these even be considered in the presence of cameras? What may be the influence of prime-time TV mass amount of potential viewers on the couples and the psychologists?

⁵ In Israel, as opposed to other countries, they don't really marry, because of religious considerations, but do go through the traditional wedding ceremony with family and friends

As the two Psychologists who accompanied the couples this year in MAFS we will demonstrate in the panel how we worked in the consulting sessions using our psychoanalytic understanding. We will show how, as relational psychotherapists we both used the new perspectives of the therapist neutrality (Greenberg, 1986), and tried to be as aware as we could to our subjectivity and its influence on us and our couples while our minds met (Aron, 1996). We will also share our general views regarding Reality-TV shows, and the way cameras and potential future viewers may serve as a unique kind of "analytic third" (Ogden, 1994).

In addition to the counseling we gave our couples, we gave extra attention to the group of directors and editors, who were an important part of the professional team who was in charge of filming our couples. We saw them as part of the dynamic matrix (Foulkes, 1964) – the external layer that wrap the couples. We also met them as a group, because we were aware of the processes they go through in a group-as-a whole dimension. Using relational group analytic perspective, we could understand many of the events as well as the emotions of these people as part of intense parallel process which took place between this group and our couples. Holding (Winnicott, 1971), containing (Bion, 1992) and translating (Foulkes, 1964) their emotions in the here and now with us, helped us all to get a better understanding of our couples and help them with the transformation process they had gone through in their personal voyage.

Naturally, as the psychologists accompanying this project, we found ourselves time after time at the edge of chaos (Grossmark, 2015), tangled and lassoed (Symington, 1983) in enactments, with our couples, their directors, with the group as a whole and with each other (our partnership and coupling as the "first couple" of the matchmaking show was prominent and very present). Fascinated at times and disenchanted on other times (Govrin, 2017), we eventually learned how to use this unique "hall of mirrors" (Foulkes, 1948) in order to integrate all the "group not me" (Laor, 2017) into coherent and digestible experience.

In the last years there has been a huge shift in the Reality show genre. People are interested more and more in what is called "feel good TV" (Kupfer, 2018): People are drawn to and interested in the real life of ordinary people like them. They want to see "true stories" about "real people". MAFS is part of this movement. We will suggest that this can be taken as a parallel process to the theoretical and philosophical evolution of Psychoanalysis.

After presenting these ideas, we will have the Director and Chief Editor of the show with us, to discuss questions of reality, imagination and realness in the project and generally in TV. During the panel we will screen some vignettes from the program to demonstrate certain points and give a feel of the ideas we discuss.

The limits of reality and complexity of therapy/counseling in a reality TV shows will be discussed and challenged with the audience in a form of an open discussion.

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Educational Objectives:

1. The learner will be able to obtain critical thinking on the role of Psychology and Mental health Professionals in mass media.
2. The Lerner will be able to compare the similarities in shifts from Reality TV to "feel- Good" TV and the parallel movement from classical Psychology to the Relational stance.
3. The Lerner will utilize critical thinking in viewing the Psychological processes in the presented Reality TV show as a mean of individual, couple and group process and change.

D.5 Three Case Studies Demonstrating the Imaginary and Iconic Status of Psychosomatic Symptoms

Speakers: Shmuel Hazanovitz, PhD, Israel; Clara Mucci, PhD, Italy; Neetu Sarin, MA, India

Moderator: Malin Fors, MSc, Norway

This panel presents three case studies involving marked psychosomatic symptoms. The first case describes a former Catholic nun who managed to transform her brutal childhood experiences into a state of acceptance ("I am the best in suffering"). In this case her enduring 'alexitymia' (a subclinical inability to identify and describe emotions in the self) was accompanying her way of being.

The second case describes the state of a 21 years old young woman who grew up as an incubated baby in a totally Patriarchal Indian family who acted as the mental equivalent of a suffocating greenhouse. In this case extreme mental alienation and withdrawal was accompanied by insomnia, bodily cuts and constipation.

The third case describes the development of a small first-born girl whose poorly matched parents were engaged in a wholly consuming attempt to sugarcoat their family life for the sake of their children. While this girl was totally in love with her parents, she was nevertheless prone to horrid screams and aggressive outbursts. When those attacks too were calmly contained, dressed up and camouflaged by the parents she gave them up. Her type 1 diabetes erupted at the age of five.

The consideration of case studies of this kind is helpful in seizing the peculiar status that chronic psychosomatic symptoms occupy in human life. They are not the classic wake up calls for transitory oversight (small episodes of forgetting and falling as in "The Psychopathology of everyday life"). Alexitymia, chronic constipation, diabetes, and their like, accompany a human life as fate. The small girl of our third case was fixed for life in her deepest love to the two heroes (her parents) who were performing their false harmonious show. Diabetes, emerging here as an 'organic protest' against this intake of false sweetness, is as fixed for life as her condition.

This reality cast a dark shadow on the celebration of life. Between rigidities and their accompanying chronic diseases many people face torture and death. What does an analyst do in the face of these awesome forces? The whole of the enterprise of medicine has not put a dent in the status of 'chronic diseases' as a chronic reality.

The little girl had a miserable life. Her two parents could not hold on to their 'theatre' and perished. The 18 years of therapy were a torture. Each time the analyst would dare approach the truth about her 'home theatre' her whole body would get into a horrid spastic 'dance'. Her life was a series of intense love affairs to bogus figures and phantom men. Finally the therapy got her to a true relationship which was another kind of hard labor. Yet the three case studies show in the process of therapy signs of life and growth even in the bleakest stuck cases.

Clearly then the reality of rigidities is neither mechanical nor absolute. The world of relationships and interpretations is anchored in the imagination; which this context gives it the meaning of symbolic reality. Thus, even the 'I & Thou' is a symbolic structure.

The upshot of psychosomatic research can allow the Relational approach a relief from post-modern wondering. Symbolic reality which allows interpretation, logic, and a moral order such as is found in any story is the ultimate base for our work.

Paper 1: “Psychosomatics, Imagination and Speaking Through the Body”

Shmuel Hazanovitz

Developmentally, play is a powerful motivational and evolutionary element made possible by our relationship with the other who has first taken care of us as infants as Panksepp with his “affective neuroscience, has explained (2004) and as Fonagy and his group (1996) describing the element of play with a third term outside the mother-infant dyad as also fundamental to the achievement of the cognitive and affective levels of mentalization and essential to the passage from the realm of psychic equivalence and pretend mode to an empathic capacity to mentalise and represent the affective motivations of the mind of the other

Psychopathology is, in a sense, a “failure of imagination” (Mitchell 1993) insofar as it becomes the prescribed and repeated or unrepresentable realm where either there is no figuration, because trauma has impeded representation, or distortion has taken the place of truth, obscuring reality, through mechanisms of isolation, through dissociation, splitting, identity diffusion or other forms of distortions or denials of truth. The more severe and the earlier the traumatization and the deprivation, the lesser will be the capacity to dream and play and imagine and to extend the limits of thought, as seen in highly traumatized alexithymic and psychosomatic patients.

I will present the case of a severely psychosomatic patient with severe alexithymia, dissociative moments and somatizations with a masochistic life-style and for whom play, free-association, imagination, sexuality and creativity in life were impossible. The aim of the therapeutic encounter was to restore an interpersonal space of safe exploration between reality and fantasy in the “presence of another” (as for the child described by Winnicott, 1959).

Paper 2: States of Unintegration and Dissociation: Mentalizing, Dreaming and Bearing Witness as a Psychotherapeutic Challenge

Clara Mucci

This is the case of a young 21 woman Ananya (meaning like no other) focussing on the myriad symptomatology she suffers from an early age such as chronic constipation, insomnia, bingeing, self-harm, mutating body pains to name a few. Living in the body is used in place of living or being (Merleau-Ponty, 1969) while mental states await the waning or empathic dissolution of the bodily states. Focusing on her several psychosomatic conditions, an attempt is made to illustrate the inadequateness of language to understand the experience of the body. In absence of unmentalized and unintegrated somatic experiences, her body is felt to be prison of chaotic psychic debris. ‘Feeling trapped in the body’ as the most continuous sensation, the patient and the analyst go through an analytic rollercoaster where the analyst has to learn to work with primitive states of mind, where dreaming of and for the patient can begin. With sparse history of the patient available, the analysis of these psychosomatic states can begin to be used to construct the history rather than to reveal it.

Paper 3: An Account of Type 1 Diabetes - Symbol of a Life Pattern of Intimate Relationships

Neetu Sarin

This paper will show the honey trap of a small girl caught by a tragic pattern of Parental love. The figures of the parents and their children will be drawn; the onset of the disease; an account of the long term analysis, as well as the development of her intimate relationships.

The parents were extremely decent human beings who were not meant for each other. Yet they did their uttermost to spare their children all of their anguish and managed to provide them with all the care in the world.

Diabetes – the condition that describes the body's inability to process sugar – performs in this case an explication of the girl's predicament: An inability to accept the show of 'a good home' while consciously accepting it whole heartedly.

Educational Objectives:

1. An opening for the use of analysis in the case of chronic diseases.
2. The possibility for a fresh consideration of the mind-body problem.
3. The re-casting of the Relational approach on symbolic terms.

D.6 Hope and Dread to Spiritual and Religious Imagination

Speakers: Joyce Block, PhD, USA; Betsy Cohen, PhD, USA; Maribel Rodriguez-Valcasti, MTS, USA; Cherilyn R. Hawthorn-Price, MSW, LCSW, USA

Moderator: Naama Gruenwald, MA, Israel

Paper 1: Living Hell and Dreaming Redemption: Apocalyptic and Creative Leaps of the Imagination

Joyce Block

When a Latina janitor who is also a Christian pastor in her local community is violently assaulted at her worksite she becomes paralyzed by fears and fantasies of retaliation. Past memories of abuse, in which she figured as both victim and perpetrator, return to torment her with a vengeance. Convulsing with sobs, she looks to God and her therapist for redemption, for some way to escape from or transform what has become a “living hell.” “I am supposed to love my enemy, and turn the other cheek, but I am afraid if I see the guy on the street I could kill him,” she says. This paper explores how religious beliefs that have served as sources of strength and hope, as imaginative and sustaining internal presences, collide with this patient’s unmanageable but clearly formulated experiences of vulnerability, injustice, and rage. With “eyes wide open” she reports her experience but simultaneously wishes to imagine another. “I was the Good Samaritan; I’ve never missed a day of work; people come to me for counsel; I do the work of men but I’m treated different.” Psychoanalytically privileged assumptions about the illusory, regressive, and defensive basis of religion are challenged by the therapeutic encounter between two very different subjectivities, as patient and therapist, Christian and secular Jew bear witness to the dialectic between submission and resistance,

forgiveness and judgment, and between the reality that is and the reality that potentially can be dreamed and then created.

Educational Objectives:

1. The participant will be able to describe Freud's classic analysis of religion as an illusion and what he determines are the destructive consequences of the ideal to "love thy neighbor as thyself."
2. The participant will be able to critique the false binary between reality and fantasy and the underlying assumption that the analyst/therapist or patient has access to a fixed and objective truth.
3. The participant will be able to list defensive and destructive uses and failures of the imagination, in both the personal, therapeutic, and political realms of experience, and also describe how in the absence of the imagination we repeat blindly and are hostage to the past.

Paper 2: Moses on the Couch

Betsy Cohen

"Language is the very means by which the imprisoned heart gains freedom." (Zornberg, 16)

We imagine, we know, that the language of psychoanalysis involves two hearts: that of the patient and his therapist. Both must learn to speak their truth. Because of trauma, feelings, which language describes, have been locked in the heart.

Imagine that a modern Moses comes to me for relational analysis. Like Moses, my patient, Moshe, suffered severe childhood trauma. Moses, a hero in an imaginative, sustaining myth, began his life in a near death experience, was twice abandoned by his birth mother, raised by a princess, the daughter of the cruel Pharaoh, who speaks a different language from Moses' mother. Moses, the archetype of a trauma victim nurtured in fear, was raised as a special prince. He is the adopted grandson of the Pharaoh, a tormentor to Moses' people. I would stutter with such a confusing identity!

Moshe, too, was abandoned early by his mother and raised as special by his adopted mother, yet his wealthy adopted grandfather abused the people Moshe cared about. Moshe did not know whom to trust. He stuttered and could not speak his truth. At age 70, he is dying of lung cancer. He has lived to fulfil the needs of his family and now wants to explain his inner life, concerns and wishes to his wife and five adult children.

Moses, at the end of the Torah, moves from a stutterer who spoke the words of God to His people, to an I, a subjective being with his own language. He shares his real feelings of anger, resentment, despair with his people who are allowed into the promised land, while he is not.

Moshe, also, through our relational work together, learns to express his own identity and truth. I imagine how my principles of relational psychoanalysis, gleaned over decades, help my suffering Moshe unsilence himself. I let go of thinking I knew or understood him, do not use the DSM, let his mystery unfold, teach him to speak from the inside of his core vulnerability. I, too, allow my core vulnerability and tenderness to be available to our work. I re-imagine hierarchy and frame.

We understand his defenses and how they have been hiding his fearful parts, early trauma he has never shared, what he and his inner accusers have judged unworthy, unsavory or unwanted. No one had listened.

As partners in curiosity and exploration Moshe and I both become less fearful and defensive, less worried about judgment from the other. We begin as unknowable to the other and hesitate to cross that gap. My imaginative use of language and self, and Moshe's capacity to muse, feel and imagine what had happened at traumatic moments of his life help open his heart. We enter his despair together.

Imagination, the capacity to create in one's mind, is core to analytic work: fantasy, thoughts, creativity, image, metaphor, dreams, inner resources, As an analyst, most of what I do comes from an imaginative core. Jargon and psychoanalytic terms we use are imaginative, as is the analyst's description of the patient's inner world. We heal through truth and love. We access imagination, mind and heart to find both.

My paper is informed by the work of Torah and psychoanalytic scholar, Avivah Zornberg as she explores the relationship of God and man as analyst and patient. Also, D. W. Winnicott, Donald Kalshed, Emmanuel Levinas, Sandor Ferenczi, Philip Bromberg and many contemporary relational analysts I have internalized over decades.

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Educational Objectives:

1. Describe four relational principles Dr. Cohen uses to help her patient heal his stutter.
2. List two theories of trauma that help in the witnessing of the patient's childhood trauma.
3. List two reasons a modified flexible frame to the analysis allowed the patient to trust the analyst.

Paper 3: Imagination: The intersection between Faith and Prophecy

Maribel Rodriguez-Valcasti, Cherilyn R. Hawthorth-Price

In his introduction to *The Doctor and the Soul*, Viktor Frankl writes, "The goal of Psychotherapy is to heal the soul, to make it healthy; the aim of religion is something essentially different—to save the soul" (Frankl, 1965, p.5). This paper will explore the intersection between faith and prophecy and the way in which Frankl's Logotherapy has inspired new therapists to include spiritual beliefs as a strong and ever relevant component of the therapeutic process. This

paper will start the conversation in examining the intersection of faith and spirituality strictly from a Judeo-Christian perspective for the benefit of clients who ascribe to that belief system. In order to do this, the paper will reflect on the rich prophetic tradition that has characterized stories of meaning and transcendental change. Further work in this area can expand these concepts to other spiritual traditions. PROPHECY & IMAGINATION 3 A key question in the annals of history, philosophy, theology and other fields of inquiry has been, who am I? As a result, other questions of great importance have followed, what is the meaning of life? Why am I here? Why so much suffering? Is there a Master creator? Who am I to this Master Creator? The Judeo-Christian tradition, among others, has offered followers faithbased answers that in some instances, have addressed that need for understanding the journey of life. Deeply rooted in the Judeo-Christian tradition is the belief that humans were made in the image of a Creator. Broadly speaking, scholars have tried to look into the reasons for why humans have habitually opted to believe in a Master Creator. A relationship was formed with this Master Creator on the basis of stories, dreams, sacred experiences, prophetic messages, covenants and rituals, to list a few. Religion historians such as Rudolf Otto added that humans have an inherent ability to experience divine (Otto, 1966). He proposed that humans possess an innate sensitivity to experience a sense of awe that is powerful and transcendental. If true, it is precisely this inherent need to know, and the ability to connect with a higher consciousness—to experience a Master Creator-- that has provided the impetus for dreaming, for imagining a world where everything is possible, from messages of divine meaning to messengers of divine origin. Viktor Frankl took notice of the power of these inherent abilities and experiences. In his introduction to *The Doctor and the Soul*, Viktor Frankl writes, “The goal of Psychotherapy is to heal the soul, to make it healthy; the aim of religion is something essentially different—to save the soul” (Frankl, 1965, p.5). The premise of this paper resonates well with Frankl’s words. PROPHECY & IMAGINATION 4 This paper will explore the intersection between faith and prophecy and the way in which Frankl’s work has inspired new therapists to include spiritual beliefs as a strong and ever relevant component of the therapeutic process. Finally, this paper will propose that there are important implications for psychotherapy by incorporating where possible notions of transcendental meaning. It will be argued that it is the act of imagination that makes possible the link between belief and action. Imagination as a tool to finding transcendental meaning can have a positive effect on clients whose spiritual traditions rest on faith in a Master Creator. Spiritual beliefs are a source of wisdom. One needs to re-imagine the possibilities resting within those seeking therapy.

Educational Objectives:

1. Participants will explore and analyze the intersection between faith and prophecy and the way in which Frankl’s I. Logotherapy has inspired new therapists to include spiritual beliefs as an ever-relevant component of the therapeutic process.
2. Participants will identify the various ways in which imagination can be adopted as a tool to finding transcendental meaning on clients whose spiritual traditions rest on faith in a Master Creator.

3. Participants will be invited to reflect upon the rich prophetic tradition that has characterized stories of meaning and transcendental change and invited to expand on the topic to include other spiritual traditions.

D.7 Multi-Generational Shared Imagination

Speakers: Rena Shein, MA, Australia; Alejandra Plaza Espinosa, PhD, Mexico; Eliezer Kopel, PhD, Israel

Moderator: Michal Selinger, MA, Israel

Paper 1: Art Therapy within an Aboriginal Australian Community: Imagining a Path between Western and Indigenous Ways of Healing

Rena Shein

This paper will explore the tension between working within a psychodynamically informed Western European model of art therapy and that of Australian Indigenous cultural practices. It will examine the role of imagination in enabling a community art therapy project that attempted to bridge this gap ethically while offering a specific healing process in response to ongoing trauma. The work takes place within an

Aboriginal preschool and wider community, in collaboration with community Elders, engaging with Language and Dreamtime Story¹.

The explorations follow pathways within Aboriginal Community in rural Australia; a community whose traditional and long serving methodologies of healing have been debilitated by colonising practices and who experience on-going trauma. My identity as a white South African Jewish woman with an intergenerational inheritance of trauma, dispossession and migration, as well as a conflicting personal history of growing up as part of a persecuting political system meant that complex layers of engagement with experiences of Other were constantly at play.

Concepts underlying the project developed from thinking and feeling at the interface of the Aboriginal concept of Dadirri (deep listening) and psychodynamic notions of a holding and containing presence. Opportunity for healing was offered by the haptic qualities of shared clay work, a material both culturally and psychotherapeutically appropriate in attempting to re-ignite the capacity to imagine damaged by continuing trauma. The inevitable uncertainty embedded in negotiating the terrain of unknown relationships engendered a profound reliance on imagination as attendant and guide. Two hundred artmakers aged between two and 96 participated in the project which resulted in an art installation placed in public view.

Exploring the project through the lens of imagination facilitates a cyclical movement of connection, linking and transformation between myself as therapist, community participants and viewers experiencing the artwork. Imagination here is thought of as an internal capacity to think when faced with Otherness. Enabling the expression of this thinking through the sensorial and potentially transformative use of clay within relationships goes to the heart of the artwork.

My experience is that within a frame of collaborative community art making lies the potential to facilitate individual creativity that results in a tangible statement of self-identity for the children and for the adults in connection to family and community.

This connection is dependent on the kindling of shared imagination and has the potential to disrupt cycles of isolation neglect and abuse evident in ongoing trauma narratives of Australian Aboriginal peoples.

This paper will draw on writings including but not limited to Atkinson (2007), Brown, Meyerowitz-Katz & Ryde (2003), Bromberg, (2013), Brown (2008), Dudgeon & Walker (2015), Kalmanowitz & Lloyd (2004), Meyerowitz-Katz & Reddick (2016), Elbrecht & Antcliff (2014), Schaverien (1999) and Winnicott (1969).

Educational Objectives:

As a result of attending this presentation participants will:

1. Have insight into how psychodynamically informed art therapy can be used as a culturally informed and meaningful way of healing within traumatised communities.
2. Apply ideas of how to extend the use of psychodynamic structures into large and unstructured community experiences by understanding the complexity of a therapeutic relationship in a post-colonial context.
3. Amplify understanding of how engagement with imagination allows for co-creation of artwork facilitating moments of connection, between participants, between therapist and participants, between viewers and participants thereby extending into the life of the community.

Paper 2: Does Our Narcissism Allow Us To Implement An Ethics Of Entanglement? Will We Be Able To Keep Our Eyes Wide Open In Spite Of Social Dissociation?

Alejandra Plaza Espinosa

The world we inhabit is an open supra system _according to complexity theory_ in which everything that happens anywhere interacts with a series of complex variables causing the emergence of changes in space and time. This approach relates to Karen Barad's idea (2010) about ethics of entanglement in sciences that explains that when decisions are made in the scientific sphere it is important to reflect upon the consequences that the application of discoveries may have on the whole world.

Dissociation affects at the social level because each community pursues its own benefit and stops considering the needs of others, in a process of collective dissociation. Society works like an open system (Coderch & Plaza, 2016) where, in spite of a tendency towards the dissociation of societies, we need to consider all the connections that an event has, to measure the impact that causes in society, this is ethics of entanglement. The aimed would be to increase social well-being.

The idea I wish to convey is that in face of dissociation, dialogue becomes fundamental, at the level of the multiple configurations of self-other interaction, as well as that of communities. Although this may seem an idealistic process, we can search for it.

The problem with dissociation is that it leaves unconscious areas that get in the way of understanding the entire process integrated by our living experiences. The hegemonic mind, as Hollander (2017) calls it, interferes in the understanding of the “whole”. Thus, a critical conscience that will question the reason why we are living the way we are in a neoliberal world where only a few ones enjoy social well-being, can't be created.

Daniel Shaw (2014) has explained that traumatic narcissism has been the source through which humans have objectivized, enslaved and dehumanized other human beings. He takes the term “malignant narcissism” from Erick Fromm to describe how authoritarianism is the expression of group narcissism. This is just what is happening with great leaders.

There are a series of ideological approaches in social movements that sustain such changes. I propose that part of those ideological postulates must be linked to the approaches that Relational Psychoanalysis has put forward, such as the symmetry between two members of a relation, the respect for subjectivity and difference in the Other, and the relation with the Other as an essential part in the creation of the Self or the community.

At a social level, my suggestion is to use the forums we have to keep our eyes wide open to what is happening in the world so we can be aware of all the entanglements involve in a decision to use ethics and dialogue. Ghent's (2018) concept of Surrender sheds light on this process. At an individual level, we need to realize that what we do affects people around us and to understand the impact of our narcissism on the others. We could alter the values of neoliberalism that turn people into the object of change and give them their subjectivity back (Coderch, 2017).

This macro-problem which has been and continues to be the division of the world in powers and in power groups pierced by dissociation, permanently replicates a destruction process. It is therefore suggested that we establish a dialogue that represents an action in itself in order to keep our eyes wide open and to search for the common good.

Educational Objectives:

Does our narcissism allow us to implement an Ethics of entanglement?

Will we be able to keep our eyes wide open in spite of social dissociation?

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

1. Analyze that all the decisions we made has a consequence in space and time, taking this into account is Ethics of entanglement. Are we able to think about the other in spite of our narcissism?
2. Asses that the hegemonic mind promotes a single point of view which increases the social dissociation which could block the possibility of having a critical social mind.

3. Reflect on the possibilities that we have at our disposal to deal with traumatic narcissism as dialogue and understand the Ethics of entanglement.

Paper 3: I am in Jealousy

Eliezer Kopel

The paper I suggest is about jealousy. Jealousy is usually viewed as a malignant situation (e.g.). Lewin (2011) suggested recently two kinds of this phenomena, 'parallel identification jealousy' versus 'penetrative jealousy', both of them function as a protective shields against traumatic situations. The second she, claim is the phenomena that could be treated psychoanalytically. I agree with Lewin more than critique her. Still, the jealousy I want to speak about is a mild and normal jealousy which is and should be more profound in the psychoanalytic situation.

I will even suggest 'jealousy' in the analytic dyad as a desirable situation, something to be looked for and mutually construct. I will suggest Jealousy as a 'flag' of reaching the oedipal layers and as a chance to enact psychoanalytical 'good enough' fathering towards the patient's blissful victory through his own phantasized and realistic wish fulfillments. I will try to elaborate Atlas & Aron (2018) ideas about jealousy as a part of the analytic drama, and I will stress Greenberg's Ideas of 'freedom', 'choice' and 'agency' as advantageous outcomes of the oedipal conflict and psychotherapy as well (Greenberg, 1991).

I will speak about jealousy as a component of love, respect, and as a thrive to achieve a stage of connection and a sense of 'weness'. Jealousy is a feeling that includes pain – that is for sure. Its arrival is strongly connected to the oedipal phase (Greenberg, 1991). I will scrutinize shortly Freud emphasizing on this 'complex' which I believe is still our common ground, still I see the oedipal situation more vital and continual as Loewald suggested in his famous paper 'the waning of the Oedipus complex', 1979.

From an intersubjective point of view I will discuss Freud's marvelous case of Herr P. (Freud, 1933), (how many of us would exchange books from our patient's library?). I will show how mutual jealousy, in a healthy manner between Freud and Mr. P. instead of shrinking their intersubjective space, extended it and provided both of them extra possible associations and interpretations.

I will argue that in order to turn malignant jealousy into 'therapeutic jealousy', one way, as Freud did, is to be connected and to be able to reveal (to some extent) the analyst's own vulnerability.

I will speak about 'recognition' as a concept that is inevitably mutual (Benjamin, 1990).

For me, in the clinic, the first signs of jealousy arise shortly after the relational contact is emerged. I could easily find myself jealous of my patient wisdom, good looking, age, career, healthy social connections, sexuality, creativity and so on. I find myself in a solid ground especially when I find myself recognize my patient abilities and possibilities and feeling jealous. Revealing the patient's jealousy towards me, should be much more delicate, tactful

and takes much more time. Still Benjamin's concept of mutual recognition here, is a corner stone.

All that, I hope, will make sense together, and will present the analytical situation as dramatic lively and as a process that aims to co-create and 'send out', a person that holds together dialectic appreciation and gratefulness simultaneously with self esteem, agency and vital fantasized healthy world. 'The idea of the resolution of the transference neurosis, for one, makes little sense if individual autonomy is not envisioned' (Loewald, 1979).

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Educational Objectives:

1. I will suggest 'jealousy' in the analytic dyad as a desirable situation
2. I will speak about jealousy as a component of love, respect, and as a thrive to achieve a stage of connection and a sense of 'weness'
3. I will speak about 'recognition' as a concept that is inevitably mutual.

D.8 Imagination and Hope in Relational and Group Analysis Perspective

Speakers: Earl Hopper, PhD, UK; Ido Peleg, PhD, Israel; Smadar Ashuach, Israel

Moderator: Edith Beckydino, Msw, Israel

Hope is a broad concept, hard to define. For some it means passive expectations for salvation while for others it is a belief in the possibility to change things by action. Hopper (2001) calls 'mature, authentic hope' a state in which 'despite obstacles and adversity, or perhaps because of them, a certain fortitude, optimistic trust and tenacity will prevail over feelings of despair and bitterness' (214). Many patients come to therapy with the hope that something will change in their life yet hold no believe it can happen. Transforming this belief is central for change to occur. Taking a Relational and Group Analytic perspective, we aim to explore how 'mature hope' is co-created and transformed in group analytic psychotherapy.

Relational thinkers emphasize the temporal dimensions of the self, being created and transformed again and again in the context of relationships. The tension between continuity

and discontinuity, repetition and renewal determine how one perceives himself and others or perceived by them. This perception includes feeling oneself authentic, meaningful and alive. The focus of the analytic journey becomes the understanding of narratives that are co-created by the patient and his analyst and the patient and other figures in his life. This includes a perception of the analyst as a possible 'new object' that can bring on new perspectives, change and hope (Mitchel 1993, Hoffman 1998, Cooper 2004, 2016). This applies as well to the perception of other group members and the group as-a-whole in group analytic groups.

The first panelist will focus on the tension between repetition and the emergence of new experience in the group, and its effect on the co-construction of a hopeful attitude in it.

Foulkes (1964) describes the analytic group as a communicational network in which individuals serve as nodal points. One of Foulkes's metaphors for the analytic group is an orchestra, where the different musical communications of its players combine under the conductor's leadership in the performance of a musical piece. Like Stern's (1998) description of the dyad's movement toward and from 'moments of meeting', the musical parts that the players play are combining to form harmonies and rhythms that move between dissonances and consonants, between asynchronous and synchronous rhythms, and between repeated patterns and new ones. Building on this metaphor, Wotton (2012) suggests that the group analytic conductor sets the 'key' of the group's 'music' as a safe base to return to, while at the same time facilitates creation of new experience of the group.

Being part of an analytic group entails taking part in its music, being woven into its fabric. Conceptualizing participation in a group as 'ego training in action', Foulkes (1964) suggests it is an opportunity to experience 'actions, reactions and interactions within the therapeutic situation which are denied to the psychoanalytic patient on the couch' (82). It is an opportunity to discover how one repeats old patterns with new people and find out these experiences can be transformed by new experiences created in the here and now of the group. This includes feeling one's agency, daring to disturb the group's harmony, as well as co-constructing with its members new experiences of attunement and empathy. This movement between the repeated and the new, gives birth to an experience of hope and the possibility of change. A vignette will demonstrate these processes in a group.

The second panelist will focus on the enactments of sibling relationships in the group which makes it possible to imagine and hope for new relationships with partners and peers.

The main assumption here is that people re-enact in their relationship with others not only what they experienced in parent-child relationship but also in their original relationships with siblings, relationships that are so significant that they stand on their own. While the dyadic analytic relationship, tends to bring out a parent-child transference, the transference relationships in the group are familial ones, the transference is horizontal.

Grossmark (2007) assumes that all behavior in the group is a form of communication of the members' inner worlds and unarticulated experience. One can get to this level of understanding only by permitting the full enactment of these inner worlds within the group. Siblings are always represented in the mind, whether they exist in reality or not. Therefore,

just as the infant expects there to be a mother and father, so will he expect a sibling. Just as parental representations exist in the inner world of the child, so to do sibling representations. Moreover, these internal siblings will be expressed in transference relationships in psychoanalytic work.

Juliet Mitchell's theory of "sibling trauma" and "the law of the mother" (2003, 2006, 2018) and how it is reflected in the group analytic group will be briefly presented. It will be argued that the group offering the possibility of many transference sibling relationships, and it is a place in which "sibling trauma" is re-enacted and can effectively be treated. The interaction among the members, i.e. the group matrix, facilitates re-enactment of the original "sibling trauma". It is an opportunity to relive the past in the present and finish up the need to go back in order to remember. Many patients feel despair and social hopelessness partly due to an inability to imagine change and hope in the initial sibling relationship. Enactment of the trauma in the group setting and its processing, makes the possibility of imagining and creating new experiences possible, leading to creation of new relationships with spouses, friends and colleagues. These ideas will be supported by clinical examples.

The third panelist will be the panel chairman and will discuss both lectures.

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Educational Objectives:

1. Describe the role of imagination in co-constructing hope in individual and group processes.
2. Describe the influence of Juliet Mitchell's concepts "Law of the mother" and "sibling trauma" on creating imagination and hope in therapy.
3. Describe the tension between repetition and renewal in group processes and its relation to the emergence of hope.

D.9 Ghosts Seen In The Light Of Day: Analytic Imaginings

Speakers: Linda Jacobs, PhD, USA; Jill Salberg, PhD, USA

Discussant: Roni Baht, PhD, Israel

Moderator: Gadit Orian, MSW, Israel

It is only through our cultural imagination that we create a potential space for analytic growth; what, at one moment, is inconceivable, in a later historical or cultural context, can be held comfortably in mind. Ferenczi, a once silenced voice in early psychoanalytic culture, is today an iconic figure whose ideas resonate with current theoretical constructs. The relational turn in psychoanalysis has embraced his ideas about witnessing and trauma transmissions. This new vision allows Ferenczi's clinical diary to speak to our relational sensibility. His term, the terrorism of suffering suggests someone with an alien presence: "as though something alien were speaking through [the patient], something that she does not recognize . . . as herself." Ferenczi then writes of the analytic work, "I must remove, piece by piece, the fragments of the invading personality (pg. 48)."

This panel will address the trans-generational transmission of trauma, and psychic abandonment. It will look specifically at how experiences and voices of victimhood in one generation can reappear, in another generation, as haunted declarations, loss of self or reconstituted bad objects. The clinical material will explore analytic work with patients who, trapped in histories transmitted from the past, have difficulty imagining a different future and a different sense of self. One paper will explore the imprint of slavery in the United States and its transmitted generational trauma. It will further explore a biracial father's shame over the disavowed paternity of his white father. His ambivalence about his identity created a transmitted world for his daughter, one in which an imaginative and creative experience was foreclosed. The second paper will explore the difficult analytic work with a patient who reenacted, with her own children, the abusive abandonment she had suffered during her

childhood. The analytic work focused on this tenuous and delicate project: shedding light on the identification with bad objects and refraining, at the same time, from shaming the patient. Bringing to light the patient's dissociative affective life proved to be transformative and helped her to imagine a self that could form a more loving presence for her children.

Goldman (2017) has written, "A sense of reality depends on imagination even as reality put necessary brakes on imaginative life (pg.2)." When blinded by the past neither patient nor analyst will be able to visualize a future. Without new imaginings, engendered by the painstaking work of analysis, patients are destined to repetitive enactments linked to traumatic transmissions. Here lies the analytic dilemma, how to balance reality and imagination within and outside the analytic hour.

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Paper 1: The Unthought Sown: Disavowed Racial Identity and the Failure of Imagination

Linda Jacobs

This paper will explore the intergenerational transmission of dissociated racial tensions in an African American woman whose father disavowed his bi-racial origins. He was the child of a White man's secret adulterous life with a Black woman, the patient's grandmother. The father's experience of disavowal regarding his origins, which was in itself a recapitulation of disavowed paternities in owner-slave violations, failed to allow for imaginative capacities for creating a vital self and a creative life. The father's hidden aspects of self left him with dissociated but deeply ambivalent feelings about racial identity which, transmitted to his daughter, brought into sharp focus the liminality of the Black experience in a White world. His failure to imagine a new kind of life for his daughter was manifest in his disavowal of her professional success. This left her deprived of an imagined realm in which she could see herself as knowable and loveable. I hope to show how historical trauma is manifest in the subjective and intersubjective lives of successive generations and how my patient's sense of a creative identity was damaged, not only by her attachment experience, but by generational cycles of trauma. The analytic work generated a search for paternal love, which had been eclipsed by the father's hidden shame.

Paper 2: Unbearable Discoveries: Witnessing the Cold Object

Jill Salberg

We spend much time with patients hearing about ways in which their mothers and/or fathers inflicted injury, victimizing them. Further we hear how now, as adults, these ancestral internalized bad objects continue to torment them and influence their lives. However, we are often less prepared to listen to our patients when they inhabit the bad object enacting aspects

of perpetration. When this happens a failure occurs in the realm of imagination, a failure to imagine a different future from the past and new self. This paper will use case material to discuss the painful counter-transference and challenging work of addressing, with patients, how in being captured by their past and the ghosts haunting them they live out roles as perpetrators in their current lives. My patient had long lived with the ache of a mother who was rarely available or present in her life during her childhood. Her main affective experience was one of great anxiety. Her only resource was not to see, to dissociatively not know what she felt. Deep work in bringing her out of dissociation, and my witnessing her experiences around maternal abandonment, had helped her to view her life in new ways. It was quite jarring when she suddenly enacted a similar pattern with her own children. The shame that my patient might have felt when confronted with this could have been catastrophic and, as a consequence, made the analytic work vastly more difficult. There is a fine line between bringing to light identifications with a bad object, and re-injuring by shaming and criticizing the current behaviors of our patients. In this paper I will discuss the difficulty in imagining how to contain and metabolize both my and my patient's painful feelings so we could each envision changing herself and her future.

Educational Objectives:

1. Participants will gain an understanding of the research about the transgenerational transmission of traumatic experience and how the analytic work transforms unconscious grief into explicit psychic experience.
2. Participants will develop an understanding of attachment processes and how these processes are affected by intergenerational transmission of traumatic experience.
3. Participants will be able to identify how implicit relational trauma affects future attachments and relational patterns.

D.10 Metaphors on the Royal Road: Imagining the (Intersubjective) Unconscious
Speakers: Tair Caspi, PhD, Israel; Joseph Newirth, PhD, USA; Nicoletta Agostini, MA, Italy

Moderator: Orna Schur, MA, Israel

Paper 1: Imagination, Metaphors and Truth in Psychoanalytic Language: Interdisciplinary Perspective

Tair Caspi

The present talk shall trace the role of metaphors and imagination in psychoanalytic language, and look into the relations at play between metaphors and truth in theory and in clinical work. My main argument goes that indeed, metaphors and imagination play a key, pivotal role in psychoanalytic language, since they enable to touch upon deep unconscious contents, which are beyond the reach of direct literal speech.

It is well-known that metaphors are a main configuration of figurative language, the language of imagination (Modell, 2003). The understanding and creation of metaphors are tightly associated with the imaginative power, because hearing a metaphor, according to Aristotle,

“Brings [the picture]-Before-the-Eyes” (Newman, 2002). The last twenty years have seen metaphors recognized as configurations that are not mere linguistic, but also reflective of fundamental, deep patterns of human thinking. Accordingly, they are no longer exclusively identified with their traditional field of aesthetics, but rather perceived to express epistemological questions (Lakoff & Johnson, 1980). At the same time, following the postmodern turn, psychoanalysis has seen a growing interest in metaphors, particularly in the relational and intersubjective school (e.g. Pizer, 1996; Seligman, 2007; Stern, 2005). Ogden (1997) realized the importance of metaphors for analytic work, and believed they should be seen to establish a route to the unconscious, similarly to dreams. But how can we tell whether the scenes that we picture through reveries during clinical work, as suggested by Ogden, indeed lead us to therapeutic truth, or mislead us and lead us astray? Is it really the case that metaphors, which are based on imaginative power, convey a profound truth about the patient, a truth that is beyond the reach of direct, literal speech?

Drawing on classical and contemporary psychoanalytic theories, alongside philosophical theories, I shall establish my argument that metaphors and imagination play a crucial role in psychoanalytic language, and can indeed convey a profound truth; but I shall nevertheless highlight the potential dangers and pitfalls of loose use of metaphors, like reification.

Kant (1951[1892]) posited that the metaphor is based on an intuitive, imagined and subjective skill, but nevertheless, when good, can offer a point of view on the objective dimension and tell us something about the world. The innovation proposed by Kant lies in the notion of metaphor as a phenomenon that rather than keeping us away from the truth, as Plato believed, conveys to us a significant aspect in the “spirit” of the matter.

Psychoanalytic theories developed symbolization theories that can be seen as akin in essence to the Kantian perception of metaphor. For Klein (1930) and Segal (1957), the process of creating symbols serves as the child’s tool for getting to know the world. Winnicott (1971) on his part contributed an important distinction between imagination and escapist fantasizing, which hinders “real living and relating to real objects” (p. 36). For Winnicott (1953), symbols are formed, using imagination, in the transitional space and allow objective thinking to develop. As such, metaphors, which are tightly connected to symbols, are vital to understand the world out there, and no less vital for understanding the inner emotional world. Accordingly, the ability to play with metaphors in the transitional intersubjective space was recognized as important for deep analytical work (Ogden, 1997). Nevertheless, we should bear in mind Wittgenstein’s saying (1953), who believed that words might bewitch our thoughts and that the picture held in a word could lead to concretization and essentialist thinking, and thereby hinder our understanding of the emotional truth during therapy. Finally, a clinical illustration from a relational perspective shall be presented to discuss the issue.

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Educational Objectives:

1. Appreciate the importance of metaphors as the language of imagination.
2. Develop awareness to the immense therapeutic impact of being able to play with metaphors in the intersubjective transitional space as a route to the unconscious through the process of listening to their patient's metaphors as carriers of emotional "metaphorical truth".
3. Learn about the possible dangerous and pitfalls stemming from misunderstanding and reification of metaphors in the psychoanalytic language.

Paper 2: Orphans of the Real – Revisited

Joseph Newirth

In an extremely provocative statement, Grotstein (xxx) described individual's who are unable to enter imaginative states as "Orphans of The Real," people stuck in unchanging, concrete and unalterable external reality. Grotstein's idea resonates with researchers who describe depressed people as extremely realistic, having clear, albeit cynical and hopeless view of external reality. In describing these people as "Orphans of the Real" Grotstein was turning

our attention to the importance of imagination, to the capacity to create a personal world inhabited by new meanings and hopeful relationships. Grotstein and other third generation Kleinian theorists (Ogden, XXX; Ferro, XXX; Lombardi, XXX, Symington, xxx) extended Bion's concept of alpha function, the container - contained, and waking dream thoughts, along with Winnicott's more experiential concept of transitional experience, into a critical dimension of the therapeutic process in which the analyst gives voice to his/her experience of the unarticulated and undeveloped unconscious fantasies of his/her patient. This intersubjective imaginative process transforms paranoid concrete thoughts and acts experienced as unalterable realities into symbolic, metaphorical experiences through the development of symmetrical symbolic (Matte-Blanco, xxx; Newirth, 2003) thought processes. Symington (xxxx) described this process as the creation of mind, a developmental process through which the patient becomes able to create personal meanings and engage in intimate hopeful relationships, through developing the capacity for imagination, reverie and dream like thoughts.

In this paper, after briefly describing this evolving model suggested by the third generation Kleinian theorists, I will focus on how it enriches relational technique by expanding the analysts repertoire into more imaginative, metaphorical dream like realms. I will present my work with two patients who I think of as "orphans of the real." These patients, both men, are extremely successful professionally, able to be quite effective in the external world of objects and things, but unable to grasp the emotional and imaginative aspects of being involved in intimate emotional relationships with others. Often sessions with these patients are experienced as fragmented, dead and deadening, challenging the therapist to stay awake and feel alive. These sessions are filled with detailed accounts of events in the external world with little thought or reflective functioning. As an analyst I often feel embarrassed being unable to think, filled with guilt and questioning my competence, while being distracted by seemingly irrelevant thoughts. These moments which may be described as being overwhelmed by beta elements, or as the analyst's mind and the analytic situation as being broken, occur as we are thrown into the chaos of the unsymbolized unconscious, knocked down by a huge wave of transference countertransference experiences. It is necessary to tolerate these periods of chaos and to follow the threads of reverie which start to emerge and lead to the development of proto-symbols, which allow us to develop "pictograms" which can develop into more meaningful experiences of the emerging unconscious fantasies which have been created in the analytic field. In my discussion I will emphasize how we transform these archaic, concrete experiences of an unalterable reality into dream like images, imaginative, symbolic experiences which we can join the patient in making meaning and developing the capacity to use imaginative processes in developing intimate relationships and in creating their lives.

Educational Objectives:

1. Describe concepts of: alpha function, reverie, waking dream thoughts.
2. Describe patients who are "orphans of the real".
3. Analyze your experience with a patient who was unable to use imaginative thought processes

Paper 3: With Your Open Eyes on Emerging Images: In the Analytical Room and in Art

Nicoletta Agostini

The work with the art and the psychotherapeutic one are united by the role played by the imagination and the creation of metaphors in bridging feelings and emotions, which find expression more easily through images, and a reworking of the most reflective thought in the narration. Just like the imagination makes possible to the artist through the techniques of giving shape to aspects of his emotional experience of difficult integration and makes it possible for the public in front of his works, and beyond the visible, an expansion of consciousness and the creation of new meanings, in this way the images, and the metaphors that they stimulate in the analytic room, like the place and time of the process, allow the patient and the psychotherapist to take shape, live a common embodied experience, re-elaborate experiences and open an area of change. In the psychotherapeutic journey through the opening of what still has to be formulated, a common mental landscape is outlining, through the co-created images, in the continuous alternation of flat stretches and steep climbs, arrests and new departures, breakages and repairs, which leads to a mutual recognition. In Florence's clinical case the ability to empathically share images or like Bromberg claims the emerging "imaginative perceptions", as metaphors of the different phases and aspects of the patient and, to use those proposed by her or imaginatively evoked by her narration, were the red thread that guided our psychotherapeutic path and allowed the growth of an implicit relational knowledge embodied and a greater physical and emotional presence of the patient.

Embodied images of her states in the intersubjective space seem to have allowed her an experience of herself and her more integrated body, which ended with a self-fulfillment of a new life.

The different images emerging during the psychotherapeutic journey have become metaphors, ways of being in the therapeutic relationship and its phases, of states of the self, but also of motivational drives, desires and opportunities for intense affective moments. The emerging images offer important indications regarding what the patient asks and where together we are going to the edge of an intimate border that patient and psychotherapist contribute to create. In psychotherapy as in art, awareness comes from the process that, like the artist, the psychotherapist follows with the availability to what can be manifested. Creativity, openness to experience and surprise allow the emergence of unknown and new landscapes. Artistic research sheds light on the expressive and synesthetic possibilities of the non-verbal visual language, and urges the psychotherapist to pay more attention and sensitivity to the imaginative dimension in the here and now of the present moment and its use in the therapeutic relationship. Through the images between the patient and the psychotherapist a symbolic game is continually co-constructed.

The reflection on the work of some artists shows how, through the images embodied in their works, it was possible for them to reprocessing their most difficult experiences, and inhabiting the images, finding contact with parts of themselves deeply linked to their origins, history and

culture, «in the resting place of illusion»; the images that works of art evoke, more than represent, allow the observer, to come into contact with both personal and universal aspects and to expand their experience and awareness.

Educational Objectives:

1. Understanding how the imagination embodied through the techniques and materials in the works, allows the artist to re-elaborate his own experiences and, as the vision of artistic creations solicits the creation of new subjective meanings in the public.
2. Acquire a particular sensitivity to the images evoked in the psychotherapist by the patient's story or created by it as an important tool that increases intersubjective comprehension the construction of a narration and promotes the process of advancement of psychotherapy.
3. Enhance the ability to share an image in the present moment as an opportunity for an embodied experience and an 'intense affective moment' that points out and smooth affective attunement and is able to promote change.

D.11 Searching in the Screen: Imagining Each Other through the Digital Veil

Speakers: Leora Trub, PhD, USA; Danielle Magaldi, PhD, USA

Moderator: Joyce Slochower, PhD, ABPP, USA

Let's open our eyes — to the underbelly of technology in the consulting room. To the ways that the expectation of immediate responses and endless opportunities for distraction foreclose the possibility of imagination, play, and creativity. To the ways that access to information about the other (including us analysts and our patients) alters the experience of transitional space. To how the screen may allow change what we can see, and at times obscure and foreclose imagination.

This panel explores the variegated meanings, implications, and impact of technology as it creeps into the consulting room. We have mostly walked backward into this shift. Beyond its concrete benefits (e.g., allowing us to see our patients from a distance, making scheduling easier, and so on), we've not taken up its implications or opened our eyes to its possibilities - - how treatment is complicated, enriched, and yet somehow troubled by the introduction of technology.

How does the screen alter our experience of ourselves and our patients? How does the era of Google shift the boundaries of the therapeutic relationship? When does the use of screens obscure enactments and when does it make room for them? How does the relational matrix change when we google our patients, exchange texts with them, when they google us? Don't we disrupt the intimacy of the two-person relationship? Our own self-experience as analysts?

Moving beyond the question "should we or shouldn't we," this panel explores the complex relational implications of analytic work in the digital age. The first panelist considers the dynamic implications for both patient and analyst when conducting remote treatment. The second panelist moves beyond the boundaries of the actual therapy session to address how

extra-relational sources of information about the other informs, deepens, and destroys the very nature of co-created therapeutic experience.

Our discussant, a senior clinician with expertise in the area of boundary breaches in the field, will address these issues and invite audience engagement with them.

Paper 1: Imagination in the Age of Google

Leora Trub

The digital age has normalized amateur sleuthing. People gather information about friends and love interests, new bosses and possible hires, teachers and students; indeed, anyone and everyone. In fact, Googling often represents a premature foreclosure of imagination, a search for answers in moments when we might be better served by remaining open to not-knowing, to exploring our fantasies.

The analytic dyad is not exempt from these dynamics. The impulse to search for information about a patient is often viewed as a transgression against the analytic ideal (Slochower, 2014; 2017), but some of us do it anyway. In secret. We foreclose self-examination about the dynamics driving these searches whether conducted by us analysts or by our patients. Yet the information we and they discover can have a profound effect on both members of the dyad. In fact, on the shape and evolution of the analytic relationship.

Easy access to information about our patients and about ourselves disrupts some of our core assumptions about our clinical work. Whether or not we believe in the value of the analytic blank screen, technology has taken clinical choice (to answer or not, to divulge or explore) out of our hands. Digital technology has eroded the possibility of maintaining analytic neutrality, privacy, and distance as we knew them in earlier psychoanalytic times (Gabbard, 2013). Ironically, we haven't engaged the impact of this change on us. There is little conversation about it—not with patients, colleagues, supervisors or supervisees. Why? Are we so thrown off by the loss of control over information that we bury our heads in the sand? Are we so unsettled about the fact that the decision to disclose has been taken from us that we evade its implications?

Google's seductive promise that we can learn anything we want to know outside of a relationship creates a range of treatment issues. Might we, and/or our patients, use Google as a way to maintain a connection in between sessions? Does it help us sidestep the impact of separation and loss? Does it allow us to replace curiosity with an illusion of certainty?

And how do we deal with what we've discovered? Do we withhold the information we've obtained about the other (patient or analyst) or do we confess? What's the ethical line? If we justify the decision not to disclose, we push the enactment out of the room. Yet 'confessing' has its own clinical underbelly. Addressing these and other clinical issues, this panelist asks us to consider how to preserve fantasy and imagination in the digital age.

Paper 2: When the Screen Powers Enactment

Danielle Magaldi

When a two-dimensional screen sits between the three-dimensional bodies of analyst and patient, analytic work changes. Screen-mediated therapy offers something tantalizing, something that heretofore only occurred in our imaginations. Patient and analyst now can reach each other across distance and time. FaceTime allows us to maintain in verisimilitude the liveness, presence, and intimacy of the consulting room. It makes therapy possible when meeting in-person is impossible. When we cannot, in fact, really see each other.

But there's a cost: when we give up being bodies together in the same room, we lose the subtle clinical material afforded by our senses—by glances, facial expressions, scents, the way a patient occupies space and moves within it. All these inform what we see, how we react. And they all coalesce until they embody intersubjective meaning (Ogden, 1994). Not so over a screen. There, we trade patiently listening for the symbolic meanings of connection with our patients for hypervigilance to the literal connection of the Skype or FaceTime call. Therapeutic silence may be strained when we are afraid we may have “lost” each other. On one hand, then, the screen bridges access; it allows analyst and patient to reach each other during difficult times and across distances. On the other, work over a screen alters both the emotional power and literal quality of a therapy session. It disrupts the development of the embodied co-created intersubjective space.

The screen is not a bystander; it acts in and on the analytic relationship. It becomes a third entity in the dyad that alters how (and if) we create a safe, containing environment (Trub & Magaldi, 2017). It fuels idealizations and other fantasies. And yet, even as we understand this, we may be overwhelmed by all the changes, “sleepwalking” toward a future where the boundaries and frame of analysis have shifted. We are dazzled by the possibility of doing remote treatment but we rarely examine how to maintain therapeutic space over a screen (Essig, Turkle & Isaacs Russel, 2018).

This paper describes how a therapeutic enactment went unnoticed in a screen-mediated treatment. A patient in individual treatment used screen-mediated therapy to disclose to her family members living in the Philippines her decision to end a long-term abusive marriage. The screen offered a creative way for the patient to harness her agency and confront her disapproving family. But it also became an unconscious vehicle in which problematic dynamics that reinforced her helplessness were played out. The screen both enabled and veiled a therapeutic enactment, granting me, like the patient's abusive husband, the power to speak on her behalf, elevating my expertise over her feelings within a family culture of control and domination.

Educational Objectives:

1. Participants will be able to identify new challenges and opportunities facing clinical practice in the digital age.
2. Participants will be able to describe the complex implications that increased access to information via Google creates for analytic work.

3. Participants will be able to name the ways that remote treatment creates unique potential (positive and negative) for enactment.

D.12 CCRT: Can Our Clinical Selves and Research Selves Talk?

Speakers: Hadas Wiseman, PhD, Israel; Liat Leibovich, Israel; Orya Tishby, PsyD, Israel

Moderator: Ronnie Carmeli, PhD, Israel

The conflict around integrating clinical practice and empirical research was addressed by Mitchell (1993) in "Hope and dread in Psychoanalysis". In his inspiring life project, Safran imagined and created such an integration, leading empirical studies of relational processes in psychotherapy. In our panel, we will share our personal journeys facing this challenge, through the concept of the Core Conflictual Relationship Theme (CCRT).

In this panel we propose that developing research in psychodynamic therapy is an act of imagination and creativity. We would like to demonstrate how two seemingly opposite constructs – research and clinical process can engage in a dialogue, within us and between us. The CCRT is a concept that can connect these two domains, as it contains rich material that can be read clinically or coded and analyzed statistically. Although the CCRT was initially focused only on the patient, we have used it in a more relational manner: looking at the interplay between therapists' core relational patterns and those of their patients. We thus employ the CCRT to study transference, countertransference and enactments. Our presentations will describe our personal relational journeys, from looking at clinical research as an alien "other" to developing a more dialectical stance, moving flexibly between these positions. We will integrate clinical vignettes with empirical results of our studies, elaborating on how we imagine the mutual influences of empirical research and clinical relational practice in the future.

Paper 1: Relational Journeys: Imagination and the CCRT

Hadas Wiseman

Luborsky (1977) originated the Core Conflictual Relationship Theme (CCRT) method as a way to identify and formulate the patient's core relationship conflicts or central relationship patterns that are recurrent and pervasive in his or her relationships. The CCRT method was firmly rooted in clinical experience and close observation, and at the same time was theory-driven rooted in the Freudian concept of the transference template. My CCRT Journey as a clinician-researcher evolved at three junctures each pointing to a new turn in thinking about central relationship patterns. The first juncture was my interest in focusing on relationship narratives told in psychotherapy and outside of psychotherapy as a window to the narrator's interpersonal world. Encounters with my patients who were children of Holocaust survivors ("second generation"), novels about the experiences of the second generation and the documentary "Because of that war," inspired me to imagine how the CCRT may shed light on their interpersonal themes. Applying the CCRT to second generation's relationship narratives emerged as a powerful way to shed light on "growing up to the music of knowing-not knowing" and failed intersubjectivity in their relational experiences. The second juncture involved attachment theory concepts including Bowlby's internal working models and

representations of self and other as they correspond to the CCRT responses of others and responses of self. This turn revealed new ways of thinking about match and mismatch of patient and therapist attachment patterns and exploring the patient-therapist dialogue in terms of complimentary relations as manifested in patient-therapist relational narratives. The third juncture involved exploring the meeting of the CCRTs of patient and therapist and shifting our focus from one-narrator (patient or therapist) to two-narrators in search of mutual recognition. Finally, responding to the call for a dialogue between relational psychoanalysis and psychotherapy research (Lingiardi, Holmqvist, & Safran, 2016), lessons from the journey that can enrich relational practice and supervision will be demonstrated.

Paper 2: Imagining CCRT in Psychotherapy Research and Practice

Liat Leibovich

My life journey brought me to PhD research when I was already a clinical psychologist and supervisor. I had the opportunity to set up the psychotherapy lab at the University of Haifa with Prof. Sigal Zilcha-Mano and to be the senior supervisor of the psychotherapy conducted in the lab. For the past three years, we have been conducting a randomized controlled trial (RCT) that compares supportive with supportive-expressive (SE) psychotherapy for depression. SE therapy has received much research support and was found to be effective. It is based on the Core Conflictual Relationship Theme (CCRT), which conceptualizes the patient's main problem as a main conflictual wish that is not being met, and as a result evokes specific negative expectations from others and maladaptive responses and behaviors from the patient. In SE therapy, this core theme is interpreted for the patient and worked on throughout therapy, so that the conflicted wish can eventually be fulfilled. Our challenge was to learn and practice SE therapy in our lab, and at the same time to imagine and figure out how to put our psychodynamic understanding into practice without explicit interpretations in the supportive only therapies. In this presentation, I aim to introduce a model we suggested for using the CCRT conceptualization in a supportive way, by understanding the enactments taking place in the course of therapy as a combination of the patient's CCRT and the therapist's vulnerability. I will present some of the findings of my research, regarding the optimal use of supportive and expressive techniques in short-term psychodynamic psychotherapy for depression. I will include short clinical vignettes to illustrate both the model and the research findings.

Paper 3: Countertransference Patterns and Their Role in Psychotherapy: The Contribution of the CCRT Method to Understanding Clinical Process

Orya Tishby

Early on in my studies, my university professors encouraged me to pursue a research career. However, I was more interested in clinical work, and the research part of me remained dissociated for some time. In the course of my training in psychotherapy, I began asking questions, searching to understand how psychotherapy works and how the clinical encounter leads to change. My supervisors regarded these questions as an expression of difficulties with

ambiguity, and anxiety about being a "good enough" therapist. All this was true, but nevertheless I continued to search.

In the clinical PsyD program at Rutgers I first learned about psychotherapy research, and it was then that I embarked on the journey to find ways to conduct clinically meaningful research. I have always been interested in transference/countertransference phenomena and the CCRT method seemed ideal for this purpose. In a study on the "therapist-patient dance", Hadas Wiseman and I examined narratives of patients and therapists about their parents and about each other (Tishby & Wiseman, 2014). We formulated therapists' and patients' CCRT patterns and looked at their encounters through this lens. Focusing on similarities between therapists' narratives about their parents and about their patients, as a way of defining countertransference operationally, we found that different components of the parent CCRT were repeated with different patients. Examining these repetitions, and reading the narratives with a clinical eye, we identified five patterns of countertransference, based on CCRT components : The repetition of the Wish, the repetition of the Response of the Other (projecting parent's response on the patient), repetition of the Response of the Self, Responding to the patient (RS) as the parent responded to the therapist (introjecting the parent) responding to the patient in a manner that was opposite of the parent's negative response (repair). These types were found to be associated with the development of the alliance, rupture and repair. Thus – my two "selves" are learning to talk to each other, using imagination and creativity both in the clinical and research realms to deepen our understanding of how psychotherapy works.

Educational Objectives:

1. To learn the CCRT model and its components
2. To apply the CCRT to research in psychodynamic therapy, specifically relational therapy
3. To identify ways in which psychodynamic therapists and researchers can collaborate

D.13 Imagination, Mentalizing, and Metaphor

Speakers: Janet G. Benton, PsyD, USA; Robert Benedetti, PhD, USA; Yael Greenberg, PsyD, USA

Moderator: Bracha Hadar, MA, Israel

The three papers on this panel, "Opening Eyes to Imagining, Engaging Minds in Mentalizing," "Imagining Interiority," and "An Act of Imagination: What is the Analyst's Role in Creating a Fantasy into the Future?", each address the importance of the use of imagination for people to lead full lives. The first paper discusses how imagination of different possibilities must be present for the mind to engage in mentalizing, that process by which one learns to know oneself. The second paper, using the evocative work of the British sculptor Rachel Whiteread as a metaphor, discusses the need for "solidification" of a patient's interior space. A new sense of self must be imagined by this patient and be solidified through mentalizing. Metaphor is by definition a product of imagination, and the author of the third paper uses her depressed patient's exquisitely beautiful garden, and its accidental discovery by the analyst, as yet another metaphor. The garden demonstrates the patient's ability to summon imagination in at least one part of her life. This analyst is also mentalizing with her patient as they unlock the

power of fantasy and how it might change a bleak life into one of color. Opening Eyes to Imagining and Engaging Minds in Mentalizing People who cannot imagine cannot mentalize. They repeat traumatic experience, be it trauma with a T or with a t. Whether working “classically” with concepts of resistance and repression or “relationally” with concepts of negative transactional patterns and dissociation, a therapist has a tough job. How does he or she help a client develop the capacity to imagine something different from what the patient knows, and believes, as a “fixed idea”? How is the interior eye of imagination opened? How is the mentalizing mind engaged? Mentalizing is the capacity to develop and understand one’s sense of self. It is not an innate given but one that requires steadfast and trusting affective and intellectual work in an interpersonal context; two (or more) minds are working together. Both parties must be aware of their own thoughts and feelings, and how they might change, while also being able to imagine what the other may be thinking and feeling and how it may be different from what he or she originally thought the other had in mind. A person must be able to imagine these possibilities of difference, both in one’s own head and that of the other, in order to know oneself and to know another. Primarily using the work of Bion (attacking links), Fairbairn (splitting, the maintenance of destructive internal object relations), Bromberg et al. (enactment, access to dissociated self-states), Brandschaft (pathological accommodation), and Fonagy et al. (mentalization), I will explore why patients lose or never satisfactorily develop the ability to imagine and mentalize and how therapists might work with these difficulties. To exemplify these ideas, I will discuss a client who revealed serious incapacities in imagination and mentalization when triggered by issues involving intimacy, including the implicit intimacy of therapeutic treatment. **Imagining Interiority** The psychoanalytic situation puts form and structure to chaos with a goal of enhancing the interiority of the analysand. The literature is replete with technical and theoretical argument about just how this is done, whether it occurs during enactive moments (Bromberg), and/or as a result of privileging the forward-edge strivings of the analysand within the needed analytic relationship (Stern, Tolpin) among other forms of therapeutic engagement. During a recent visit to an exhibit of the work of the British sculptor Rachel Whiteread, my eye went directly to a space occupied by blocks of uniform size and shape but differentiated by indentations and other surface markings. These spaces are what Freud might theorize as heimlich/unheimlich, uncannily recognizable and unfamiliar simultaneously. They were the undersides or spaces between rows of chairs. Another sculpture, entitled “Shallow Breath” represented the area beneath a mattress and was created after the artist’s father died. The solidifying of space appeared to make memories solid (the artist’s words). Viewing Whiteread’s work inspired me to begin imagining how a greater sense of interiority grows in the person of the analysand. As in these works of art, what gets solidified and how? What gets filled in? A young man with whom I have been working for the past 2 years fills our sessions with preoccupations typified in the following statement: “I’m worried about doing irreparable harm to myself by being myself.” The narrative within which we are immersed is suffused with his overwhelming sense of lacking internal cohesion as well as a feeling of hollowness. Through application of Newirth’s neoKleinian/relational ideas of the “generative unconscious” and imagined through the lens of a Whiteread sensibility as informed by psychoanalytic perspectives such as Suzanne Langer’s use of non-discursive, presentational

symbols expressing the artist's life of feeling, questions around how and what gets interiorized will be explored. An Act of the Imagination: What is the Analyst's Role in Creating a Fantasy into the Future? This paper addresses questions regarding how the participants in analytic work cocreate or fail to co-create a fantasy for, or an image of the future. Mitchell characterized psychopathology as "a failure of imagination", maintaining that what is most therapeutic is the analyst's ability to envision other forms through which the patient's experience both past and present can be organized and experienced. Mitchell places his faith in the redemptive capacity of the imagination. What are the pathways to enhance the capacity to symbolize a vision for an expanded subjectivity? A short clinical illustration: Eve, a middle-aged woman called me as she was considering couples therapy. In the first contact I had with her over the phone, her voice was monotonic and her depression palpable. This impression was confirmed when we met in person and she reported a long history of chronic, debilitating depression. Her depression also had a deadening effect on her marital relationship which had been in decline for many years. A few weeks later I needed to google the couple's address, something I do not normally do. To my surprise, a picture of a beautiful garden appeared alongside the address. This particular garden was familiar to me as it was one of the most beautiful and interesting gardens in the area. I was struck by the contrast between the depressed, depleted image I had of my patient and the lush, colorful, creatively designed, garden I knew. If I had not searched for the address in this way, would I have ever found this hidden garden? Could I ever imagine it? How long would it have taken me to glimpse this richness in my patient? I elaborate on ways in which our fantasies of who our patients are and who we can see them becoming may be guiding the treatment in ways that can be facilitating or limiting progress. In the same way, our patient's fantasies for themselves can have similar effects. These fantasies can be expressed in transference and countertransference forward or trailing edges (Stern S., Tolpin). They can be enacted both in prospective as well as repetitive ways (Jung, Aron and Atlas). I suggest that awareness of symbolic elements such as fantasies, wishes, and visions can contribute to a more enlivened and imaginative relatedness.

Educational Objectives:

1. Audience will be able to describe how to use imagination to enhance a patient's interiority.
2. Audience will be able to describe the use of imagination in mentalization.
3. Participants will be able to identify the impact of the analyst's imagination and creative fantasy of the patient.

PAPER/PANEL SESSION E - 16:00-17:30

E.1 Disguised Autobiography in Psychoanalytic Case Studies: No Failure of Imagination

*Written with Dr. Lewis Aron

Speaker: Chaim E. Bromberg, PhD, USA

Discussant: Emanuel Berman, PhD, Israel

Moderator: Stavros Charalambides, CGP, Greece

In this panel, we will examine a practice that demonstrates the significance of the psychoanalytic theorist's imagination in dramatic fashion: the publication of case studies of patients that have subsequently been demonstrated to be disguised autobiography. We trace the history of this longstanding tradition, making the case that many notable contributions to psychoanalytic theory are the result of our forbearers' own analyses and self-analyses, and that these contributions were introduced via the imaginative use of altered details, misdirection, and other methods of disguise in the presentation and publication of clinical case material. While we contend that the psychoanalytic community should begin to own without reservation or shame the historical and ongoing use of personal experience in theory building, we also explore some of the problematic aspects of this creative solution.

In this panel, Drs. Aron and Bromberg address the development of cultural norms within psychoanalysis that laid the groundwork for the tradition of disguising autobiographical accounts. Sigmund Freud established a tradition of discourse in which theoretical and clinical advances are delivered as reportage from the consulting room, the laboratory of psychoanalytic study and research. As a result, new concepts and discoveries derived from other sources, such as self-analysis, needed to conform to this model and were therefore disguised as clinical case material. This tradition was reinforced by other factors as well. It is not difficult to imagine the impulse to disguise one's own personal experiences as clinical case material. For psychoanalytic theorists to reveal deeply personal details of their own psychology and psychopathology might impede their careers and discredit the discipline. This may still be true today, but in the early years of psychoanalysis, when the goal of demonstrating the scientific integrity of the field was paramount, it was essential. Freud himself, while courageously making use of his own dreams and associations, nevertheless discussed at some length the need to set limits and not go too far in personal revelations. In the early years of psychoanalysis, and especially up to the second world war, it was also quite commonplace that analysts analyzed their own children, spouses, lovers, nephews and nieces and other close acquaintances, so that in writing case reports analysts were often writing about intimates. Summarizing his historical research on this era, Falzeder (2015) observed that "a host of clinical papers written at this time are disguised accounts of the author's own analysis, of the analysis of a son or daughter, or of a lover, or perhaps most frequently, of an autoanalysis" (p. 78). In order to protect themselves, their patients, and psychoanalysis' claims to scientific integrity, analysts published case reports that both covered and uncovered.

In presenting their collected accounts of disguised autobiography, Drs. Aron and Bromberg cite the work of Fredrick Crews, an author and historian who has for years attempted to illustrate the lack of scientific objectivity in Freud's published work as evidence that the entire psychoanalytic enterprise is invalid and fraudulent. They make use of Crews' scholarship but put it to their own ends, which are quite the opposite of his own. While case studies may not satisfy contemporary standards of research in providing evidence of the success of psychoanalytic methods, other forms of research do. We can gain confidence in refuting Crews and responding to critics and skeptics by increasing our awareness of this research. But

case studies are not unimportant even if they fail to demonstrate the efficacy of our methods. In fact, the case study is most valuable as a source of theoretical advances, as a teaching instrument and as a tool for illustrating and exploring the clinical experience (Pletsch 1982). We hope that it is possible to do all of these things without insisting on the impossible: That a case study must capture with complete veridicality the facts of a clinical encounter. (For further discussion of veridicality in "narrative tales" and "case presentations", see Atlas & Aron, 2018.)

This panel also will provide an opportunity to discuss a collection of known or suspected autobiographical accounts and the associated theoretical developments and clinical concepts that can be traced back to these works. Though not a comprehensive survey, we begin with Sigmund Freud's discovery of screen memories through self-analysis and discuss other examples including Anna Freud, Sándor Ferenczi, Wilhelm Stekel, Melanie Klein, Karen Horney, Joan Riviere, Helene Deutsch, Heinz Kohut, Harry Stack Sullivan, Harold Searles and others up through the present.

Our field has not sufficiently recognized or acknowledged how pervasive the use of disguised autobiography has been and continues to be, and as we will show, when such incidents are brought to light, the community has frequently responded with some shock and sense of scandal. In contrast, Drs. Aron and Bromberg suggest that we can be appreciative that some analysts, who might not have been able to directly acknowledge that they were writing about themselves, found a way to utilize their insights and discoveries and creatively bring this knowledge to the attention of the analytic community in the form of disguised cases.

Educational Objectives:

1. Participants will be able to discuss important contributions to psychoanalytic theory and practice derived from disguised autobiographical accounts in the literature.
2. Participants will be able to describe at least one advantage and at least one difficulty with this procedure for publishing case histories in the psychoanalytic literature.
3. Participants will be able to list several significant examples of disguised autobiography in the psychoanalytic literature.

E.2 Embodied Development through "Dance of Relationship," Imagining the Body and Video-As-Skin in Autistic, Traumatized and Transgender Patients

Speakers: Daniel Posner, MD, USA; Anna Maria Barbero, PhD, Italy; Kathleen DelMar Miller, MFA, LCSW, USA

Moderator: Talia Appelbaum-Peled, MA, Israel

Paper 1: Moving Together Along the Spectrum: Embodied Relational Journeys with Autistic Children and their Families

Daniel Posner

“My mind gets there in the end but it takes the scenic route.”—Barbara Moran, autistic self-advocate.

In the ur-text of the autism field, “Autistic Disturbances of Affective Contact” (1943) Kanner prominently described bodily disturbances in, for example, anticipatory motor control which is now known to underpin dyadic communication in infancy; yet research approaches to the study of autism have framed the pathognomonic relational impairments in ASD in disembodied, static, individualistic and cognitive terms, e.g. defective “theory of mind” (Baron-Cohen, 1995). Accordingly, treatment interventions have largely relied on “movement-blind” one-person models with a focus on improving individual adaptation through directive instruction and skills-training.

Convergent evidence across multiple disciplines now demonstrates that ASDs can be identified at a much earlier age than previously thought and that disruptions to prospective movement control (Trevvarthen & Delafield-Butt, 2013) and intersubjective coordination between child and caregiver (Muratori et. al, 2011) are especially sensitive pre-diagnostic markers and mediators of positive treatment outcome (Green et. al., 2018) A new “movement perspective” (Donnellan, 2013) on the etiology and treatment of ASDs has emerged, heightening the relevance of relational approaches that promote interactional synchrony and restore the ‘dance of relationship.’ Working clinically with movement differences requires an enhanced emphasis on reciprocity; a focus on temporal rather than psycho-dynamics, and expertise in fostering development of implicit know-how.

Drawing on the work of Trevarthen, Beebe and Stern, I present an embodied development-relational perspective positing that ASDs stem not from deficits in mentalization, perspective-taking (Hobson, 2002) or faulty mirror mechanisms (Oberman, 2006) but from a more basic disruption to the communication and perception of intentions-in-movement, i.e. dynamic vitality forms (Stern, 2010) in early development. In this view, deficits in the regulation and timing of movement subsystems dampen inter-personal kinesthetic and affective bodily resonance during early dyadic interactions, reducing the frequency of “moments of meeting” in the first year of life, with “knock on” effects on implicit relational knowing and later cognitive development. In relational terms, autistic infants and adults face challenges with the “intention unfolding process,” and with “moving through and being moved by” the other in “sustained engagements over time in embodied resonance.” (BCPSG, 2018).

Retrospective home-video micro-analysis shows that pre-autistic infants fail to activate caregivers in early face-to-face interactions, with cascading effects on dyadic function that impedes the developmental process. Contrary to the view of autistics as fundamentally lacking ‘social motivation’ (Chevalier, 2012), the innate motive capacity to initiate expressive contact with caregivers-- homo provocans—appears intact but motorically “enfeebled.” Bids for interaction by autistic infants, though present from birth, are challenging to discern, and, without intervention, become rarer over the first 3 semesters. Parents are initially more active and directive with the affected child and—in their zeal for connection—do much of the work of sustaining interaction. Eventually, “the jazz doesn’t swing” (Trevvarthen, 2007), resulting in

a characteristic relational disruption that may exacerbate autistic compensations and parental withdrawal.

Emerging relational approaches to ASD (e.g., Relationship Development Intervention, 2009) proceed from the same assumptions about how the ‘dance of relationship’ evolves in typical development. Their efficacy, I propose, stems from a shared focus on enhancing bodily rhythms of relating, i.e. by : 1. “Seeing movement” (Amos, 2018)—that is, helping parents detect their child’s social bids, attending—“with eyes wide open”—to their particular form of expressive vitality; 2. Fostering affective attunement through rhythmic scaffolding of interactions and sensitive use of video-feedback guidance (Beebe, 2003); 3. Recognizing that mutual engagement requires “co-regulation” (Fogel, 1993) of joint activities and attentiveness to the micro-world of everyday interactions.

Educational Objectives:

1. Participants will be able to describe the etiological significance of 2 major features of life-long sensory-motor impairment in ASDs, including impaired prospective motor control and impaired vitality form perception.
2. Participants will be able to describe the clinical significance of 2 features of early parent-infant interaction in pre-autistic dyads including impaired infant social initiations ("homo provocans disrupted") and increased parental directive-ness.
3. Participants will be able to describe the relevance of 2 common features of current relational treatments for ASD with proven efficacy, including video-feedback guidance, and focus on co-regulation of joint actions.

Paper 2: Paths of Imaginative Activity and Body Image Change, Along the Therapeutic Process with a Traumatized Young Woman

Anna Maria Barbero

This case shows the role of various types of imaginative activity along the different phases of the therapeutic process with a young woman, who clammed up after many losses and an inflammatory bowel disease with ostomy surgery, which damaged her body image. Elsa came to the psychological consultation at 28, in a condition of social isolation, unemployment, numb affectivity, and alexithymia. Her father, alcoholic, abandoned the family when she was 5 years old. When, some years later, Elsa tried to contact him, she found that he had already died. Meanwhile her mother was getting sick seriously and chronically, thus being not able to offer the daughter an intersubjective context to validate internal experience and regulate affects. Without substitutive attachment figures, Elsa’s sorrow remained an invalidated experience, tenaciously seeking recognition and a safe haven. Crohn disease did its onset during adolescence, when mentalizing body and renegotiating of bonds with the family of origin are essential developmental tasks [1] . The disease was aggressive and resistant to any pharmacological treatment. Finally, ostomy surgery improved her quality of life, but further changed her body image and deprived her of the channel she used to express feelings.

Therefore, affects invaded her life chaotically, as panic attacks and depression. Therapeutic process developed along critic transitions, each of them characterized by a different type of imaginative activity. The first phase focused on the construction of an “optimal distance” between us, and the aim to let her body return to imagine, that is, to create links between different codes of experience. By a phenomenological perspective, her symptoms and somatic perceptions became metaphors and model scenes capable of restarting referential process[2,3], articulating and validating subjective experience[4], elaborating a new body image, expanding the window of affect tolerance, minding dissociative gaps, and generating transitional spaces where to rebuild trust in human relationality [5,6] . Thus, Elsa could imagine her future again, opening up to other ostomated people, job, and, lastly, a romantic relationship. However, the hope, which had supported her “exit from the protective cocoon”, initially it took the form of another type of imaginative activity: “illusion”. Ancient relational dynamics and fear of re-traumatization hit us like a storm, exactly when on the horizon it seemed to see the sun. Contrary to imagination, illusion seemed to limit thought, by locking it inside strict codes of meaning. I saw her falling into a perverse relationship and, in my turn, I became increasingly incapable of remaining empathic toward her motivations. We run into an enactment, which became explicit when the patient suddenly told me she wanted to have a break from psychotherapy. For me it was like entering in the trauma, into a chaotic cloud of nonsense, and of unpredictable separation. Together we had entered, together we left it. Joint elaboration of the enactment let us repair the relationship break and appreciate another side of illusions: the possibility to re-transcribe past traumas precisely by a new experience, in which trauma repetition interweave with developmental push. Later Elsa became capable of going through adversities with resilience; she held the grief over her mother death, by feeling continuity while accepting separation, staying in touch with painful affects, taking care of them, and preserving her vitality. Currently she can access her dreams, enjoying with me the creative power of oneiric activity, and her complex world.

1. A., Maggiolini, G. Pietropolli-Charmet (2004)
2. W., Bucci (1997)
3. J. D., Lichtenberg (2005)
4. G., Atwood (2012)
5. P. M., Bromberg (2012)
6. B., van der Kolk (2014)

Educational Objectives:

1. The seminar allows participants to analyze how imaginative activity manifests in various forms (e.g., imagination as part of referential activity, illusions, dreams, etc.) along the phases of therapeutic process, and interacting with life cycle developmental tasks. Clinical implications and the role of psychotherapist and relationship will be discussed.

2. We will apply the methodological principles of Intersubjective and Relational approaches, and findings on neurobiology of trauma, to the field of Health Psychology; we will discuss the importance of working on the meaning-making process, instead of images' contents, to support patients' resilience, growth and reintegration of self-parts which were fragmented or frozen by trauma.
3. We will critique the negative significance of illusions, by appreciating their double value, either as risk for repetition of trauma, and as developmental potential, in the context of patient-therapist co-created experience.

Paper 3: Writing As Wrapping, Video As Skin: A Clinical Exploration Of Didier Anzieu's Skin-Ego, Transgender Embodiment & Creativity

Kathleen DelMar Miller

Throughout his life, French psychoanalyst and philosopher Didier Anzieu was fascinated by the relationship between the development of our corporeal skins and our psyches, with a particular interest in the ways that this relationship shapes our capacity, or lack thereof, for thought. His early clinical work, as well as his writings on creativity, group experience and psychic envelopes (newly translated in 2016 as "psychic wrappings"), laid the foundation for his seminal theoretical work, *The Skin-Ego* (1985). Taking much from Freud's (1923) "bodily ego," Anzieu's (1985) theory elaborates upon the body's most superficial organ, the skin. Porously separating inside from outside, our corporeal skin maintains our bodies, while the growth of our skin-ego maintains our psyches and provides "the very basis for the possibility of thought" (Anzieu, 1985). A successful trajectory in the development of one's skin-ego, according to Anzieu (1985), results in one's capacity for ideation, creativity and connection, but insufficient development can have a deleterious effect, leading to psychosomatic issues, self-harm and a lack of containment, as well as myriad painful self-and-other experiences (Segal, 2009).

Anzieu's (1985) skin-ego theory holds profound implications for transgender embodiment. As early as prenatal life, according to some, we exist as physical and psychic objects for our primary caregivers, who imprint us with their own fantasies, longings and expectations around gender (Harris, 1998). In this paper, I will argue that if there isn't good-enough congruence between these imprinted messages and our own proprioceptive sense of our bodies and gender identity, then this faulty, not-me mirroring may leave us with an ill-fitting, possibly unevenly developed, skin-ego (Langer, 2016).

Scrunched into the corner of my couch, my patient K, a late 30s genderqueer artist, tells me that she is leaking. "My body is a balloon, filled with hot liquid," she says. This liquid can't be contained by her skin: it's formless and in excess. K's bodily experience is simultaneously a psychic one, saturated with fear and shame. Early relational, intergenerational and cultural traumas have thwarted K's ability to use language symbolically and left her with a psychic skin, a skin-ego, that isn't able to protect or contain her. In this early phase of treatment, K has made a series of multimedia videos drawing from themes in our work together and then

shared them in our sessions, creating a generative feedback loop between us. First the videos, then our analytic work, have functioned as psychic wrappings for K, while the medium of video itself has become a second-skin (Anzieu, 1985). As K has begun to articulate and feel herself as having an inside and an outside, we've been able to experience moments of analytic thirdness (Ogden, 1994), helping K develop a more coherent, cohesive skin-ego. I have wrestled with the question of how to write about this treatment.

I've often felt disturbed by the way that much psychoanalytic writing has a formulaic, "creepy way of shrinking the human" (Corbett, 2012). Eventually I came to realize that I needed to respond to K's idiom, expressed through her disturbing and colorful visual imagery, with poetry. This collaborative gesture is the most authentic way I know to convey and represent my experience. My hope is that the poetry in this paper will deepen one's experience of reading feeling, as writing it has certainly deepened my engagement with K. Here I take my patient's lead: as she has used the medium of video to contain and express her unprocessed psychic experience, I have used this paper as my own psychic wrapping, an attempt at creating a new skin for this body of work that K and I have made together.

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Educational Objectives:

1. Describe the basic concepts of Didier Anzieu's Skin-ego theory and articulate its generative theoretical and clinical implications for transgender embodiment.

2. Explore the role of creativity and imagination in the clinical dyad, and consider methods for working with the patient's own creative production within the treatment.
3. Demonstrate the importance of rethinking the form of the psychoanalytic paper as a means of creatively representing the clinical and theoretical content being expressed.

E.3 Imagining Death, Death and Art, Being with the Wishing to be Dead Patient

Speakers: Rebecca B. Versolato, BA, Brazil; Joy A. Dryer, PhD, USA

Moderator: Francesca Romana Salimei, PhD, Italy

Paper 1: "Yayoi Kusama: Freudian Death Drive, Compulsive Repetition and Survival"

Rebecca B. Versolato

The proposal for paper subject is to analyse Yayoi Kusama's life through a psychoanalytical lens over Freud's "Beyond the Principle of Pleasure"'s death drive, obsessive-compulsion disorder and family relationships conflicts. Even though Yayoi Kusama's work are remarkably well known for the obsessive traces, there is a lot to connect to Psychoanalysis Theory through which her hallucinations, traumas, need for activism and pursuit and rejection for social recognition can be explained or considered. Introduction and main educational purposes

When Freud wrote his famous "Beyond the Principle of Pleasure" (1920), he has shown the world his findings over this contradictory force that splits itself into two main principles. One that desires the homeostasis, which Freud calls the Nirvana Principle, and the other which is connected with repetition, compulsion and masochism. Art can be related to both sides of the drive. Although the death drive, named as Thanatos, might be seen as being in constant conflict with Eros, the pleasure principle, they are both working parts of the economic functioning perspective of one's psyche system to decrease internal tension, according to Freud. "Beyond the Principle of Pleasure" is still one of the most debated topics on Freudian Theory and generated numerous interpretations on artistic behaviour specially due to repetition techniques, a dynamic that clearly demonstrate the tension of this drive to alleviate any energy or tension originated from the symptom. Yayoi Kusama's art is fundamentally about obsession and the need, born of anxiety, to repeat certain acts, of compulsion nature, in an attempt to free herself from that obsession. She was born in 1929, the youngest of four children to Kaman and Shigeru Kusama, and lived most of her childhood in Matsumoto City, a provincial town confined by mountains and social traditions. Her family suffered the effects of the Great depression, having sold parts of their property several times to survive. Her childhood was affected with also Hirohito's party ascension of aggressive ultranationalists whose sentiments were anticapitalist, anti-Western and ultimately militarist. "I couldn't escape this militarism because the government wanted it and the schools wanted it," Yayoi has remarked. "I suffered. It killed my mind.". The object of her teenager aggression was patriarchal domination and the pressures of social conformity. Yayoi's sexual obsessions are clearly rooted in the troubled relationship she had with her absent father, an abusive mother and her parent's difunctional partnership. Her father left right after she was born, and was always considered a "weak man", who was adopted by her mother's family and took Kusama

name from them. Shigeru Kusama was Yayoi's mother, who was a demanding disciplinarian, a strong moralist and who never accepted later Yayoi's artist and feminine behavior. She obligated the young Yayoi to spy on her father's parallel love relationships outside the marriage, to inform her mother of her father doings. This fact, alone, might be the one to contributed for Yayoi's aversion to sexual relationships and marriage and a lot of family issues definitely contributed to displacement of her symptoms into her art.

Educational Objectives:

1. To review Freud's Principle of Pleasure using Yayoi's phallic and symbolic symbols or patterns
2. To broader discuss the role of Yayoi's family into her psychiatric diagnosis and
3. To discuss the importance of art into a displacement and sublimation defense mechanism.

Paper 2: Imagine Death: How an Existential Assessment can Deepen Meaning & Help Create a Better Life

Joy A. Dryer

Israel & Israelis know death well. Far more intimately than most Americans. Yet, some patients who do not live in war zones present beliefs, feelings, and symptoms as if they did. Trauma, panic, can sometimes look as if they fear imminent death. They suffer internal threats as well as external ones. This paper proposes that analysts can open up a vast arena of potential understanding, experience, and analysis when we imagine death with our patients. Imagining their own death, and what their death might mean to them, frames how to imagine living a better LIFE (Yalom, 2009).

I. VIGNETTES

A) When Ron & Kara entered couples therapy, Ron said he wanted out of his 40 year marriage: "I'm 62 yo and I can't imagine spending what time I have left with Kara." Their kids were grown, and he still cared about Kara. However, he was thinking about retiring, with more on what he wanted to do in his life for himself. B) A college freshman, Tish reminded me of a feral cat. Only 3 weeks into her first semester, she looked scared yet fierce. She wasn't sleeping well, missing classes, was worried that she'd start cutting again (as she had in high school), and reported daily suicidal ideation.

Both these patients were concerned about their existence. However each verbalized their thinking about death, these thoughts and feelings profoundly effected how they lived and felt every day.

II. FRAMING the ISSUES with an Existential focus.

A) My initial hypothesis emerged from my clinical practice. With the help of a Scholar's Grant from NYUPostDoc's Alumnae Society, I developed an existential assessment which asks patients a range of questions about death and their fundamental well-being.

B) Assessment. We can assess dread or hope about their future as indicated by questions about death. I've found that most patients appreciate my asking probing existential questions about meaning in their lives. I prompt them to share their deepest most fears and fantasies, that they've often not spoken out loud. Specifically, I ask 1) when they first encountered death as a child: when a pet died? or a Grandparent died? 2) have they thought about dying? About their own death? 3) What do they imagine dying? being dead? feels like? 4) What happens to them after they die? dust to dust? OR do they believe their soul lives on? 5) Would they be delighted to live their lives over and over again –or not?--with no changes. 6) How concerned are they about "time running out"? i.e. about their mortality. 7) What do they need to do in their life so they do not look back with regret?

I will spend 5 minutes asking the audience to respond for themselves selected questions from my assessment tool. We can discuss during Q & A their associations/ feedback.

C) Existentialism. Along with the inevitability of death, intrapsychic conflicts can be stirred by the additional three primary existential "givens" (Yalom, 1980, p.9) : freedom and its accompanying responsibilities, existential isolation, and finally meaninglessness. People of differing ages and developmental stages respond with a range of explanations for their anxieties which I believe are displaced onto aspects of their lives that range from the concrete to the abstract.

III. My hypothesis is based upon a continuum of motivators: logistical to existential. Clinically, I've found that existential concerns are not unitary. Mostly in younger people e.g. Trish, they may be triggered by post-traumatic stress, external stress, attachment dysfunction. These patients' concerns sound more like logistical issues at one end of this existential continuum, e.g. money, children, career, sex/infidelity: abbreviated as MCsquared (+S) (Colarusso, 2000).

As folks age, some experience internal conflicts triggered by a "midlife crisis" (Jaques, E. 1965) e.g. Ron. Their motivators present as increasingly more existential with issues related to the psycho-social-biological aspects of aging: body changes, shifts in relationships, shift in time perspective: BLT for Body Love Time (Waldinger, R.J. & Schulz, M.S., 2016).

IV. CLINICAL IMPLICATIONS

I have found clinically logistical issues mask deeper existential questions (BLT). Thus, I'm convinced that we can deepen even further our patients' understanding of their intrapsychic threats and death anxiety. With several clinical vignettes, I will support Yalom (2009) 's 3 major existential principles.

First, I agree with Yalom that we each have a responsibility to live our lives to our potential – fully and boldly... so that we have few regrets when we die. Learning to live well is learning to DIE well. (Yalom, 1980, p.9)

Second, he believes that when you have an awakening experience you appreciate your life more (Ibid, p.32).

And Third, Yalom's antidote to death anxiety is his concept of rippling, referring to how we each create concentric circles of influence that can affect others for years, or generations. Thus, if you're troubled by your own mortality, by the ultimate nothingness of death, he suggests that we each leave something of ourselves behind. (Ibid, p.82). In fact, in every therapy session, he urges "Pass along parts of (yourself)...of what (you) have learned about life..."(Ibid, p. 164)."

In sum, I will urge the audience to ask these questions to themselves, then discuss appropriate ways to ask their patients. We can prompt ourselves and our patients to explore these existential questions so that we together co-create an emotional place to imagine how we truly decide to live our lives.

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Educational Objectives:

1. Discuss why it can be beneficial to discuss death and its meanings with patients.
2. Name Existential Psychology's basic tenet about how to live your life.
3. Identify 2 existential processes by which patients can imagine deepening meaning in their lives.

E.4 Routes to the Evocation of the Patient's Being

Speakers: Alice Bar Nes, PhD, Israel; Karen Weisbard, PsyD, USA; Orna Reuven, PhD, Israel

Moderator: Ayelet Raz, MA, Israel

Paper 1: On Imagining One's Patient: Between the Imaginary and the Intuitive

Alice Bar Nes

Modern psychoanalysis and, in particular, relational models tell us that one can find the patient by looking into one's self. Many theories, culminating perhaps in Ogden's (1994) notion of 'the analytic third,' actually assume that patient and analyst share a common psychophysical field, which grants this most intimate knowledge of the other, rather paradoxically, through introspection. I wish to claim that this assumption about "touching souls" is fundamental to contemporary psychoanalytic theories. This thought paradigm has opened up a world of new possibilities in psychotherapy and inspired a previously unknown optimism regarding the ability to understand and to affect change. It has empowered the individual analyst to use himself as a uniquely attuned intuitive tool.

These theories, however, often overlook the fact that this kind of analytic knowledge - arguably the only way of truly knowing the patient - necessarily involves the constant employment of imagination. One imagines one's patient, recreates them through an image originating from whatever sensations and experiences the analyst is currently having. 'The analytic third,' therefore, is an imaginary creature or, at least, its counterpart in the analyst's mind is. This subjects the image of the third to all the embellishments of imagination and renders it the recipient of all its powers of creativity and its ability to facilitate intuitive leaps.

How can the analyst be reasonably sure that she is employing creative imagination, rather than imposing her imaginary structures on the patient and practicing a modern version of wild analysis? Bion (1971) advised the application of a meditation-like form of psychoanalytic attention, free from memory and desire, in order to purify one's intuition. In contrast,

relational theories argue that such a state of mind is both unpractical and undesirable. Yet, even granting the truth of some of this criticism, I would argue that this almost religious demand, offered as a practice of the “Faith in O,” constitutes one pole of a necessary tension the analyst must maintain in her daily practice. The other, contrasting pole is a pragmatic approach, tuned to such ‘evidence’ as shared, close to consciousness pieces of experience. Freud’s practical rule of checking whether the analyst’s intervention has been followed by more associations from the patient is one such criterion. Another crucially important psychoanalytic criterion stems from Winnicott’s emphasis on the facilitation of the ability to play or, more concretely, on those moments in a session when “the child surprises himself” (Winnicott, 1971, p.68).

Winnicott’s criterion of observable creativity is, in a way, an elaboration of the unconscious fecundity in the form of associations, that Freud has stressed. Leaning on observable evidence such as increased aliveness, we can implement the pragmatic model as it is defined by the great American philosopher William James (1907, 1909): Using experience as the basis of judgment and conceptualization, and practicing faith that can actually be shown to affect our daily lives. Most importantly, the pragmatic rule of fallibilism, of knowing that we can err, should be held as sacred and important as that of Faith— of truly believing in our ability to come in contact with emotional truth (Bion’s O). This balance can serve as an anchor for the therapist while delving into the ineffable and unknown. As Ogden (2010) puts it, not knowing is a precondition of imagination. The main argument of this paper concerns the need to maintain the tension between faith and the pragmatic acceptance of fallibility; the challenges of maintaining such tension alive and keeping imagination fruitful will be illustrated by a clinical vignette.

Educational Objectives:

1. Acquiring a two-fold epistemological stance of doubt alongside faith and maintaining the necessary tension between the two in therapy.
2. Learning about the immanent role of imagination in the therapist’s work, with its great potential as well as its dangers.
3. Learning to identify the pragmatic criteria for therapeutic progress in psychoanalytic theory and practice.

**Paper 2: Imagining Robert: A Relational, Trans-Subjective View of the Body/Mind
 Psychoanalytic Process**

Karen Weisbard

In the absence of a good-enough environment, D.W. Winnicott argues that thinking or the mind becomes a substitute caretaker for the psyche-soma (1949). For healing or aliveness to occur the psyche must become somatic - utilizing imagination through the body’s sensations and functions to elaborate an inner world that cannot be found. The lost mother necessitates the production of images to keep a buried or nascent self/other relationship alive. Surrounded by unprocessed losses, psychic dead mothers (Green, 2015), and refusal of meaning making,

I had to locate my patient, Robert, through a radical imagining that Dodi Goldman (2012) describes as an “evocation – a summoning, calling, or conjuring up” (p. 6).

Robert is a 36-year-old whom I have seen for seven years in weekly psychotherapy. When Robert first came to see me, he was unable to leave the house without his father’s assistance. While Robert still lives with his father, and primarily plays video games all day long, he now drives by himself to the grocery store, the bank and to our sessions. There is an established rhythm to every session that begins with how Robert got to the session, how his sleeping or non-sleeping was, what he ate or didn’t eat during the week, what computer games he played or sports he watched, and how he may or may not try to do something slightly new this week.

While Robert lived in the world of the concrete, I had to live in the world of imagination. I held Robert in my mind as the infant who could not find loving arms to hold his terror, and myself as that loving mother in whose arms he could safely fall asleep. I held him as a toddler trying to find his way to and from a mother who was experienced as both absent and overly intrusive, and to hold myself at a not-to-far/not-to-close distance. I held Robert as a psychoanalytic patient even though the work hardly seemed psychoanalytic in a more traditionally relational intersubjective view. I had to hold myself as an “unobtrusive analyst” (Grossmark, 2012) and focus on the “non-interactive interaction” (Shalgi, 2018) of my time with him.

In this paper, I bring a contemporary relational sensibility to D.W. Winnicott’s ideas on psychosoma, primitive emotional development, the capacity to be alone, and the early facilitating environment to describe what I believe to be Robert’s early experience at the hands of his mother through my counter-transference responses. Trans-generational mothers entered the consulting room as living reminders of trauma and loss denied by the mothers in both Robert’s family and my own. Actual deaths in both of our families during the treatment allowed us to resurrect real mothers who held love in their hearts that could not earlier be shared or known.

This work illustrates the changing landscape of relational psychoanalysis. I return to the body who we speak to rather than about; to a present emphasis on the internal object relational world of the patient that may preclude the analyst from speaking about mutuality and recognition with the patient yet is still, what I would call, a “trans-subjective” act; and to a future that imagines mourning and melancholy as a “perpetual struggle” and an “always incomplete task” (Harris, Kalb, and Klebanoff, 2016).

Educational Objectives:

1. Participants will understand the term “trans-subjective”
2. Participants will learn how use of imagination is a vital and creative act in the psychoanalytic process
3. Participants will recognize how mourning and melancholia are an intertwined, ongoing subjective task.

Paper 3: A Prepared Mind for Analytical Mistakes

Orna Reuven

“I cannot face with comfort the idea of life without work; work and the free play of the imagination are for me the same thing, I take no pleasure in anything else” (Sigmund Freud, in a letter to Oskar Pfister).

The first generations of psychoanalysts took pride in their rational knowledge of the inner world. They believed the most important gift they could give a patient was the gift of interpretation, a rational account of an inner turmoil, unknown to the patient herself. Freud’s interpretation of Dora’s peculiar symptoms, for example, reflects his decisive understanding of her unconscious desires, provided to her in what seemed to be an undisputable manner. Dora listened, but then left treatment without delay.

Contemporary psychoanalysts praise unknowing, and the courage it entails. They believe psychoanalytic work involves the ability to withhold knowing, to patiently wait in a state of confusion, hoping for some vague understanding to emerge. Nowadays we admire the psychoanalyst’s ability to freely dream, imagine, reverie. We no longer know Dora’s truth before her, instead we hope to endure the mutual turmoil together, negotiating truths and understandings.

As part of the mutual turmoil, contemporary psychoanalysts openly describe moments of disorientation; expressed anger and hostility, thinking of something else, staring bored at the clock, even falling asleep. We are guided to not let ourselves dwell in thought-narrowing self-blame, but to curiously observe the important material hidden in our enactments. Keep observing, keep imagining, until out of the material a vivid and truthful account of the patient’s experience will arise.

Considering Freud’s quote on work and imagination as the same thing, it is intriguing to reflect on the transformation our work has gone through. I would like to suggest this transformation is closely related to the conceptualization of analytical mistakes as opportunities for creative development, both in a particular analysis as well as in the theoretical sphere.

Freud published Dora’s case, allowing us to think and rethink his daunting failure. Generations of psychoanalysts continue to wonder what would have happened if he had interpreted using a different line of thought? Is there a way to relate to Dora’s feelings that would allow her to stay in analysis? What would have happened if he had agreed to continue analysis, when she asked him to do so years later? Although in Dora’s analysis itself the creative development was prematurely stopped, Freud allowed it to become a mutual live theoretical asset of our thinking.

No doubt creative critical thinking derives from successful analyses as well. But learning from our mistakes can be a playful process, evident in varied areas of research. The French scientist and inventor Louis Pasteur coined the intriguing concept of ‘Prepared Minds’. Pasteur suggested that for a scientific mistake to become an invention, it must be met by a prepared mind, which holds enough knowledge and experience to allow it to sense the hidden opportunity. I believe Freud gave us Dora’s analysis as a brave scientist, setting the ground for mutual playing and dreaming.

Educational Objectives:

1. Understanding the historical shift between the analyst who owns the rational knowledge, to the analyst who withholds knowing and patiently waits in a state of confusion.
2. Revisiting Dora's analysis from the standpoint of analytical mistakes.
3. Implementing the intriguing concept of 'Prepared Minds' to psychoanalysis.

E.5 Imagining the Unknown - Riddles, Truths, and Assault on Truth

Speakers: Stefanie Solow Glennon, PhD, USA; Amit Saad, MD, PhD, Israel; Orit Dudai, PhD, Israel

Moderator: Gidi Levin, MA, Israel

Paper 1: Psychic Ramifications of the Assault on Truth

Stefanie Solow Glennon

The title of your upcoming conference "Imagining with Eyes Wide Open: Relational Journeys" implies that there are potentially life enhancing truths to be seen that exist outside ourselves as well as inside each of us and between us. Imagination without truth is either distortion, delusion, projection, hallucination or, at worst, "malevolent imagination" aiming at the truth of how to propagandize untruths.

In our world today truth is undoubtedly in trouble. Without acknowledgement of the existence of truths there can be no faith, no ethics, no aesthetics, no search for human truths in philosophy, religion or psychology. No research, no scientific truths, no significance of history. We would be swirling around without foundation, without goals, without hope, without creativity, without imagination. Where those truths come from is as yet an open question. But their existence is irrefutable.

Any psychodynamic exploration is senseless without the conviction that truth exists and can be experienced. Life without belief in the existence of personal and objective truths and the possibility of knowing them is inconceivable and could only result in despair and psychic paralysis.

The proposed paper will be an attempt to explore and expand upon all of the above. In addition questions will be raised regarding how and why it is that so many of us have been thrown from the psychic comfort of Barack Obama as our "president", our learned and integrity-filled leader, to the destabilizing and frightened preoccupation with the horror of Donald Trump. His unrelenting assault on truth, his unabashed lying, his lack of integrity, his disregard of morality and civility, his disinterest in learning, his total preoccupation with himself (which, without his power, we might find pathetic and sad.)

How has it been possible for one person, in such a short amount of time, to have had such a powerfully contaminating effect on truth. Results include the splitting up of the American family, alienating us, fostering hatred and competition. How and why is it that so many have

been permeable, have been unable to hold onto what they have previously sworn allegiance to and believed to be sacred and true?

And I see effects on my patients and in myself. A pervasive feeling of destabilization and fear of “what’s next?” resulting in daily preoccupation with the news, reading every op-ed in the NY Times, watching every episode of late night TV news, and talking constantly with close friends.

I don’t think that Trump is evil. He is amoral, only focused upon what is self aggrandizing. He cares about others only insofar as they may or may not be loyal to him. Perhaps there is something about his lack of artifice, a kind of odd ingenuousness that results in his not being able to understand why people are so angry at him, that ironically allows for trust of him. He’s not a Hitler – the personification of evil. He has no plan, no believable good or evil intent regarding others. As said above, his preoccupation is solely with himself. But the sequelae of his amorality, has in some way allowed for the emergence of the worst in others. A kind of dangerous “anything goes.”

I am in no way suggesting that I fully understand the underlying dynamics of what has occurred and is occurring around us, but that is my quest and will be the focus of my presentation.

Educational Objectives:

1. Attendees will get as complete a picture as possible of what is occurring in the United States as a result of the Trump Presidency. Emphasis will be placed on the effects of lying, incivility, amorality and outright immorality, i.e. the assault on truth and humane values.
2. They will be presented with the presenters hypotheses as to how and why the above influences have strongly, deleteriously effected great swaths of people in varying ways.
3. Attempts will be made to understand the underlying dynamics of what has occurred and seems to be getting more ingrained. Input from the audience will be strongly encouraged to promote thinking together.

Paper 2: Imagining the Other- Psychological Idealism and the Riddle of Projective Identification/ Paper Proposal

Amit Saad

Wilfred Bion’s expansion of the concept of projective identification is widely used to explain psychological phenomena. Bion’s concept is traditionally presented using the “container” metaphor according to which subjects can sometimes contain unbearable psychical elements of others. Accordingly, mental states, such as being anxious, are not only communicated, but may also be transferred—similarly to physical objects—from one subject to another. At the moment we have no proper model for explaining how mental states can be transferred.

Moreover, by a thought experiment it can be shown that the idea of transferring mental states is a mysterious parapsychological phenomenon.

The aim of this paper is to solve this mystery, i.e. explain how mental states could be transferred as Bion suggests, without presupposing parapsychology. I will argue that the mystery is a consequence of a naïve metaphysical conception of psychological states, which will be called Psychological Realism. According to psychological realism mental states and mental properties are conceptually independent of our judgements, similarly to the weight of a chocolate box. Nevertheless, it will be argued, that the mystery can be fully explained by a rival conception—Psychological Idealism—according to which mental states are conceptually dependent on people's judgments, similarly to the price of a chocolate box.

An important consequence of psychological idealism is that mental states of subjects who cannot make judgements regarding their own condition (cannot think about their mental states in a Bionian sense) are conceptually dependent on the judgements of other subjects. Hence, the mental states of babies are conceptually dependent on the judgements of their parents. Therefore, “there is no such thing as an infant” without maternal care. Likewise, some mental states of patients are conceptually dependent on the judgements of their therapists. ‘Dyads’ may therefore be defined as couples of two subjects in which the judgements of one of them (e.g. the mother) determine the mental states of each of them (both the mother and the baby). Such dyads enable the possibility in which the mental states of the two subjects directly affect each other without assuming parapsychology. For example, the mother may revise her judgements regarding the mental states of her baby when her own mental state is changing. As her judgements determine the mental states of her baby, it appears that a change in her own mental state may yield a change in the mental state of her baby. Thus, by being anxious, the mother could alleviate some of the anxiety of her baby, and so it appears that the anxiety is transferred from one subject (the baby) to the other (the mother).

Imagining the mental states of another subject may enable us to make new judgements regarding their condition. In dyads this could yield an actual change in the mental states of the other subject. Thus, the ability of the therapist to imagine possible mental states of her patient is required for enabling the patient a psychical change. Likewise, the ability of parents to imagine possible mental states of their babies enables their babies psychical development.

The conception according to which the mental states of one subject are conceptually dependent on the mental states of the other is a move towards two-person psychology, as it yields that some of the subject’s mental states cannot be determined independently of other subjects. Thus, acknowledging that Bion’s conception relies on psychological idealism reveals that Bion’s model of the mind is in fact relationalist.

Educational Objectives:

1. The learner will be able to identify the distinction between realist and idealist conceptions of the mind and their relations to psychodynamic theories.
2. The learner will be able to describe the philosophical assumptions behind Bion’s concept of projective identification.

3. The learner will be able to evaluate the conceptual importance of imagining and thinking about other subjects' mental states in order to enable them psychical development.

Paper 3: Imagining the Unknown: A Cinematic Representation of Relational Enactment

"A Trip to the Moon" ("Le Voyage Dans La Moon")

George Me'lie's (1902)

Orit Dudai

Imagination has always been an opportunity to envision way beyond the here and now, to allude time and space, integrate past present and future and form one's own narrative. I intend to explore the way one of the first film's in the history of cinema, Me'lie's 1902 **"A Trip to the Moon" ("Le Voyage Dans La Moon")**, can represent for the viewer, especially a psychoanalytic one, the role of imagination in a relational exploration and in particular that of generative enactment (Aron and Atlas, 2015).

Inspired mainly by Jules Verne's novels, "From the Earth to the Moon" (1865) and "Around the Moon" (1870), the film follows a group of six astronomers who travel to the moon in a cannon propelled capsule in the quest to explore the moon surface. They are taken captive by group of Selenite's, fight them, escape and return home with a Selenite prisoner. More than sixty years later on 1969, Apollo has landed on the moon surface and the imaginative phantasy has become partially transformed into reality. As it turned out, Selenite's were not found on the moon, but imagination has triggered reality in what can be seen as a relational process.

The film's imaginary vision is very similar to the way dreams, day dreams or play, sometimes hold a prospective quality. In relational terms this means that we unconsciously and actively dream and anticipate our future, enacting and rehearsing what is yet to come (Aron and Atlas, 2015; Benjamin, 2015). Aron and Atlas refer to the way this prospective enactment emphasizes a movement forward, rather than backward as in the Freudian concept of enactment.

Accordingly, I explore the way the film, as an imaginative space, contributes to new meanings yet to come. Aron and Atlas also acknowledge, that prospective enactment contains a visionary function that enables us to imagine new possibilities. In the same arc, it has been suggested by Gunning (2011 p. 108), that the film planted the seed for cinema's mission to view the earth from the moon, to imagine a vision outside the common frame of spatial relations, with all its possible dangers and delights Gunning. This aim I believe is what the film as a specific style and genres of cinema, shares with the visionary function rooted in the relational prospective enactment, as a step towards growth and creativity.

Even more, the film's satiric representation of colonialism, addresses the inherent human fear of otherness, of what is strange and unfamiliar. In representing this fear, it offers the psychoanalytic viewer a live and dynamic experience, which can be thought of as a "vitalizing

enactment" (Schwartz Cooney, 2018), an action of seizing the moment and an opportunity to create something new in the here and now, a fresh insight of subjects encountering "others".

Educational Objectives:

1. The above presentation offers an added perspective regarding generative relational enactment by analyzing a film which like dreams is prospective, rehearsing what is yet to come.
2. Discussing the film will assess our ability to imagine a vision outside the common frame of spatial relations, as its visionary function reverberates a relational perspective, aiming to look forward to future possibilities, to change our inner as well as well as our outer perspective.
3. The ability to represent visually the dynamics of an encounter with an alien, helps us as clinicians to analyze the above dynamics in vivo, enabling to utilize this understanding of otherness in the clinical encounter.

E.6 War, Politics and Psychic Space

Speakers: Veronica Csillag, LCSW, USA; Viviane Chetrit-Vatine, PhD, Israel

Discussant: Chana Ullman, PhD, Israel

Moderator: Anat Bruck Chen, MA, Israel

Paper 1: From Budapest to Psychoanalysis: Politics and the Theater of the Psyche

Veronica Csillag

My ex used to be an actor. He was one of the founding members of the now defunct Squat theater, the avant-garde theater troupe exiled from Budapest, Hungary. After we became a couple he told me that he chose to come to New York with his ensemble so that he could present a red rose to a lady on stage as a token of love, not as a political gesture. Back then the color red did not represent the rabidly reactionary electorate of several US states but the Communist Revolution, which, by my formative years, has degraded into a largely dysfunctional totalitarian regime, if it was ever anything else.

While I thought that his comment was witty, and I imagined myself to be his leading lady being offered the red rose on stage, it was hardly a surprise. I grew up surrounded by politics. My parents would have their political discussions, mostly disagreements, shouting matches, right at the dinner table. They could never agree on anything.

Mother was a left-leaning liberal, sympathetic to socialist ideology but critical of the establishment, reluctant to fall in line with rules and regulations. Father was a proponent of Social Darwinism, survival of the fittest, the weak can perish. He advocated internment camps for deplorables and undesirables, a set whose definition evolved from day to day, and

included “good-for-nothing intellectuals” and pretty much everyone on the left side of the political spectrum. His hatred was primarily directed at my mother but I also felt attacked. The tragic irony of father's preoccupation with sending groups of people off to camps is that as a Jew, two decades earlier, he himself was conscripted into forced labor.

Immigration as imagination

In my presentation I will explore the role of imagination and anticipatory fantasizing in the process of immigration. I will use my own experience as well as material from my clinical practice to discuss how imagination, dreaming and the impingement of the Real intermingle to shape the experience of immigration and contribute to the development of a new narrative paradigm. I will link my father's vision for internment camps to the current refugee crisis, a perversion of immigration: Migrants and refugees, the undesirables of our time, in detention centers, East and West. In my talk I intend to follow Bion's injunction (1992) that the goal of psychoanalytic writing is not to report and describe, but to create an emotional experience in the reader that is very close to the emotional experience of the writer/analyst/analysand (Ogden, 2012, p. 100).

The scene of the crime

Whenever I return to Budapest I visit my parents' grave. I find the Jewish Cemetery there a beautiful and peaceful place. There are a lot of old, untended graves, much vegetation, bugs, not many people. I am very fortunate to have most of my family, including parents and grandparents buried there. Only my uncle's body is missing: he was murdered in the Holocaust. Amongst the Hungarian Jewry, that is considered fortunate, and indeed, I am grateful.

The cemetery in Budapest with all its missing bodies is the representation of the original crime, perpetrated all over Europe during the 20th century, in Auschwitz, in Mauthausen, at Stalingrad, in the Gulag, at the ghettos in Warsaw and Budapest, just to name a few fields of terror personally meaningful to me. In conclusion I will examine how my feelings about and understanding of the cemetery, a symbol of the crime scene I have been investigating all my life, with and without awareness, have evolved in my immigrant years. This process contributed to reimagining and reinterpreting past, present and future.

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Ogden, T. H. (2016). Destruction reconceived: On Winnicott's 'The use of an object and relating through identifications. *Int. J. Psychoanal.*, 97:1243-1262.

Educational Objectives:

1. Describe the role of anticipatory fantasizing in the immigration process.
2. Discuss the nature of psychoanalytic writing.

3. Explain the function of imagination in preparing for the future and in reworking the past in the context of immigration.

Paper 2: Imagining Peace While Revisiting "Why War?": Aspiration For Peace and the Matricial, That is the Feminine Maternal ... In Each Human Subject

Viviane Chetrit-Vatine

Responding to Einstein's question about human beings' motivations for waging wars, Freud attempts to use the results of his experience as a psychoanalyst and the discoveries he has made, emphasizing the impact of the death drive, an unconscious drive for destruction, in every person. Blind fury and hate among "the most civilized peoples" is a riddle he tries to solve in order to grasp the individual and group mechanisms at work. However, he raises a question Einstein has not asked: what motivates the aspiration for peace in human beings? Clearly dissatisfied with the answers he can provide, he ends the exchange with Einstein pessimistic and disillusioned. This tension between the reality of wars, particularly in Israel, and a concurrent, often reiterated, aspiration for peace focuses my discussion today.

I first refer to Levinas's reflections on the phenomenon of war, especially in the introduction to *Totality and Infinity*; this entire book can be seen as a development of the hypothesis that ethics as he conceives it, namely as an asymmetrical responsibility for the other, is the only position that can cause a rupture in the political.⁶ I proceed with this definition of ethics to develop a new hypothesis on its origin. I propose that the aspiration for peace, and the human capacity to take responsibility for the other, has its roots in the intimate being, Aspiring for peace begins on a formless level that touches on the infinity of the human psyche, and takes us to our earliest experience, our encounter with the feminine-maternal dimension of every human being. In what I call the "creation of a matricial space" we find the human, unconscious process leading the subject to position herself and function as an ethical subject, or as a "matricial third."

Drawing on examples from my psychoanalytic practice or situations linked to the local -but going beyond the local- socio-political context, in 2014 and 2015, I move between Freud's propositions and my own hypothesis, with its implications for contemporary psychoanalytic practice while, possibly, going beyond the office walls. In the course of this study I refer, furthermore, to passages in both Levinas's *Difficult Freedom* and a later work, his *From the Sacred to the Holy*. Each of these works has interesting resonances with contemporary violence.

And shorter:

Alternating a return to Freud's propositions in its well known paper: 'Why War?' with her own hypothesis of a feminine-maternal matricial third, sitting at the origin of ethics conceived as responsibility towards the other, the author refers to Levinas's reflections on the

⁶ See Hanoch Ben-Pazi, "Messianism's Contribution to Political Philosophy: Peace and War in Levinas's *Totality and Infinity*," *International Journal for Philosophy of Religion* (2016).

phenomenon of war. She relates in particular to his introduction of Totality and Infinity, to passages from *Difficult Freedom*, as well as to one of his later works, which, in an interesting resonance with contemporary violence, is called: *From the Sacred to the Holy*. While contributing clinical illustrations or elements connected with the Israeli socio-political context in which she practices, the author focuses on the tension between the reality of wars and the aspiration for peace which she sees as related to a nostalgia to intimacy, that is to the feminine-maternal residing in every human.

Key words: Ethics, war, death, peace, responsibility, sacred, third, life.

Educational Objectives:

1. Assess the aspiration for peace as related to the matricial space concept and the feminine maternal origins of ethics in any human subject
2. Evaluate the exchange from 1932 between Freud and Einstein questioning the phenomenon of war, in light of the evolution of thoughts in this XXI century beginnings
3. Discuss Levinas's reflections on war

E.7 The Ritualized and the Imagined: In the Analytic Dyad And in the Group

Speakers: Temo Keshelashvili, MSc, Georgia; Laura D'Angelo, MDiv LP, USA; Tamar Kichli Borochofsky, MA, Israel

Moderator: Sandra Halevy, MA, Israel

Paper 1: From Imitation to Creative Imagination

Temo Keshelashvili

"Man, too, has wings, he has imagination." Soren Kierkegaard "Imagination is more important than knowledge." -Einstein

The human mind is a highly organized system attuned to physical and social realities. It is orchestrated not only by perceptions and responsiveness we are capable of but by the power of our imagination. The limits of our cognitive capacities leads to the phenomenological difference between the world we construct within us, from the world that surrounds us. Imagination contributes in shaping not only presence through the process of imagining a better version of it, but also it gives us the opportunity to reshape and reorganize our past experiences that gradually shaped our memory and personality styles. Based on this position, psychoanalysis is a highly complex approach of the ritualized discipline with real and imaginary relationship between two humans where one of them has theoretical and practical - experiential equipments to detect and regulate the subtle transmission of patient's unconscious fantasy into mutual imagination that is never so precise. From etymological roots of the term comes from the Latin word is "to form an image of, represent", from *imago* "an image, a likeness," from stem of *imitari* "to copy, imitate" As we saw it, imagination was used to be a mental imitation or representation of the real. But today we use the same word in different way, I would say oppositely from old Latin and mid-14c. old French *imaginacion* "concept, mental picture; hallucination,". Imagination, in today's language, is more connected

to originality and creativity. According to many different authors inside and outside of psychoanalysis, imagination is something that has the potency to contribute to any type of creative actions. One must imagine first to create something. It should have prospective qualities and motivational aspects to serve final goal and to comprehend as many mental activities as any particular task takes to be accomplished properly by any given human. How can we bare, tolerate or wait patiently for better without imagining something more important than mediate wishfulfillment can offer us? Imagination in clinical field should be defined as a visual form of the mentalization that is characterized by the strange interplay between semantic and visual intelligences. In other words, it is a specific form of the abstract operation, that gives us the capacity to simulate an extra reality within us. As Greenspan (1992), for example, found that children who cannot verbalize feelings tend either to act out or to somatize. Marty and M'Uzan (1963) described somatizing patients as using "operational thinking," meaning that they were strikingly devoid of fantasy, incapable of symbolic expression, and invested more in "things" than in products of the imagination. Therefore the quality of our clinical work, on the one hand, depends not only conventional categories such as professional qualification or the diversity and richness of clinical practice but also, it depends on, and strongly contributed by analysts ability of creative imagination that should be something opposite of adaptation – more precisely to not to be blinded and to not to obey patients psychopathology as Symington (1983) described in The Analysts Act of Freedom.

Educational Objectives:

1. Increase their ability to see the differences and the commonalities between dream, fantasy, phantasy, daydreaming and imagination.
2. Deepen their knowledge about functions of imagination in psychoanalytic clinical work, everyday life and in contemporary politics.
3. Gain the knowledge about my theoretical hypothesis about the connection between imagination and creativity in the context of mentalization.

Paper 2: The Loaded Chamber: Finding Ourselves in the Other

Laura D'Angelo

In this paper, I describe a treatment that becomes stifled when a patient and I harden into unimaginative role locks: analyst/patient, Hillary/Trump supporter, hero/coward. His disclosure of a loaded gun in the consultation room has the surprising effect of freeing us up to recognize ourselves in the other. In a spontaneous exchange, I find in myself the parts of my patient that I dislike, the sadistic, judgey and arrogant ones. My patient finds in himself the parts of me he dislikes, the fearful, permissive and superious ones. These parts mix it up on the analytic stage, with playfulness and humor, allowing for relational freedom that breaks up the tentative and constricted tie.

The paper explores the ways that we imagine we are not like the other and the moments that open our eyes to the possibility that what resides in the other, resides in us too. The presentation of this case illuminates the concept of "Dramatic Dialogues" put forth by Lew Aron and Galit Atlas that describe how we and our patients enter the one another's inner

worlds in surprising ways that can transform the analytic encounter into “a stage where analyst and patient come alive, working through the past and toward the future.” (Atlas, Aron, 2018). It also draws on Togashi Koichi’s development of Kohut’s idea of “twinship.” For Koichi, twinship is not only a yearning to be human among humans but is a process of mutual finding that can requires a leap of imagination.

Educational Objectives:

1. Understand the generative aspects of a “dramatic dialogue.”
2. Describe the evolving concept of twinship and its importance in a relational journey.
3. Discuss the different aspects of hope and dread and how it interacts with otherness in the analytic situation.

Paper 3: Beyond My Imagination? Group Therapy with Ethiopian Boys Based on Musical Preference

Tamar Kichli Borochofsky

What was I missing? The thing that I could not imagine, made it difficult for me to write and convey to you its power, to describe its dimensions in my mind, as well as in theirs. I have been working with Ethiopian youth for a decade and yet the therapeutic process that took place in the group I had been working with for two and a half years took me by surprise.

This abstract will demonstrate the use of creative material as a means to reach troubled youth. It will also demonstrate the pattern of silence vs full disclosure. Finally, the use of uncharacteristic choice of criteria for group therapy will be shown to be effective.

I could not imagine that they all knew that one of the boys’ fathers was beating the entire family and nobody raised the issue. I could not fathom the strength of their silence conspiracy – even after they had seen this boy’s father drunk and abusing him publicly – that kept them from alerting me to the situation. I also never imagined I had been seen as an outsider and that they were picking their words very carefully, keeping the secret safe, even within the framework of therapy. Through the songs that they brought, the secret unfolded and only after two and a half years did I understand the hidden meanings behind the lyrics.

For this group, I chose the boys based on their musical preference which turned out to be an extraordinary and surprising choice. Building a group for therapy based on musical preference was unheard of in the realm of group therapy. I made this choice based on the reactions from the boys as I interviewed them and asked about their interests. Music was a common denominator that when discussed, appeared to bring out a spark of connection. As for their music, it was hip-hop rap songs with an Amharic influence, which in addition to a rich emotional world were full of curses, drug references and violent rebellion against society.

Although this music would appear to be very inappropriate for therapy, specifically for teenage boys, this was exactly the tool I needed to reach them.

As a therapist, I imagined that by sitting with these boys and listening to the lyrics, so radically rebellious, that I would gain access to their inner worlds, yet it took me two and a half years to realize what I was hearing. In one instance, the boy whose father had been seen beating him, brought a song called Ingera with Chow (https://www.youtube.com/watch?v=8Tl8T3y6x_Q&t=53s) to the group session. The song mocked an Ethiopian father who boasted in a heavy Amharic accent that he sexually harassed the neighbor and beat his children. Everyone in the group knew the song except for me. Perhaps they believed that the boy would use the song to convey his own personal experience without using his own words. I remember the resounding silence before the song was played. Maybe they hoped I would see the hidden meaning. The silence conspiracy was broken and the truth revealed.

The psychoanalytical practice of free thinking and dream analysis allowed me to view their choice of creative material as a surrogate to their dreams. Ultimately, the lyrics were far more realistic than the events I had imagined and the silence conspiracy was as much a part of the process as the unfolding events.

Educational Objectives:

1. Demonstrate the use of creative material as a means to reach troubled youth
2. Demonstrate the pattern of the silence conspiracy vs full disclosure during the course of group therapy for Ethiopian youth
3. Demonstrate the use of uncharacteristic criteria for the choice of participants in group therapy as a positive impact

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E.8 Immigration and Belonging

Speakers: Alison Ross, MPH, PhD, USA; Yael Greenberg, PsyD, USA

Discussant: Hazel Ipp, PhD, Canada

Moderator: Margarita Kahn, PhD, Italy

Panel for IARPP 17th International Conference Working with Immigrants: Imagining and Recovering a Sense of Being at Home. The clinical papers in this panel address different aspects of analytic work with immigrants that can lead to expanded subjectivity, enriched sense of imagination and possibilities as well as a sense belonging and finding a home. Specifically, one paper explores how analytic work can contribute to an increased awareness of the “*Home Within*” and an integration of disavowed past experiences. The second paper focuses on the importance of mourning and its creative potential. Specifically mourning of a parent as well we mourning of disavowed losses related to immigration. Both papers address the possibilities offered by the creation of a potential space by the analytic dyad.

Paper 1: Working With Immigrants: Imagining and Recovering a Sense of Being at Home

Alison Ross

An essential part of our work as psychoanalysts is helping our patients better understand their inner emotional worlds and the conflicts, contradictions and deeply embedded self-concepts that contribute to their emotional pain and suffering. This process requires us to not only be caring and compassionate clinicians, but also creative in how we convey psychodynamic concepts and theories to them in ways that enable them to forge connections between the present and the past, and allow previously unconscious and disavowed aspects of their psyches to surface into awareness.

Based upon the work of psychoanalysts such as D.W. Winnicott and Salman Akhtar as well as essayists and writers such as Pico Iyer and Andre Aciman—immigrants who have written about the losses, longings and struggles they encountered leaving their native homeland and moving to another country, I have developed a concept I call the *Home Within*. The *Home Within* encompasses the amalgam of experiences of home—tangible and intangible, conscious and unconscious—that all of us carry inside us and become a core part of who we are.

For both analyst and patient, the *Home Within* is the prism through which we see ourselves, and others, and make sense of the world around us. It is the inner touchstone that defines us and guides us as we journey through life. The household we’re raised in as children lays the foundation for the psychological conflicts, relational constructs, and emotional dynamics that become embedded in our *Home Within*, which influences the decisions we make, the personal and professional paths we take, and the ways we navigate the losses, changes and challenges we face at different times throughout our lives.

My paper will focus on my work with two immigrants, Dmitri and Miriam. It will illustrate how in developing a deeper, more nuanced and emotionally complex understanding of their individual experiences of home—in the past and in the present—allowed in each of them the recognition and integration of painful experiences that had been previously disavowed. Dmitri and Miriam’s stories were very different: Dmitri was a twenty-two-year-old gay man who had recently left Russia after being brutally assaulted, and Miriam was a Polish-American immigrant who was a thirty-nine-year-old wife and mother of two young children who had immigrated to America when she was eight-years-old. Despite these apparent differences in

their experiences as immigrants my work with them revealed what we know as psychoanalysts, but was a revelation for each of them; that a person can leave behind his or her actual home and original homeland, but their experiences of home stay with them; that no matter how many miles they travel or oceans of water they cross their *Home Within* serves as the conduit linking 'what was' with 'what is.' In addition, my paper will also include a discussion of the ways in which my work with both Dmitri and Miriam changed my understanding of my family of origin story and helped me develop a greater appreciation of how their experiences as immigrants continue to resonant in my current life and in my *Home Within*.

Paper 2: The Impact of Mourning in the Work of Two Immigrants on the Capacity to Imagine and Experience an Expanded Subjectivity

Yael Greenberg

Immigrants experience multiple and perpetual losses in need to be mourned. The process of mourning can facilitate inhabitation of different self states and allow for expanded and enlivened subjectivity. It allows the creation of a potential space in which imagining a sense of belonging is possible. Parental loss for an immigrant creates an opportunity to mourn other losses related to immigration. Adequate mourning of parental loss necessitates opening a Pandora's box, the awareness of dissociated losses related to the immigration experience which allows for the activation of arrested mourning.

As an immigrant analyst struggling to find my identity as an American, the work with patients who are themselves immigrants, provide me with opportunities for a fuller embodiment of the self states of the immigrant, the "other".

My work with Nadia which was focused on mourning the death of her parents illuminates the centrality of mourning and its therapeutic potential for both participants as well as the ways in which our immigration experiences and our mourning needs therapeutically resonated with and interpenetrated each other.

This paper elaborates and explores the impact of parental loss on the immigrant's sense of identity. It considers the process of mourning of a parent as it relates to various losses the immigrant had experienced as part of immigration, such as fragmented identity, sense of belonging and loss of recognition. The loss of a parent for an immigrant may present itself as an emotional crisis, a unique challenge complicated by distance, conflicted sense of loyalty and the severing of ties to the homeland, to name a few. I suggest that parental loss may also present an opportunity to reorganize and reconnect not only to the parental internal object but also an opportunity for the immigrant to creatively set roots both in the past and the present in a way that allows a more inclusive inhabitation of different self states. The mourning process of an immigrant's parent in adulthood can facilitate an integration in the sense of identity and belonging by pressing the need for, and allowing awareness for dormant grief and the creative mourning of losses related to immigration. Mourning in a relational context leads to the creation of a potential space in which imagining and experiencing a sense of belonging is possible. I present my ongoing work with Nadia as an example of how a

psychoanalytic process with an immigrant psychoanalytic therapist, emphasizing mutuality and intersubjectivity, can facilitate both the expression of grief and mourning of losses related to parental loss and the immigration experience as well as the generative, creative, and imaginative sides of the mourning process for both participants. I suggest that adequate mourning creates a potential space for creatively imagining and experiencing a sense of expanded subjectivity.

Educational Objectives:

1. Participants will see how the different approaches two psychoanalysts take working with immigrants expands their patients' subjectivity and helps them increase their sense of belonging and connection to themselves as well as the world-at-large.
2. At the end of this presentation, participants will understand the concept of "the *Home Within*" and its usefulness in their analytic work with their patients.
3. Participants will be able to identify losses related to immigration and the importance of mourning these losses with regards to the people, places and things they left behind in moving from one homeland to another.

E.9 The Stifling Effects Of Iconic Narrative: Psychoanalysis As Sanctuary

Speakers: Cheryl Goldstein, PhD, USA; Ilene Philipson, PhD, USA

Moderator:

This panel questions the "political turn" and the often stifling effects of iconic narratives on the psychoanalytic dyad. It argues for creating both refuge from moralistic pressures and the creation of space for self-reflection and deeper self-knowledge, even when such a process involves questioning social and cultural identities and categories. Paper 1 interrogates the ways that "iconic narratives" work to define identities and potentially silence conversation. Paper 2 advocates for developing an analytic attitude that promotes sanctuary, a place of safety, like the "sanctuary city," where there is refuge and resistance to all forms of authoritarianism. Considered within the framework of relational psychoanalysis, these papers propose developing a willingness to allow subjectivities (the patient's, the analyst's) to enter the clinical space without anticipating personal or socio-political categories and identities. These clinical stances and concerns have socio-political consequences because they require a willingness to consider how all narratives, even narratives of "liberation" and "empowerment," can be used as the instruments of power by deploying various kinds of reverse entitlement.

Paper 1: (S)MOTHERING: Cultural Narratives and the Limiting of Analytic Imagination

Cheryl Goldstein

The story is iconic. A Jewish girl is forced into hiding to evade the round-ups, mass executions, and transports of the Nazi occupiers. She hides with a number of other Jews in the basement of a non-Jew's home. As she huddles with the others, paralyzed by fear during a search of the

house by German officers, a young woman's baby begins to cry.... We know how this story ends. In the attempt to silence the crying baby the young mother smothers her child.

A patient of mine told me this story as part of her maternal family history. Yet, as she told the story, and despite her tears, the narrative felt oddly emotionally bereft, as though the intensity of the affect was there to distract from the generic nature of the narrative. Something in this communication felt strange, as though this story was distorting rather than clarifying the patient's emotional landscape. What was going on here? How was it that this story of a profound traumatic experience felt emotionally foreclosed, even oddly rehearsed? Was it possible that this story of suffering and terror was closing down access to more intimate and immediate forms of suffering? Had the sacrosanct nature of the grandmother's traumatic experience become a means of diminishing the suffering of her children and grandchildren? Is it possible that a story about smothering had become a means of stifling others? And what did it mean that I, as her analyst, felt that these were questions that I could not ask?

The story of the smothered baby is an example of an iconic narrative — the presentation of an experience that simultaneously captures a dramatic and often traumatic individual experience, and that also represents and conveys an emotional or relational dynamic that resonates strongly on a number of levels throughout a particular community. "Iconic narratives," like visual icons, perform a mediating and associative function since they provide a vehicle for an individual's narrative to expand beyond its singularity, creating a point of meeting and coherence for a shared cultural identity.

All cultural identities include iconic narratives. But what happens when these same narratives preempt curiosity and imaginative, intellectual or empathic engagement? How are we to think about situations where questioning the meaning of a narrative is perceived as an existential attack or as a kind of identity annihilation? What are the consequences to the analytic relationship when such questions are smothered, silenced, stillborn? This paper hopes to open up a space for considering the consequences of the smothering of the analytic imagination in the face of iconic stories of identity. A discussion of the clinical example and the associations that were brought to mind by the clinical material lead to a reflection upon larger cultural and social attitudes that may unconsciously reinforce these moments of smothering and the possibility of thinking more broadly and imaginatively about relational dynamics.

Paper 2: Psychoanalysis as Sanctuary: An Alternative to the "Political Turn"

Ilene Philipson

Since the election of Donald Trump, many psychoanalytic organizations and journals have begun a quest to make our clinical work relevant to the political upheaval the US has been experiencing. Analytic authors such as Andrew Samuels have argued for a "political turn" in our clinical work similar to the relational turn of the 1990s; for "the introduction of political language and dynamics into the session;" and for a "new model client," one who is "a politically aware client."

This paper seeks to provide an alternative vision for how we can conceptualize the clinical encounter in these chaotic and challenging times. If we think of our work as providing a form of sanctuary, that is, creating space that does not retreat from the real world but that offers a refuge from the 24-hour news cycle, social media and the fear, rage and disgust that can ensue, we can provide a model of human interaction that forms a counterweight to a society increasingly without norms, a society of tribes without a shared sense of citizenship. Through its foundational concepts of mutual respect and recognition, authenticity, acceptance of otherness, and an enduring commitment to negotiate anger and conflict without retaliation, mockery or vilification, contemporary psychoanalysis offers an alternative, a bulwark, a “small pocket of resistance” against the normalization of mendacity and the rise of authoritarianism.

It will be argued that it is the psychoanalyst who may be uniquely positioned to promote the capacity of individuals to hold their separate minds, needs and interests in the face of the intense, often moralistic, pressures that currently surround us. Fundamentally ingredient to our practice, I believe, is an abiding respect for and curiosity about each of our patients as unique human beings. Continually, we struggle to create a space for “free speech” as Gentile argues, knowing full-well the limits and constraints placed on that speech by both patient and analyst. We attempt to recognize and understand the people who enter our consulting rooms for the identities they claim and have been assigned (often based in race, class, gender and ethnicity); yet seek to open up vistas for constructing new identities, ones unimagined or unformulated. The contemporary analytic stance that holds the fundamental nature of human experience to be ambiguous, intrinsically questions what Goldstein (2018) terms “iconic stories of identity” that can smother the analytic imagination and constrain curiosity.

As “sanctuary cities” in the United States provide safe haven for immigrants fleeing persecution or homelands that offer no means of survival, I argue that the spaces we create in our analytic practices can offer sanctuary from all forms of moralistic pressure to submit, in order to allow the people we treat to say the unsayable, create the unimagined, and desire the forbidden.

Educational Objectives:

1. Identify emerging and articulated iconic narratives as they appear in the analytic dyad.
2. Examine areas of socio-political inclusion/exclusion arising in the psychoanalytic setting.
3. Recognize the far-reaching implications of politically resonant narratives in the analytic dyad.

E.10 Dreams and Theatre as Transformative Forces

Speakers: Daphna Eran, MA, Israel; Davide Tomatis, MA, Italy; Shoulamit Milch-Reich, PhD, Israel

Moderator: Jo Frasca, CTA, Australia

Paper 1: Dreams as a Transformative Force Within the Relational Field

Daphna Eran

Ever since the dawning of psychoanalysis, dreams have been used as the grounds for analytic processing of unconscious and unformulated mental material. In early stages, the dream was conceptualized as derivative of the patient's internal world, and the role of the analyst was mainly an archeological and interpretative one. Onwards, dreaming was understood as a transitional mental process, influenced both from inner and outer forces, upholding a dialectical tension between them. With the development of the relational thinking, emphasize was put on the role of the analyst as an active and mutual subject-dreamer, who enables the integration of split-off parts of the self. In this article I wish to address the transformative potential of the analytic dream work, as a force that may enable the analytic dyad release from frozen, dead-end realms. I will then illustrate my ideas through clinical material.

Educational Objectives:

1. Stressing the relational thinking and the influence of both the inside and outside forces regarding the creation of dream work
2. Throwing light on the analyst part as an active mutual subject dreamer who enables the integration of split off parts of the therapist and the patient
3. Addressing the transformative potentials of mutual analytic dream work

Paper 2: Dreams in Psychotherapy with Brain Injured Patients

Davide Tomatis

Dreams are the place where everything is possible, especially when reality is, for different reasons, a cage.

When we work with brain injured patients we can often see them falling asleep during sessions, especially when the clinical condition is severe, as in Minimally Conscious State (MCS).

We usually consider that as a defense mechanism, a resistance to the treatment, but when we try to go beyond that, we can understand that they probably want to live in dreams instead of reality because dreams are the place where they can be free from their problems.

We suppose that we can find two different types of dreams after brain injury. The first ones are dreams that represent the relieving trauma, as in Posttraumatic stress disorder. The second ones are dreams that show desires: walking again, speaking fluently and not to live the problems they have in their reality.

For those reasons, we believe that dreams can be the bridge where the 'old self' can meet the 'new self' and, clearly, also a bridge between patient and therapist where the inner world of the patient can be expressed.

So, dreams can be considered not as a break in consciousness continuity but as an important field of clinical experience in order to try to give them back the illusion of continuity of the self.

Dreams elicited from brain-injured patients can be incorporated into the psychotherapeutic process and it is possible to increase and enrich dream activity in quantity and in substance in the course of the treatment. This approach can affect all of the components of the personality which have been in regression after brain injury. This permits a renewed consolidation of the personality while making use of the psychic forces and parts which remained intact.

We will show some videos of clinical cases where dreams are expressed, even in a minimally conscious state, using a simple technique, trying to speak the patients' language even when their ability to speak is just something more than 'yes or no'.

In particular, we will present a clinical case of a woman with a severe brain damage in which the expression of dreams give meaning to her dramatic condition. Some of them are illustrated by designers in order to help people to imagine how beautiful can be the inner world of a person with this several disease and, above all, to give the patient back the sense of self efficiency and the concrete idea that what is in her mind is important, lovely and is worth it to showing.

Paper 3: The Village-Theatres-of-the-Body

Shoulamit Milch-Reich

The proposed paper presents the 'Village-Theatres' model, a vital, passionate and imaginary-creative, multi-system stance (Bak, 1996) to relational therapy of childhood psycho-somatic disorders. We propose to present the case of Uri, a boy with Psychogenic Non-Epileptic Seizures (PNES, Caplan, et al., 2017) treated using this model.

In adult psycho-somatic disorders, the theater of the body presents scenes that have been internalized during childhood. In contrast, psycho-somatic presentation in childhood most often indicates current points of crisis and collapse in the multi-systemic relational space. Thus, analytic work with children offers the possibility of direct entrance into the multiple sites in which the plays of childhood are staged and encountered as they emerge in the child's 'village theater'.

The inspiration for our model is the medieval village theatre, dating back to 1200 AD. (Brockett et al., 1968/1999). As a metaphor, it is significant on three levels. Firstly, much like the child's psyche, it is horizontally and non-linearly co-created in real time and simultaneously accessible. Secondly, meaning is determined by the various entry-points onto its many stages. Finally, each stage entails a tension within its multiple layers of organization and between other inter-related stages (Konigson, 1979).

The model presented is a proactive, creative, relationally-focused approach anchored in Winnicottian (1966) and Bionian (1961) thought and elaborating on McDougall's (1989) "body theatre" and developmental-relational dynamic systems theory (Seligman 2018). The relevance of the attachment web as a psychoanalytic object also aligns with contemporary developmental psychopathology's construal of development and pathology as the product of a complex dynamic interplay between the individual and her various non-linear, mutually co-

constructed social context (Sameroff 2000). Psychopathology is understood in terms of raptures in relational Epistemic Trust (Fonagy and Allison, 2014) between child and social context. Health is regarded as achieved by retriggering inherent growth potentials inhibited by the child's multi-system relational difficulties (Kohut, 1977).

In the case presentation, we imagine Uri's body as a stage overtaken by interdependent plays about attacks on linking and epistemic collapses that have been played out concurrently throughout his 'village theater.' These plays are symbolized in Uri's body as the symptoms of an epileptic seizure – attacks on electric links between synapses. We demonstrate the usefulness of the 'village-theater-of-the-body' model in Uri's relational, multi-systemic therapy as it re-triggered natural growth processes formerly stymied by multi-sited relational trauma.

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Educational Objectives:

1. Participants will be presented with an integration of "classic" British Object relations theoretical constructs with current relational, multi-system approach in the treatment of

- childhood psycho-somatic disorders, given in a methodology introduced as the "village theatres of the body" model.
2. Participants will study and analyze the key features that characterize and define this clinical technique:
 - a. Horizontal simultaneity of the "therapist-patient" self-representations.
 - b. Multi-level, multi-layered conflicts within and between inter-related attachment webs.
 - c. Multi-entry approach to relational therapy.
 3. The presentation of the model will be followed by a demonstration of its usefulness and limitations in the treatment of childhood psycho-somatic disorder.

E.11 Holding, "Little Madnesses," and Telepathy

Speakers: Christina Emanuel, PsyD, USA; Naama Gershy, PhD, Israel; Ofra Eshel, PsyD, Israel

Moderator: Orit Adam, MA, Israel

Paper 1: Fandom and Winnicott's "Little Madnesses"

Christina Emanuel

In 1993 Stephen Mitchell famously wrote, "In a very broad sense, 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" (p. 222). Optimistic, playful, and hopeful above all else, Mitchell advocates for an "imaginative reshaping" that opens up new ways of living for our patients, replacing the constraints and foreclosures with expansive possibilities for creative living. And Winnicott (1971), of course, teaches us about the location of creative living, that is, "The potential space between baby and mother, between child and family, between individual and society or the world" (p. 139).

Usually in clinical discussions we consider what happens in the potential space between the parent and infant, or between the analyst and patient. In this presentation, however, I will explore the potential space between the individual and society, specifically the role of creative adult play as is found in our relationship to popular culture or fandom. Although Winnicott surely was not thinking about anime or comic book characters when writing about the importance of transitional phenomena in cultural experience, he might as well have been when he described the "little madnesses which are legitimate at the moment, according to the prevailing cultural pattern.....[providing] the rest that human beings need from absolute and never-failing discrimination between fact and fantasy" (1988, p. 107).

My patient Ben knows something of these little madnesses, as they are helping to save his life. Traumatized by bullying during childhood and bereft from early losses, Ben has lived for many years fighting the forces that would bring him down, hospitalize him, over-medicate him. As much as he feels attached to me and (mostly) trusts me, there are times when old feelings overwhelm him like the apocalypse and my care is not enough. Ever resourceful, Ben

has creatively recruited a cast of anime characters to accompany him, both in his dreams and in our creative engagement, characters that occupy the intermediate space between fantasy and reality and that contribute to a matrix of care that is helping him come to terms with the persecutory aspects of his mind. Furthermore, Ben is involved with a community of peers—both in person—such as at anime conventions and online—who share his intense devotion to anime, lending support to the assertion that “In play we investigate culture, but we also create it” (Silverstone, cited in Hills, 2002, p. 90).

Although fandom is often pathologized as deviant or regressive (Hills, 2002) or dismissed as silly, I will argue instead for the generative, creative possibilities that fandom offers, specifically in the clinical situation. What little has been written in the psychoanalytic literature about fandom discusses sports and sports fans (e.g., Carnochan, 2010). Interestingly, the film studies and fan studies literatures frequently cite psychoanalytic theory, with numerous scholars applying Winnicott’s concepts of transitional phenomena to fandom (e.g., Hills, 2002; Hills, 2017; Kuhn, 2013). I will review this literature, discuss its clinical applicability, and evaluate the extent to which the collective play seen in fandom is commensurate with personal play or ought to be considered a qualitatively different phenomenon.

Educational Objectives:

1. Describe the relationship between potential space and cultural experience according to Winnicott.
2. Apply the concept of “fandom” to Winnicott’s concept of transitional phenomena.
3. Critique the “fan studies” literature and its use of Winnicott’s concepts.

Paper 2: Creating A Holding Environment for Disengaged Youth: From the Therapist's Imagination to Everyday Practice

Naama Gershby

In mental health and juvenile institutes, we often meet highly traumatized, disorganized and volatile youth who do not want to be patients and reject clinical interventions offered to them. The literature on disengaged patients suggests ways to overcome this form of treatment resistance by using a motivating discourse and a focus on alliance building. Nonetheless, in many cases, the treatment refusal is not an ego defense that can be effectively addressed by engagement techniques, but a representation of the patient’s developmental level of personality organization. The engagement refusal can be an expression of his/her fragmented sense of self and in-coherent self-states. Likewise, it may represent his/her difficulty to relate to others as separated objects and to internalize new relational experience.

In the presented paper, I argue that the task of the therapist is not to engage the disorganized and volatile youth. The therapist will not be able to facilitate a new relational experience if she/he does not exist as an object. I will argue instead that the therapist’s task involves earlier caregiving functions. Functions that consist of establishing a safe, coherent and attuned environment for the patient, environment that wraps around the patient, like a womb,

throughout his day. I will argue that only a continuous environment, that is not contingent on the quality of the relationships the patient can form, can support the development of the patient's ego capacities, sense of self and object relations.

Using a case study of a 16 years old adolescent at a long-term hospitalization, I will demonstrate the clinical process involved in forming a holding environment at the inpatient ward and the changes it entails to the therapist's role. The case described involves a highly volatile and traumatized adolescent that was admitted for the 4th time to an inpatient facility following severe suicidal attempt. The patient refused to enter the therapy room or join the therapeutic groups. She did not want to gain any insight and refused to participate in any interventions attempting to teach her better ways to manage her emotions, thoughts or behaviors or to process her traumatic past. As it was impossible to engage her in therapy, I shifted the intervention from the therapeutic encounter to the development of a system-based 'holding' environment at the ward. I was hoping that such an environment could offer the patient a better way to regulate her emotional states. Unlike previous attempts, this clinical shift enabled the patient to engage in the process of change without expecting her to commit to psychotherapy. I will describe typical barriers to the formation of a consistent and coherent environment at the inpatient ward, and exhibit the steps the therapist can take to address these barriers and to maintain the engagement of the staff with the task. Using clinical vignettes of discussions with the staff, I will articulate the process of translating the concept of holding environment from the individual therapy sphere to a psychodynamically informed systemic work.

Educational Objectives:

1. Utilize the concept of personality organization level to understand psychotherapy disengagement
2. Describe the limitations of engagement and alliance building techniques
3. Apply interpersonal processes and principles of Object Relations theory to systemic interventions

Paper 3: Relational Journeys into the Mystery of Telepathy in Clinical Psychoanalysis

Ofra Eshel

The subject of telepathic phenomena in psychoanalytic thinking has been highly controversial and disturbing ever since it was introduced into psychoanalysis by Freud in 1921. Telepathy—suffering (or intense feeling) at a distance (Greek: pathos + tele) — is the mysterious transfer or communication of thoughts, impressions and information over a distance between two people without the normal operation of the recognized sense organs. Even a cursory review of the psychoanalytic literature written over the years on this topic brings us directly and intriguingly into the controversy over and resistance to the idea of telepathy, that forced itself like “a foreign body” into psychoanalysis - “a crypt that threw psychoanalysis, Freud included, into confusion ever since the 1920s” (Torok, 1986). The psychoanalytic writings on possibly telepathic experiences have accumulated and amounted to a most disturbing and challenging topic in psychoanalysis, related to extreme, enigmatic, striking experiences encountered in

the analytic process. In the 1940s and 1950s, especially in the decade after World War II, there was a resurgence of interest in the subject, followed by a wave of criticism and rejection. But from the 1970s, the psychoanalytic thinking on the subject of telepathy largely disappeared. It seems that a major reason was the shift in psychoanalytic thinking towards feeling-transfer and emotional influence between patient and analyst in the analytic process, that began with Paula Heimann's new communicative approach to countertransference, Racker's concepts of concordant and complementary identifications in the countertransference, and Melanie Klein's concept of projective identification, with Bion's groundbreaking expansion of it to containing. These ideas launched new understandings of patient and analyst's shared emotional experiences and their impact on each other, and became fundamental features in psychoanalytic writing. In addition, the discovery of mirror neurons at the beginning of the 21st century provided possible neurobiological mechanisms for understanding empathic intersubjective resonance with another's emotions, intentions and actions. But none included the extreme, deeply informative and profoundly enigmatic telepathic phenomena whereby information seems to be mysteriously transferred. During this rather dormant period in the psychoanalytic discourse on telepathy, the subject was still addressed by French psychoanalysts with regard to Freud's legacy. And more recently, very differently and initially not referred to as telepathy, dreams and experiences of this nature have been mostly explored by American relational psychoanalysts (mainly in *Psychoanalytic Dialogues*), as part of their interest in the patient having deep knowledge of the analyst's private life and personality. (Crastnopol, 1997; Mitchell, 1988; Mayer, 2001; Bass, 2001; de Peyer, 2016; Farber, 2017). I believe that telepathic phenomena impel us to go further into an enigmatic "impossible" extreme of patient-analyst deep interconnectedness, at-one-ment, and unconscious communication in the analytic process. Moreover, we are living at a time when the prevailing scientific world view is one of entanglement and connectivity. We are therefore well poised to revisit the telepathic phenomena in the psychoanalytic process with minds wide-open, to go beyond what has hitherto been conceptualized into the yet unknown, and explore in depth the more radical emerging dimension of patient-analyst deep-level interconnectedness or "analytic oneness," which has recently also been termed "quantum psychoanalysis." This is discussed here with regard to recent clinical examples of telepathy by American relational psychoanalysts.

Educational Objectives:

1. Revisit the controversial psychoanalytic literature on the mystery of telepathy in clinical psychoanalysis.
2. Explore the psychoanalytic writings of American relational psychoanalysts on uncanny communication and telepathy.
3. Reconsider recent relational psychoanalysts' clinical examples of telepathy from a more radical dimension of patient-analyst deep-level interconnectedness or "analytic oneness."

E.12 Disillusionment as Crossroad between Vision, Hope and Eyes Wide Open

Speakers: Avi Berman, PhD, Israel; Gila Ofer, PhD, Israel; Ofer Shinar Levanon, PhD, Israel

Moderator: Shira Kedem Ayalon, MA, Israel

In this panel we would like to address the subject of disillusionment as a basic human experience that might be ignored under the pressure of preferred optimistic imagining. We suggest that disillusionment is a crucial crossroad between despair and by-standing on one side, and coping with harsh reality and restoring hopes and re-imagining future.

Under this title, we are going to present two clinical lectures and one socio-political point of view on

Paper 1: Disillusionment, "The Bottom of the Trough" and the Intersubjective Therapeutic Elaboration

Avi Berman

Disillusionment may be experienced as reaching the "bottom of the trough" (Winnicott, 1974). In this paper, disillusionment will be presented as a painful crisis, a breakdown of hopeful imagination and the loss of a cherished vision. Disillusionment may entail moments of disappointment in one's most trusted people, ideals or optimistic beliefs in himself. Sometimes, these life crises, that are known to most of us are disavowed or become split off from one's self experience due to their traumatic impact.

The therapist may be called for help in moments of disillusionment. I suggest that the therapist himself becomes inter-subjectively exposed to his own painful moments of disillusionment. The therapist experience of his "bottom of the trough" and his elaboration of it takes part in establishing his therapeutic faith in this crossroad between denials and looking with open eyes, despair or realistic coping.

The paper will include theoretical elaboration of the subject and case presentation.

Paper 2: Vision, Hope and Disillusionment

Gila Ofer

One of Bion's most remembered idiom is "no memory no desire". What did Bion really mean by this and do we really practice it? As one says: easily said but not easily done. Mitchell, on the other hand, in his book "Hope and Dread in Psychoanalysis", instills hope and dread in psychoanalysis. Mitchell emphasized the impact of the analyst's visions, hopes, and ambiance on the analytic process. More than that, he said that we cannot avoid our own subjective ideas when we approach the analysand.

When we meet our patients we usually have some vision of how the analysis is going to advance; what would be the ambiance of it; how is our meeting with a particular patient going to be. We also carry some hopes within us. How can we create an atmosphere of no memory and no desire? Do we really want it? Our patients come with their own vision, hopes and desire which cannot always be fulfilled. They may envision us as persons who has never had failures and had never met frustrations and disillusion. However, they meet us with our own disappointments, our own abyss.

How can we deal with this meeting of minds and souls? With no memories and no desire, and yet with our own hopes and dread? I will discuss these questions with reference to two clinical cases: the first is a homosexual person who wishes to get rid of his homosexuality and hides his real desires from everybody except the analyst. The second is a woman with multiple complex traumas who wishes to get rid of her inner feelings of violence and aggression.

Paper 3: Imagining a “Human Place”: Disillusions as a Key to Transforming the Israeli-Palestinian Conflict

Ofer Shinar Levanon

The paper examines how psychoanalytic imagination could contribute not only to understanding of the intractable nature of the Israeli-Palestinian conflict but also to envisioning a gradual transformation of the conflict. Faced with a distorted perception of reality, a psychoanalytic perspective on the conflict allows us to maintain hope if only because so little of the core reasons for the conflict’s resistance to resolution has been addressed by previous peace efforts.

The conflict with the Palestinians continues to traumatize the Israeli Jewish society, which has yet to emerge from the traumatic shadow of the Holocaust. A therapeutic relationship can be used to re-imagine traumatic memories. Drawing on Winnicott work, such memories were experienced, but have yet to be felt. Therapeutic relationship can also create contagious feelings, which can be first felt by the therapist, creating an environment in which feelings are legitimized. Therapeutic relationship can also offer a cognitive transformation of trauma, allowing it to be internalized by re-experiencing it in a controlled and safe environment. This will entail frustrations as well as disillusions.

In societies which have experienced massive trauma, rebuilding the social 'shattered self' is a fundamental requirement for ensuring a sustainable, peaceful future. Such societies are likely to benefit from the creation of a transitional zone between the personal/psychological and the social/structural. A peace process therefore requires acknowledging the extent to which memory of past traumas controls present thoughts, emotions and actions of the Israeli society in the context of the conflict. A future peace process will have to include a container, a venue, allowing Israeli society to imagine with eyes wide open. Drawing on Ogden's discussion of Winnicott's writings, this venue will aim to be a "human place" in which both individuals and Israel society can become whole again, no longer burdened by their collective past.

Educational Objectives:

1. Participants will gain acquaintance with the intersubjective experience of disillusionment and its possible elaboration in therapy.
2. The therapeutic value of imagining with open eyes as a recovery of painful disillusionment will be discussed and demonstrated through clinical case presentations.

3. The panel will provide insights into the inter-relations of the personal and socio-political experience and its appearance in therapy.

E.13 Psychoanalysis Is Not What You Imagined: Moments Of Truth in Psychoanalytic Treatment

Speakers: Jonathan H. Slavin, PhD, USA; Deborah Dowd, LICSW, USA; Anne Waters, PsyD, USA

Moderator: Miki Rahmani-Yerushalmy, MA, Israel

It has taken the better part of a century, but psychoanalysis has reached a moment of truth. Indeed, a large part of the fabric and structure of psychoanalysis in the past 100 years was constructed to avoid this truth. Now, with well-known findings about how the brain is constructed, and several decades of revised clinical theory, psychoanalysis must acknowledge—finally—that some of its most basic ideas about the origins of human suffering, and about the therapeutic process, are based on flawed and incorrect assumptions. For a long time our theory held that individuals' conflicts and symptoms had little to do with what had really happened to them. What bothered them was, literally, in their minds. Moreover, it was understood that psychoanalysis should take place as much as possible without the full, human, personal involvement of the therapist. But everything we have learned in recent years reverses these assumptions: real things happen in the real world of human interactions that deeply affect the minds and developmental course of peoples' lives. Moreover, the very personal engagement with the unique, individual mind of the therapist is absolutely critical to the change that patients seek. Without fully recognizing this and fully embracing radical revisions in the way we work, our entire enterprise becomes irrelevant. In this presentation we will show that often the crux of these issues—what “really” happened to people, and what must “really” happen in—takes place in certain “moments of truth” that occur suddenly, sometimes frighteningly, and sometimes very disturbingly, in the course of treatment. These are moments of significant danger to the treatment—and to each of the participants—that tempt us to avoid them. Using a detailed clinical case with material actually transcribed from recorded sessions, this presentation will illustrate a delicate “moment of truth” that occurred in the treatment of a fragile and vulnerable patient. In a frozen moment of time both the therapist and the patient had to deal with something that intruded in what could have been a destructive and damaging way. Whatever the outcome, however it was handled, it would no doubt have a powerful effect on the treatment process. This panel will explore this revealing and difficult situation, alongside other moments of truth that occur in many therapies, moments which confront the therapist with their own truthfulness, realness, integrity, and devotion to their patients well-being, and most importantly, how much what is real and what really happened is critical to the functioning and healing of the mind. The presentation, and two 10 minute discussions from different clinical perspectives and understandings, will take up the question of how therapists and patients may emerge from such “moments of truth” with something that is really true... and is really different.

Educational Objectives:

1. Describe the ways in which the therapist's personal mind can be employed in obtaining more effective and lasting treatment outcomes in helping reorganize the fundamental modes of responding and thinking in the patient.
2. Describe how the therapist's truthful way of participating in the treatment dialogue can foster the patient's experience of personal agency.
3. Describe the ways in which an understanding of contemporary relational modes of intervention and participation can be employed to effect deep changes in the construction of patients' relational experiences.

Sunday, June 23, 2019

PAPER/PANEL SESSION F - 9:15-10:45

F.1 The Roles of Imagining in Couples

Speakers: Nitza Yarom, PhD, Israel; Mauro Di Lorenzo, MD, Italy; Flavia Micol Levi, MD, Italy

Moderator: Shahaf Bitan, PhD, Israel

Paper 1: The Fantasized Spouse/Other in Marriage Relations Today

Nitza Yarom

One can imagine that the empowered women of today will be more capable of handling the democratic intersubjective relationship with their spouses. Nevertheless, the power of 'the fantasized spouse/other' that married (and single) women turn to, as emerging in analytic work - has surprised me. In this presentation I wish to demonstrate the solidity of the fantasized belittled other in married women of three generations: to show how potent it is, what are the building blocks of the particular fantasized partner, and touch upon the emerging ability of these women to see their spouse as a subject - a real person - to negotiate with, in the progress of the treatment.

F., a young married woman, regularly referred to her husband, along with his family, as 'racist, while in reality they were (bourgeois) liberals; she viewed him as 'emotionally fucked up', when he failed to respond to her emotional outbursts immediately. H., a mid-life wife, clung to the narrative/fantasy that her husband was 'a nerd' and occasionally - 'a sissy'. Along the treatment she could see that his representation as a nerd and sissy in her fantasy corresponded to her inhibited sexuality, while in her self-representation - she was the wild party. Holding on to her fantasized image of him unconsciously enabled her to avoid confronting her inhibited sexuality by blaming him. A., an older woman, kept a life-long vision of her husband as belonging to 'an uncultivated family', in contrast to her (dead) parents whom she portrayed as positive and caring, in spite of admitting their being physically abusive in her childhood. She portrayed her role in their coupling as the one who had to rescue her husband from his bad manners.

The major theme in those three different cases, which could be easily seen in many other women, married or wishing to marry, was the internalized 'man' in a distorted image. The life of married women today bears the imprints of sexual independence in adolescence and early adulthood. In analysis, those imprints can be seen projected into the image of their fantasized spouse: in shame for early sexuality being used as a tool to achieve the marriage, or as a show-off of liberal sexuality; in a longing for the excitement of those early, unattached relations; and as a fear of submitting to 'the man in their bed' for the fear of losing their controlled functioning (see: Yarom, 2018).

It must be pointed out that earlier formative literature (like Green, 1974; Benjamin, 1988) stressed factors in women's fantasy that can only be attributed to bygone reality (women being 'one phase apart' from men; the man being the complementary partner for the socially unfulfilled woman). What we can see is that women's sexual inhibitions still play a role in intimate relations today; that cultural stereotypes delivered by the media and one's female-friends - strengthen the fantasized partner as problematic (rather than different), along with inter-generational internalizations. The contest of worth in intimate relations generates issues of self-inflation and self-control that have to be handled in the analysis.

Apparently, in treatment fantasy has to be taken today not as a plan for self-actualization but first as an internal and intersubjective language, where the negotiation of difference and otherness in marriage and in coupling is facilitated.

Educational Objectives:

1. Utilize the fantasized spouse/other theme in married and wishing to marry women, while exploring its dynamics.
2. Assess sexual fears and inhibitions in female patients, as split and projected to the fantasized spouse.
3. Assess themes like the fear of losing control and an unconscious contest of worth in marital dependence, as contributing to the formation of the fantasized spouse

Paper 2: Just Our Imagination. Imagination through the Development and the Crisis in Couple Relationships

Mauro Di Lorenzo, Flavia Micol Levi

From the very beginning psychoanalysis has been applied to the understanding of human arts and creativity. Freud analysed Michelangelo's intention in trying to represent the moment when Moses was able to dominate his anger in front of the infidelity of his people. After him Rank and Sachs claimed that artworks are the expression of deep and unconscious conflicts. According to Kriss creativity is based on a "Regression in the Service of the Ego". For M. Klein anxiety caused by the depressive position is at the root of art and creativity. In a more recent perspective, Smirgel-Smith sees creativity as an attempt of "the reparation of the self". Finally,

from D.Stern's interpersonal perspective dissociation arises from the reluctance to allow a free imagination.

The ability to image and to create abstract internal representations is typically human and within a developmental perspective it has been studied in its development from childhood to adulthood and also from physiology to pathology. A significant example is the one of future parents that during pregnancy period are engaged in an process of anticipation of their child's features and looks. The quality of such representations is correlated to the subsequent attachment pattern between parent and the real child. The ability of standing in the space between Reality and Fantasy allows emotional wellbeing. Following Ogden's model different psychopathological states are conceptualized as failure to preserve a potential space between these polarities and a collapse of the imaginative capacity often entails psychological breakdown and a so-called state of "psychic equivalence".

Recent findings in neuroscience have shed light on the development of imagination through the lifespan and the way it is embedded in core emotional systems. From an historical perspective, moreover, the ability to imagine is at the root of social bonds, groups and cultural phenomena. In Yuval Noah Harari recent work is clear that affiliation and belonging all have to do with our imaginations. This fact has contributed greatly both to humankind's extraordinary social abilities and to its unique social problems. It takes relationships to raise a human. The evolution of the ability for imagining favoured the possibility of forming strong social ties. We cooperate effectively with strangers, and nowadays we can create mass cooperation networks in which thousands and millions of complete strangers work together towards common goals, because we believe in things that do not exist in the universe except in the common imagination of human being.

From this perspective, it is interesting to deepen the role of imagination in a very specific affiliation bond: the couple relationship, that is a great laboratory for relational psychoanalysis. Following the theory of couple elaborated by M. Minollini e R. Coin, at the Italian Society of Psychoanalysis of Relation, imagination is a process that can only emerge from the present configuration of the subject, and is functional to sustain the current configuration of the partners, to sustain what they think and hope for the future and what is their narration of the past. Through imagination, partners create mental representations of everything they believe they want and need to be happy, in the present and in the future. Every subject has a proper imaginary, and when in the couple emerges a discrepancy between what they have imagined and what they perceived in the reality, suffering comes out. Our theories and culture contribute to create expectations, ideals, and all the other "imaginings" that if not attained, generates crisis. The role of modern imaginary in nowadays occidental couples' crisis will also be discussed.

Educational Objectives:

1. The state of art of what we known about the developmental function of imagination.
2. The role of imagination in psychoanalysis and the need to further apply this concept to relationships.

3. How to use the concept of imagination in couple therapy from a relational psychoanalytic perspective

F.2 Dream into Being: Literature, Music, Politics, and MDMA

Speakers: Revital Amiaz, MD, Israel; Sean Meggeson, MA, RP, Canada; Bracha Hadar, MA, Israel

Moderator: Mitchel Becker, PsyD, Israel

Paper 1: The Unconscious Unfolds Like a Fan

Revital Amiaz

In this paper I will describe and discuss in analytical terms my personal experiences during and after MDMA assisted psychotherapy. MDMA that serves as a catalyst for the psychoanalytical processing helped me to farther understand my internal personality structures false self and parts. In addition dissociations were unified and repressed memories emerged. I was able to use all this new material that emerged for farther processing. As a psychotherapist and as a patient that spent many years in psychotherapy but still felt that I have more to discover about myself. The method of MDMA assisted therapy is now in advanced research toward approval under the FDA title of a 'breakthrough in psychiatry'. As an investigator in this study I was trained as a therapist in this method. The therapy I will describe here was offered to me as a part of my training. Because MDMA is a schedule one drug, this experience took place under FDA approved research. All my sessions were filmed and recorded and sent to me for watching and sharing with my therapist.

Psychedelic psychotherapy that was practiced for many years by Shamans was discovered in 1950s, and was studied extensively in the 50s' and 60s'. This method was abounded in the 70s' due to prohibition to further use of psychedelic medications. According to Timothy Leary psychedelics could alter the fundamental personality structure and subjective value-system of an individual.

The basic premise of this treatment approach is that the therapeutic effect is not due simply to the physiological effects of the medicine; rather, it is the result of an interaction between the effects of the medicine, the therapeutic setting and the mindsets of the participant and the therapists. MDMA produces an experience that appears to temporarily reduce fear increase the range of positive emotions toward self and others, and increase interpersonal trust without clouding the sensorium or inhibiting access to emotions. MDMA may catalyze therapeutic processing by allowing participants to stay emotionally engaged while revisiting traumatic experiences without being overwhelmed by anxiety or other painful emotions. Participants are able to experience and express fear, anger, and grief as part of the therapeutic process with less likelihood of either feeling overwhelmed by these emotions or of avoiding them by emotional numbing. In addition, MDMA can enable a heightened state of empathic rapport that facilitates the therapeutic process and allows for a corrective experience of secure attachment and collaboration with the therapists. At some point during the MDMA experience feelings of empathy, love, and deep appreciation often emerge in conjunction with

a clearer perspective of the trauma as a past event and a heightened awareness of the support and safety that exist in the present. Research participants have said that being able to successfully process painful emotions during MDMA assisted psychotherapy has given them a template for feeling and expressing pain that has “changed their relationship to their emotions.” MDMA may also provide access to meaningful spiritual experiences and other transpersonal experiences, release of tensions in the body, and a sense of healing on a non-verbal level that are incompletely understood, but are considered important by many participants. In this article I will describe the setting and the two therapists that were attending and their intervention and actions.

Many psychedelic psychotherapists adopt the model of Interpersonal Familial Psychotherapy (IFS). This model sees consciousness as composed of three types of subpersonalities or parts: managers (Winnicott's false self), exiles, and firefighters. Each individual part has its own perspective, interests, memories, and viewpoint. A core tenet of IFS is that every part has a positive intent for the person, even if its actions or effects are counterproductive or cause dysfunction. IFS also sees people as being whole underneath this collection of parts. During the MDMA session the false self is asleep and other parts are revealed and can be explored. I will describe a particular experience of revealing these parts in me and understanding their roles.

Educational Objectives:

1. Describe
2. Analyze
3. Assess

Paper 2: Relational Tunes and Turns in Alternative Rock Music: The Geeky, the Imagination and Self-Integration

Sean Meggeson

This paper discusses alternative rock music as an aid to an imaginative process that can assist in a healing working-through process via facilitating the integration of self and self-with-other. I describe alternative rock music as a contemporary, relationally-informed art form concerned with recovery from relational trauma, situated within a geeky creative territory of vulnerability and courageous self-processing. I discuss my own inspirations with regards to this genre of music and how they affect the cotransference in clinical situations. I also present and discuss clinical material, including musical lyrics from patients, illustrating how their music-based imaginative process functions productively in relationally-oriented psychoanalytic psychotherapy.

Proposal—Relational Tunes and Turns in Alternative Rock Music:

The Geeky, the Imagination and Self-Integration

Music can help facilitate the psychotherapeutic process, including promoting self-integration and awareness of self-with-other; furthermore, music can support grieving and can help to heal the pain of trauma (Aron & Starr, 2013; Aron, 2015). My personal taste in relationally-

oriented contemporary alternative rock music has enabled me to self-process my experiences of healing and recovery, deepening my awareness of cotransference reactions in clinical situations (Orange, 1993), and, in turn supporting clinical formulations toward healing and self-integration within the context of relational psychoanalytic psychotherapy.

The American alternative rock group, Eels (the band being the personal project of one Mark Oliver Everett, also known simply as E.) has written tentative-yet-generative relational turns in songs like “Things the Grandchildren Should Know” (2005):

I’m used to starting down at the sidewalk cracks

I’m learning how to say hello

Without too much trouble.

This vulnerable, object-relating approach represents a generative, imaginative stance that invites intersubjectivity and process-oriented healing. In the same song, E. is able to sing:

I’m turning out just like my father

Though I swore I never would

Now, I can say I have love for him.

Using theoretical material related to self-object experience, transitional objects as well as relational theory by Aron (2015), Mitchell (2000), Richman (2014) and others, I explore the place of alternative rock music in psychotherapeutic healing from a clinical perspective.

I begin with discussing alternative rock music as exemplified by American musical artists, The Mountain Goats and Eels. E.’s music illustrates a geeky (and sometimes fun and playful) healing process that I believe is idiosyncratically “alternative” in its wounded tenderness and tentativeness:

My beloved monster and me

We go everywhere together

Wearing a raincoat that has four sleeves

Gets us through all kinds of weather (“My Beloved Monster”, 2005)

I analyze Everett’s lyrics in the context of his traumatic background as detailed in his autobiography, *Things the Grandchildren Should Know* (2009). I explore examples from The Mountain Goat’s album, *Sunset Tree* (2005), an agonizing but triumphant testament to the process of surviving the chaos of object inconstancy during post-latency, teenage development:

Our mother has been absent ever since we founded Rome

But there’s going to be a party when the wolf comes home (2005)

I then move to describe and examine clinical vignettes from my work with clients who show an affinity for creating their own alternative rock in which they begin to imagine and embrace their own healing and self-integration. I present instances in which they use an alternative rock sensibility, like that found in the music of Eels and The Mountain Goats, to deepen the psychotherapeutic process and make cautious, courageous attempts at vulnerable mutuality. For example, “Vicki,” after a month’s hospitalization in a psych ward, began to discover long split-off parts of herself in writing songs such as “Liver”. In “Liver,” Vicki sings,

Last night I dreamed of liver and a lonely man to eat it
 His heart was old and his hearth was cold
 and little mice were creeping
 He said that he would like some cake
 His birthday was last weekend
 and I said there must be some mistake
 I’m only 29

Vicki shares a birthday with her abusive father, and it was first in “Liver” that she began to explore insights into herself that enabled her to emotionally separate from him. Vicki’s case, like others I present, demonstrates how relational tunes can pave the way for relational turns. Finally, analyzing clinical material, I consider some of my personal background in order to illustrate how shared imaginative experiences in the cotransference play an important role in the psychotherapeutic process. In presenting this paper, I will play clips of some of the songs’ recordings depending on the availability of A/V resources.

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Educational Objectives:

1. Describe alternative rock music within the context of relational psychotherapeutic dynamics.
2. Illustrate patients' use of alternative rock music as a generative, imaginative way to achieve integration of self and self-with other.
3. Describe how imaginative experiencing through an artistic medium affects and facilitates cotransference.

Paper 3: Imagining a Good and Mutually Acceptable Political Agreement between Israelis and Palestinians

Bracha Hadar

Imagining a good and mutually acceptable political agreement between Israelis and Palestinians

My proposal for the conference resonates with the invitation to explore the notion of imagining within the complex social and political reality of Israel.

I will address this subject from two perspectives:

Personal experience - My activity in the movement Women Wage Peace (which was initiated in summer, 2014, following the war in Gaza – A war that started as an operation with the name "Zuk Eitan" and evolved into the longest war Israel ever had, with too many casualties on both sides.)

Theoretical understanding – I will try to analyze the social process along the lines of the process in the therapeutic room – Can there ever be change without imagination? What role does imagination play in a social process of change, when does it elude us or feel intolerable because it is too dangerous to the self as well as to society at large.

On the experiential level, I will tell about the activist ways that women in this movement take while confronting the society. Although the main leaders of the movement are not psychotherapists, I see in the forms of behaviour that have been crystallised during the years of its activity parallel principles of relational psychotherapy.

I will use Martin Luther King's famous words "I have a dream" as an essential issue for the state of Israel. This state started as a dream of one person – Benjamin Zeev Hezel. Ever since its foundation in 1948 the state of Israel has struggled with wars to maintain its existence.

Today there is no question of existence any more – the state of Israel does exist. It is an undeniable fact. Another point which has become common knowledge is that wars will never solve the problems in this area, while taking so many precious lives on both sides.

The movement of Women Wage Peace has a clear statement on its agenda: "No more war". Instead, its slogan is: We do not stop until there is a good and mutually acceptable political agreement.

My point in this paper is in raising the question: What does it mean to dream about peace? In what way is dreaming in this context different from thinking or imagining.

I will deal with the question: How can we continue to imagine and yet remain open-eyed in this country and region of the world?

Can we, in Israel, continue to exist if we let go of the dream of peace – what does it mean for our future? In this respect, I will refer to the question raised in the call for papers: How can we keep imagination of peace alive, vital, passionate and creative?

Educational Objectives:

1. Integration of relational perspective and group analytic perspective.
2. The meaning of social change for the individuals in the society.
3. Getting to know about the movement Women Wage Peace – a campaign with a vigorous insistence to change the political-social arena in Israel.

F.3 Can We Develop the Ability to Imagine?

Speakers: Oren Sol, MA, Israel; Tyia Grange Isaacson, LCSW, PhD, USA; Orit Yaar, PhD, Israel

Moderator: Yoav Antman, MA, Israel

Paper 1: Psychoanalysis in Crisis: Imagining Relational Theory

Oren Sol

In addition to the question of the imagination in analysis and the imagination in a social-political context, I will address the imagination on an additional level—the theoretical-conceptual level, specifically in regard to the relational approach. The purpose of this work is to present the need, even the necessity, to imagine the processes, developments and concepts of the approach in a manner that enables reference to the future, while at the same time enabling self-criticism from within. As this is a young, innovative and revolutionary approach, one may think that there is (still) no room for internal critique and that our goal is to enrich our knowledge, develop conceptualizations and integrate the approach in training programs. And yet, with the dizzying pace of progress in our times, we are not to let our guard down, instead we are to examine ourselves in retrospect and imagine our theoretical and

clinical future. The imagination, particularly the open-eyed imagination, will give us dialectical permission to move between the past, present and future; to bless what has been achieved while simultaneously critiquing it; and to ask: Where are we going? The work will be presented through a review of the transformations in the concept of action, from classic psychoanalysis to contemporary psychoanalysis. It will also demonstrate how the changes in it reflect the changes that psychoanalysis underwent over the years, and that the present meaning of the concept of action marks the entry of psychoanalysis into the current postmodern crisis—a crisis that provokes thoughts about the past and the imagined future.

Imagination is more important than knowledge. For knowledge is limited, whereas imagination embraces the entire world (Albert Einstein)

In the past decade, the immanent question of the state of psychoanalysis has arisen: Has the transition from scientific-positivist psychoanalysis to constructivist and relational psychoanalysis benefited it? Have the changes led to the expansion of thought, or to its reduction?

Contemporary psychoanalytic literature (Frie, 2005; Govrin, 2017; Aron, 2018; Mills, 2005; Mendlovic, 2015) deals with this and examines the deficiencies in relational theory. There are arguments against the use the theory makes of philosophical, postmodern terms without a clear definition, which could invite erroneous interpretations. Some have pointed at the shift away from rational therapy, which contributed to the subjectivization of the theory and to the loss of a clear formulation of knowledge. Others have warned of the “danger of impoverishment.” Since relational theory questions objectivity and stresses subjectivity, no new schools of thought will be established to describe the human psyche. In his essay in *Decentering Relational Theory* (2018), Lewis Aron pointed to “psychoanalyses” in an attempt to apply the mutual relational construct in the discourse between classical and contemporary theories: You need the other in order to discover new things about yourself.

As relational theory is relatively young, we might consider it an advanced approach while considering earlier theories as primitive. This position is consistent with the development of the philosophy of ideas. However, is the development of ideas necessarily linear? Being new, does it cancel its predecessors? Is it right to defend a new theory by emphasizing the shortcomings of earlier theories? Yes and no. It is only natural that each psychoanalytic method will arise linearly and chronologically from the failure of its predecessor. However, one may take two steps forward, one step back without finding a position, or become stuck in one place.

This work joins current writings indicating psychoanalysis’s entry into the postmodern crisis and the authors who consider the abandonment of truth as difficulty in creating comprehensive descriptions of the human psyche. The solution suggests a bridge between modernism and postmodernism, development of a “theoretical transitional space.” In my view, the imagination allows a dialectical shift between preserving classical concepts without returning to positivism, it allows us to examine contemporary concepts in light of the postmodern crisis and to develop clear formulations for them.

I will demonstrate the changes in psychoanalysis using the concept of action in psychoanalysis and show that it has changed radically to the point of transforming its nature. I will trace the relationship between action and speech, the influence that the philosophical “linguistic shift” has had on it. I shall propose that the extension of psychoanalysis to postmodernism has enriched the concept of action, but also contributed to its dissolution. If in classical psychoanalysis, action was thrown out of therapy, in contemporary psychoanalysis, it is invited in as a communication tool. Nonetheless, while modernism defined dichotomous action for speech and only the latter as therapeutic, in postmodernism, action is packed with speech. Action is a kind of speech, and vice versa, and thus they are one. Each concept in itself has diminished to the point of dissolving. The problem is threefold. One, psychoanalysis will be vague regarding its basic assumptions and the loss of uniformity will make discussion between therapists difficult. Two, eliminating the distinction between speech and action contradicts healthy logic. Is a patient who arrives late and a patient who says “I felt like being late” behaving in the same manner? Even if we call the second patient’s words action, the meaning of the two actions is different. Three, it is important to clarify the concept of action because we can see in case studies, from Dora and the Wolf Man to Jody Davies and Lewis Aron, how actions constituted a significant therapeutic junction.

Educational Objectives:

1. To introduce and expose contemporary psychoanalytic literature presenting the changes psychoanalysis has undergone throughout its years of existence, the influence of the concepts of the ideal of knowledge in the philosophical field on psychoanalysis, and to examine its possible entrance into the current postmodern crisis.
2. To develop critical thinking toward the relational approach using self-criticism (and not only criticism of other schools) to avoid stagnation or being occupied with defending the approach, and to promote future studies and observation.
3. To use the theoretical-clinical concept “action” in psychoanalysis that illustrates the directions of developments in psychoanalysis and marks its current state, to create an animated and generative discourse on the status of action in therapy, to specify the need to formulate a new image of knowledge and to bring about contemporary separation between action and speech.

Paper 2: Baby Don't Cry

Tyia Grange Isaacson

Colic and culture bound syndromes as metaphors of agony

Imagine what it would be like to live in a world where babies do not cry. One holds the assumption that all babies cry some of the time and that some babies cry a lot of the time. Yet, anthropologist Meridith Small, (1998) said “I have never heard an African baby or a Balinese baby cry.” It is almost impossible to understand what she is saying. Can one even imagine what it would be like never to hear a baby crying? Babies who cry excessively are often called colicky yet colic does not exist in all cultures (Barr et al., 1991; Karp, 2002;

Papousek & von Hofacker, 1998; St. James-Roberts, Bowyer, Varghese, & Sawdon, 1994), What impact does a collective assumption that a baby will sometimes cry have on a culture?

In this paper I will imagine another way to consider the world's cries moving beyond the classic one-person psychology of pathologizing the baby as colicky and beyond the contemporary relational two-person intersubjective experience of considering failures only within the mother infant dyad. I am interested in that which has been previously left out of the scene. Colic does not live only in the baby's lack of capacity to be soothed nor in a parent's lack of ability to soothe. I call this phenomena, unsoothability, an experience that resides in the system as a system failure.

In this expanded frame I will show how the Western ideal of independence helps drive unsoothability first with colic and later with other culture bound syndromes. Culture bound syndromes are metaphors of agony, encapsulating in the body the pain of living. Each period of time and each culture determine what idioms are acceptable to express distress (Ventriglio, Ayonrinde, & Bhugra, 2016). In effect, Freud constructed psychoanalysis as a theory to explain the unsoothability of his time, the culture bound syndrome of hysteria. The hysteric was the unsoothable Victorian woman; she literally and metaphorically lost her voice, lost her ability to leave home, lost sense of her own desire, and lost her own mind.

Colic is the first developmental opportunity for a culture-bound syndrome and appears in cultures that privilege independence. In this paper I will explore that like the others which follow (eating disorders, PMS, PPD, anxiety, depression) culture bound syndromes arises when the pain of disavowing a need for understanding, support and relatedness becomes too unbearable. When such innate needs cannot be met an affliction develops.

Unsoothability is the expressed symptom of our collectively disavowal of our need for connection. Studies that indication isolation is at epidemic levels and is more deadly to our health than smoking (Holt-Lunstad, Smith, & Layton, 2010; McEwen & Lasley, 2002; Pantell et al., 2013). When one lacks connection it may lead to a toxic stress pattern and results in both poor individual and poor community health.

Soothing and unsoothability are inextricably embedded in a system that includes our cultural surround. This paper will briefly explore how to ensure unsoothability does not continue to be disavowed or dissociated in the treatment room. In sum, this paper aims to expand our capacity for imagination including envisioning a world where unsoothability is not a forgone conclusion.

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Educational Objectives:

1. Using colic as a case example participants will be able to identify and define culture-bound syndromes.
2. Participants will be able to distinguish between one person psychology, intersubjective frame, and a systems frame.
3. Participants will be able to identify cultural considerations in their practice and will have tools to address the significance of culture.

Paper 3: From Intersubjectivity to an “Illusory Mental Space”: Maternal Subjectivity in Mothering Schizophrenic Daughters

Orit Yaar

From intersubjectivity to an “illusory mental space”:

Maternal subjectivity in mothering schizophrenic daughters

My research explores the experiences of mothers with daughters struck down by schizophrenia in their adulthood. It focuses on the maternal experience of non-existence – the non-existence of time, of vitality, of meaning, of being, of interaction between mother and daughter, and ultimately, of motherhood, per se.

The mothers surveyed in the study formed an “intersubjective illusory mental space” – as I would define it – where another kind of maternal subjectivity, wounded and destructive, emerged. Their painful accounts point to two conflicting and, at times, parallel processes. On

the one hand, they attempted to preserve their sense of self as “non-maternal subjects”. On the other hand, they often made an effort to keep alive their experience of maternal subjectivity.

Two interrelated factors seem to control these apparently inconsistent processes of detachment and, conversely, [re]attachment. The first is a sense of horror, and the second is the illusory aspect of the relationship between the mothers and their daughters. The sense of horror is triggered by the mother’s experience of nothingness and emptiness in the relationship with her daughter, as well as by the ever-present threat of being affected by the daughter’s mental illness. Under these circumstances, the overwhelmed mother is likely to feel the need to keep her distance from her daughter. Yet, rather than detaching and distancing herself, the mother may alternatively try to get closer to her daughter by self-objectivization, becoming one with her.

Be that as it may, the surveyed mothers could not really detach themselves from their daughters and actually, had no choice but to carry on an intensive, emotionally taxing relationship with them. They were inevitably influenced by their daughters and their mental illness. At the same time, their intimacy with their daughters was regressive rather than an inspiring, developmental relationship. The daughter’s object-related lack of vitality was not transformed into a constructive subject-oriented experience and hence, no truly intimate subject-object relationship could be maintained between mother and daughter.

Whether opting for detachment or attachment, the mother’s feeling of terror is intensified, further weakening her sense of subjectivity. The option of detachment rules out an experience of unity and harmony between a mother with a subjective sense of self and a daughter perceived as “the other” – a situation which, according to Ghent (1990), induces horror, setting off self-defense mechanisms. The other option, of intimacy and attachment, blurs the border between mother and daughter, depriving the mother of her unique sense of self – a likewise alarming experience that further intensifies the horror (Ogden, 2014).

The “illusory mental space” maintained by a mother in her relationship with her schizophrenic daughter leaves virtually no place for maternal reflectivity and subjectivity. Hence, whatever strategy is unconsciously adopted by a mother in an attempt to cope with her daughter’s mental illness, the mother’s worst fear comes true. The daughter’s mental illness, along with the associated feelings of nothingness and emptiness, surreptitiously take control over the mother and are eventually embodied in her, as well.

Educational Objectives:

1. Theory construction on the dynamic and developmental potential of maternal subjectivity with reference to exceptional irregularities in mother-daughter relationships throughout life and the resulting new forms of mother-daughter relationships likely to be triggered by such irregularities
2. The examination of the destructive elements in mother-daughter relationships marred by terror and illusion and their possible conversion into constructive elements capable of promoting maternal subjectivity

3. The development of therapeutic insights for professionals treating and accompanying mothers as they take care of and cope with their schizophrenic daughters.

F.4 Gender and Imagination: Clinical Work with Gender in Mind

Speakers: Sandra Toribio Caballero, MA, Spain; Hilary Offman MD, FRCPC

Moderator: Shlomo Beinart, PhD, Israel

Paper 1: "If I Get Better, I Will Die": Working Relationally To Imagine a Different Future

Sandra Toribio Caballero

"I want to break up with my boyfriend... but I can't do it by myself, I am terrified". Isabella, a brilliant, working Italian woman aged 28, felt dead inside. After being in a stormy relationship for over six years, she could not imagine herself living a different life. Her boyfriend, a very jealous and possessive man, has diminished her self-esteem in the last years, but Isabella has a complicated story and background as well. Born in a little village in Italy, her father, a business man, has always been very absent: during the weekdays he used to work in a different city in Italy, where he "has someone else... and probably another family". Her mother, a housewife, has always been depressed and suffering about this situation, unthought but known (using Bollas words), but unable to divorce. Isabella suffered from anorexia/bulimia when she was in her teens. She recovered but has got worse in the last few years, purging and vomiting almost daily. She is not the first person with an eating disorder problem in the family: Her aunt died when she was 8 months old. She suffered from anorexia too and died of a heart attack "just when she was starting to get better". This part of her story makes us think about the transmission of intergenerational trauma. Her low self-esteem, dragged for as long as she can remember, goes well with her boyfriend expectations: she ends up doing whatever it takes so that he is not angry at her, but she does not recognize herself any longer. This overadaptation, that reminds us of the pathological accommodation systems Brandchaft talked about, leaves her unable to imagine herself doing something different or living a different type of life. She can only imagine herself as staying in a relationship that makes her suffer (as her mother did), cheating on her boyfriend (when she is finally able to connect with her own desire and starts liking other men, she fears being her father) ... or dying (as her aunt did). Identifications are so strong there was almost no room left for imagination, for thinking herself as being someone somewhat different. And, as we well know, psychopathology can be considered as a failure of imagination (Mitchell, 1993). It was through working the necessary bereavements and transcending the identifications that had modulated her development (not being her mother, not being her father, hopefully not being her aunt) that we were able to open a space for her to think of her in a different way. She was finally able to imagine herself doing different things (separating from her boyfriend, leaving Spain and then going to the USA to spend a few months). She was freer. As it could not be differently, the therapeutic relationship played a major role in her changes. Could Isabella use me as a different woman role? I was a woman in my thirties (and recently separated at the time, even though she did not know it – explicitly, at least). Our work together implied that

she could rethink herself, connect herself more to her own desire (Dimen, 1991) and build a new identity. Including gender perspective helped us in the process well: she was not just scared about separating because of her personal story, but because she was a woman, and woman in her thirties 'are supposed to be married and to have children'. The inclusion of gender perspective helped to deeply understand her story and vital current moment with more narrative coherence (Stern, 1997). This paper will focus on how the relational approach provides a solid ground to explore how imagining leads to life.

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Stern, D. N. (1997). La constelación maternal. La psicoterapia en las relaciones entre padres e hijos. Barcelona: Paidós. Hilary Offman

Educational Objectives:

1. To analyze how the use of imagination helps the analytic dyad to construct new ways of projecting the patient differently
2. To comprehend some of the key elements of the implicit dimensions of the therapeutic relationship
3. To discuss the importance of using gender perspective.

Paper 2: The Queering of a Cisgender Psychoanalyst

Hilary Offman

Despite our best intentions, when faced with difference beyond our comfort level, it remains a human tendency to want to pair like with like. There was a time when a cisgender female therapist like me could only assume her transgender male patient would be better treated by someone like him, someone with the expertise to “treat” something that she knew nothing about. When my patient Sam first came out as trans despite never having raised the issue of gender at all during his first few years of therapy, we both assumed he would benefit from switching from an ostensibly “cisgender” psychoanalyst like me to someone transgender, like him. At the time, neither of us could have imagined how continuing to work together with eyes wide open would prove to be vital to the therapeutic process.

In the end, Sam decided to stay with me, all while transitioning from female to trans male and then giving birth to his biological offspring. The analysis profoundly affected me to such an extent that I can no longer even casually refer to myself as merely “cisgender,” without adding quotations around the term and the qualifier, “ostensibly”. And yet, as someone assigned female at birth, one might not have expected my need to make such stipulations. Whereas

initially, I could only see Sam's possible gains from a potential switch to a trans analyst, I later realized that something might also have been lost. When Sam decided to stay with me, I worried about being a supportive and good enough "trans-parental" object for him, but I would later realize how the psychoanalytic process could be endangered by the wrong kind of "transpositive" attitude.

In keeping with Corbett's idea (2001) that the term "queer" acquires its meaning through its oppositional relation to what society considers normative, it follows that the entire history of queer theorizing has been profoundly shaped by an antinormative sensibility. But as Hoffman (1998) warns, in a relational psychoanalytic model, the potential value of spontaneously and idiosyncratically deviating from the normative does not in any way mean privileging the antinormative in its place, for in doing so we are shutting down the very dialectical potentials we were hoping to expand in the first place, leaving us with fewer options from which to choose any potential course of action.

To many, cisgender and transgender might also represent logical opposites of a gender polarity, but to think critically and psychoanalytically about what appears to be a binary opposition, we must consider the ways in which cisgender and transgender are and are not opposites, along with the ways in which they dialectically affect and inform each other. Queer theorists now recognize that if we allow cisgender to become conflated with normativity, then the very meaning of the term becomes constrained by its own application (Jagose, 2015; Wiegman and Wilson, 2015). As such, contemporary psychoanalysis must also expand its conceptualization of cisgender much as it has already done with transgender (Corbett et al., 2014; Goldner, 2011; Hansbury 2005; Harris, 2005), despite, or perhaps especially, while acknowledging cisgender's normative privilege. In this paper, I explore the ways in which working with eyes wide open contributed to my own "queering", and to the enhancement of creativity in the therapeutic process.

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Educational Objectives:

1. The learner will be able to describe the problems inherent in the adoption of a decidedly "transpositive" attitude in psychoanalytic therapy.
2. The learner will be able to apply a dialectical understanding to the perceived binary of normativity and antinormativity.
3. The learner will be able to describe why conflating cisgender with normativity can be problematic in psychoanalytic therapy.

F.5 Narrative, Empathy and Imagination: Bridging the Epistemic Chasm Innate to Posttraumatic Loneliness

Speakers: Rivka Tuval Mashiach, PhD, Israel; Tuvia Peri, PhD, Israel; Jacob Y. Stein, PhD, Israel

Moderator: Boaz Shalgi, PhD, Israel

Trauma's aftermath is often characterized, among many other attributes, with an epistemic chasm stretched between the person who has undergone the trauma and those who have not. Those who have "been there" realize that they know the experience in a manner that that may remain inaccessible to their surroundings. This eventuality may lead to an excruciating loneliness on the behalf of trauma victims. They feel forever severed from a society that can never truly understand or dare to imagine what it is that they have been through, nor can even those with whom they share the most cherished and intimate of relationships fathom what it is that they bear still. This is the deep meaning of "unimaginable" and "indescribable" commonly used to depict the traumatic experience. From an intersubjective psychodynamic perspective (Stolorow, 2015), it is this lack of a relational home for the pain of the suffering person that is at the epicenter of emotional trauma. Indeed, the loneliness at hand has been characterized as an "experiential loneliness" that becomes manifest in the advent of "failed intersubjectivity" (Stein & Tuval-Mashiach, 2015).

Bridging this gap, and indeed breaching the walls of this posttraumatic form of loneliness, may depend on the utilization and interplay of three interrelated phenomena: narrative, empathy, and imagination. In the proposed panel we wish to explicate the manners in which such processes may take place as evident in three exemplary studies.

The first presentation, entitled "Narrating for Affective Empathy: Discursive Devices for Facilitating Experiential Imagination," will focus on linguistic variations in veterans' narratives that may elicit vivid imagery of the trauma and foster affective empathy and experiential connection in their interlocutors. Examining narratives of Israeli veterans of war and war captivity, the presenter will share exemplary segments of narrative wherein the narrators'

story worlds seem to come to life. Identifying and underscoring vicissitudes of language that are salient in such instances, the presenter will trace these examples to various observations in the linguistic literature, mostly in pragmatics and narratology, and expound upon their apparatus as linguistic devices (i.e., speech acts) within a discourse of disclosure and emotional sharing. Specifically, the presenter will discuss six such linguistic devices and their utility: (a) experiential self-repetitions, (b) thick sensory descriptions, (c) the conversational historical present, (d) the self-referential "you", (e) experiential invitations, and (f) the use of metaphors, similes, and analogies to convey the experience. The presenter will then discuss the potential utility of noticing such linguistic devices and enabling an imaginative motion towards the traumatic experiences being disclosed within clinical and non-clinical settings.

The aim of the second presentation, entitled "Films as bridges: Sharing Traumatic Memories through Films as an Intersubjective Plea," is to broaden the landscape of narrative possibilities. Evidently, trauma narratives are narrowly defined as personal, oral, and testimonial. However, the presenter wishes to claim that trauma can be effectively narrated in more ways. Her presentation will illustrate and discuss a novel mode of trauma narration, which uses digital storytelling, and its potential therapeutic benefits, through the creation of films. Specifically, the presentation will focus on a model for a collaborative filmmaking as a tool for sharing the stresses and challenges resulting from military service, in the US and Israel. These may include the consequences of exposure to combat trauma, traumatic brain injury, survivors' guilt and military sexual trauma. At the center of the presentation will be the introduction of the 'I Was There' (IWT) Film Workshop. The IWT workshop is a program that enables veterans to produce short films about their service-related experiences, with messages that they wish to share with others "who weren't there". Over the course of four-days, participating veterans collaborate with other veterans to create short films about their service experiences – often in a highly metaphorical manner – in a safe and supportive setting. In the presentation, the presenter will share some of the 300 movies created so far. She will discuss their unique therapeutic potential, and the manners in which the film may serve as a tool to bring the audience closer to the survivor's experience via the means of identification and empathy. In this manner films may work to alleviate feelings of loneliness and alienation, and reconnect veterans with their families and communities.

Finally, the concluding presentation entitled "The Co-Creation of Empathic Experiences through Narrative Reconstruction: Mirror-Neuron, Imagination and Embodied Simulation," takes as its point of departure the realization that although research on the therapy for PTSD yielded numerous evidence-based efficient psychotherapy interventions, and though all of the therapies are based on theoretical foundations, their mechanism of change is still not definitely understood. As Kazdin (2017) asserts: "After decades of psychotherapy research, we cannot provide an evidence-based explanation for how or why even our most well studied interventions produce change. Notwithstanding, a recent review by leading experts identified some common features shared by most influential interventions (Schnyder et al., 2015). These include: (a) exposure to the traumatic memory, (b) tackling painful emotions and (c) enhancing emotional regulation. Against this backdrop, the presentation will draw on work with Narrative Reconstruction Therapy (Peri & Gofman, 2014) for people coping with trauma

and loss to argue for evidence of a therapeutic process. The presenter will introduce studies that he and his team have conducted that suggest that interpersonal interactive processes between patient and therapist have an important role during exposure sessions in trauma therapy. He will draw extensively on recent discoveries of the mirror-neuron system and the theory of embodied simulation (ES) to insect how these may aid the effort to better understand the mechanism of change in exposure based therapy. He will argue that mirroring processes during Narrative Reconstruction produce a co-created empathic experience of the trauma or the loss between patient and therapist, that contributes to the enhancement of emotional regulation. In this manner, such processes may help the patient and the therapist to better understand the unique personal meaning of the trauma. Arguably, this process contributes to the improvement in emotional regulation that further leads to symptomatic improvement. In this presentation The presenter will present a clinical vignette taken from a short term intervention using Narrative Reconstruction therapy to demonstrate the aforementioned theoretical hypothesis.

Taken together, the presenters in the panel aspire to spark the imagination of trauma clinicians and researchers as to the manners in which traumatized persons may seek to form an image of the trauma, and in deed engendering an imagination of it for others to apprehend via the utilization of a variety of narrative tools. Underscoring the new possibilities that these observations may harbor may hopefully serve as a springboard for new research as well as innovative clinical interventions.

Educational Objectives:

1. To expand the understanding of the link between trauma and narrative as a factor of imagination
2. To exemplify how three different approaches to narrative may differentially benefit trauma patients
3. To encourage researchers and clinicians to further explore ways of apprehending the experience of trauma victims using narrative and imagination

F.6 “Suspend the Disbelief” And Imagining All the Other in Group Analysis and Individual Psychotherapy

Speakers: Sigal Flint, MA, Israel; Sharon Danay-Arav, MA, Israel; Tirtza Fenig, MA, Israel; Liat Warhaftig-Aran, MA, Israel

Moderator: Shir Bar Emet, MA, Israel

Paper 1: Between "Dramatic Dialogue" And "Dramatic Discourse" In the Analytic Group, And In the Dyad Individual Psychotherapy

Sigal Flint

In the theatre, the dramatist invites his audience to: "imagine with open eyes". There is a special agreement between them to dream together a "willing suspension of disbelief". In this lecture, I will suggest that we can learn from the two big play writers in the twenty century, Henrik Ibsen and Anton Chekhov, about the differences between "dramatic dialogue" in the individual therapy (Atlas and Aron 2017) and "dramatic discourse" in the group analysis (Schlapobersky 2016). Both forms of dialogues (enactments) invite the patients and the therapist to enact and to "suspend the disbelief" for a while, in order to experience before interpreting. I will argue that looking and using the differences can enrich the two forms of enactments.

Ibsen's innovation was in creating new form of conversation that conveys society's problems in dialogue while Chekhov's innovation was a shift from the individual to the group. Ibsen's characters struggle against restraining society forces while Chekhov's four last plays had no single hero. All actions take place in one place and time, the story and plot cannot be understood on itself only as a whole. Chekhov made great demands upon his audiences; these demands are very similar to those required from the group analyst. Both need to participate in creative process, recognize clues and connect unconnected dialogues. It seems to be question of looking beyond separate characters and separate actions, keeping in mind the parts and the whole. (Thompson, 1983)

Atlas and Aron's new model of "Dramatic Dialogue" use the theater as a metaphor, and invite to participate in creative process in the therapeutic situation. They appreciate enactments as a "creative theatrical form pregnant with possibilities" which they call "generative enactment" that has also a "prospective function" within it, too (Atlas and Aron 2017: 133). This enable to rehearse, to practice for the future, and as a result to reinforce the client's process of becoming a subject. As Ibsen's heroes who fought their fate.

When this "pregnancy" takes place in a group, it is a multiple pregnancy in a "one-group-womb", as I will show through Grossmark's theories and through two examples.

Grossmark suggests that the process of the analytic group, unfolds through inevitable enactments, which involve the whole group including the conductor, like in Chekhov plays there is no one single hero. He call this enactment a "familiar chaos" and argues that the enactment reveals old patterns and problems of the patients, but at the same time is vital for the emergence of new materials, previously unformulated. He claims that the movement between the rigid "familiar chaos" of enactment and the reflective and related "working through" is important (Grossmark 2007).

I suggest that in order to enrich the "dramatic dialogue" and the "dramatic discourse" we should think seriously how we make a contract that support the

"Willing suspension of disbelief", where therapist, patient and group agree to play an "as if" play. This game takes place within the "enactment-time" a suspended time that the therapeutic situation "creates" for the patient and therapist. I also suggest that the individual therapist can think through the multiple possibilities that happen in group setting, in order to rich a full experience, play by all the self state. All this before interpreting

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Educational Objectives:

1. A new theatrical and dramatic perspective on the differences between individual psychotherapy and group psychotherapy via Ibsen and Chekhov
2. The connection between the concepts of "Dramatic dialogue"(in the individual psychotherapy) and "Dramatic discourse"(in the group psychotherapy)
3. A group therapist framework for the individual therapist derived from the multiple possibilities of the "dramatic discourse"

Paper 2: From Mirroring To Mutual Recognition in Individual Therapy Vs. Group Analysis

Sharon Danay-Arav

In this lecture I will link the recognition concept from relational psychoanalysis to group analysis by demonstrating how thinking and working within relational theory allows for the development of a new and wider approach to group analysis. I will present this idea as a natural evolution of group analysis concepts. In contrast to individual therapy, where the interaction is between the patient and the therapist only, group meetings enable patients to meet several people at once, and to experience ongoing interactions with others. These kinds of meetings create opportunities for psychoanalytic work with the patients' internal objects through intersubjective interactions with others.

Foulkes, the father of group analysis, emphasized mirroring as a fundamental process in the dynamics of the therapeutic group. Foulkes and Anthony (1957), stated that "The group situation has been likened to a 'hall of mirrors' where an individual is confronted with various aspects of his social, psychological or body image". Foulkes understood the importance of interpersonal interactions in psychological treatment, not only within the therapist-patient dyad, but also in interpersonal communication in general. That is why I suggest to widen Foulkes's "hall of mirrors" concept to "hall of recognitions", emphasizing how the group matrix enables a process of mutual recognition, and not just mirroring. Communication, created between members of the group, allows for the recognition of others, and by others in the group.

Mirroring in group analysis appears to be much more than Foulkes's original definition. Mirroring enacts the "there and then" while recognition develops the "here and now" process,

which allows for the acknowledgement of the others' subjective. Group patients experience an additional process through the "here and now" that includes a different subject than the original subject, and more than just "being recognized". The experience of being recognized allows for a deep relationship with other group members. Dynamic interactions between group members enable intersubjective relations that can lead to meaningful change in therapy.

Jessica Benjamin, a relational analyst who developed the term recognition, emphasizes the intersubjectivity in human development. The process of mutual recognition confronts the difficulty each subject has in recognizing the other as an equivalent center of experience (Benjamin, 1990). Aron, 2001, explains that Benjamin's thinking includes the idea that intersubjectivity is a category that refers to a whole dialectic continuum, including movement toward and negation of mutual recognition. Everyone has the desire to know the other and the desire to be known by the other. But there are also complementary and contradictory desires. Each person wants to be known and to hide, and each also wants to know the other and to avoid knowledge of the other. In group therapy, when an individual expresses himself he accepts different responses from subjective people that are at an equivalent center of experience. In order to be able to accept these responses, the patient is required to imagine the subjectivity of the other.

The concept of recognition aims to integrate thinking about mutuality and bi-directionality of relationships in both the analytic and developmental process of change. Benjamin emphasizes the psychic life of social subjects, and hopes that the idea of intersubjectivity will reach across the disciplinary barriers and also have other social implications (Benjamin, 2017). Her intention is congruent with her original interdisciplinary starting point in the Frankfurt school, the same school that influenced Foulkes's ideas in group analysis. For this reason, I argue that combining Foulkes's and Benjamin's ideas enables the development of a new and wider approach to group analysis. I will demonstrate this combination using examples from my own analytic group practice, and compare them to examples from individual therapy.

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Educational Objectives:

1. Deep understanding of the recognition concept
2. Recognition concept applications in group analysis

3. Understanding the similarities and differences between recognition in individual therapy and group therapy.

Paper 3: Dream Thinking With Wide Eyes Open in the Group Analytic Setting

Liat Warhaftig-Aran, Tirtza Fenig

In this talk, we aim to explore the analytic group as a space for transformative thinking, which focuses on how one thinks and experiences rather than on the content of thinking. We found ourselves puzzled by the scant attention given to the topic of thinking in the group analytic literature, which may derive from Foulkes' (1964) emphasis on relational aspects as curative factors in the therapeutic group. We claim that emotional thinking (Alfa function) (Bion, 1992) is an essential aspect of psychological change in both individual therapy and in the group and we would like to integrate the concept of thinking into the group analytic understanding of therapeutic change.

Ogden (2003) has argued that assisting the patient to dream his life is the essence of psychoanalysis and has described three forms of thinking: magical thinking, dream thinking and transformative thinking. All three co-exist in the group and do not exclude each other. However, dream thinking is essential to transformative thinking.

Ogden (2010) argues that the experience of the otherness of external reality is necessary for the creation of genuine self-experience. In our view, when "Scapegoating" and other projective phenomena are happening in the group, otherness is obscured, and magical thinking prevails.

Dreaming continues while we are awake, though it is concealed by the glare of waking life. Dream thinking is our most creative form of thinking and helps us create personal psychological meanings which are organized as visual images and verbal symbols. We view our lived experience from a multiplicity of vantage points simultaneously, like nonlinear "conversations" that take place between unconscious aspects of the personality, termed by Grotstein (in Ogden, 2010) as "the dreamer who understands the dream". Transformative thinking is a form of dream thinking in which one achieves a radical psychological shift: a psychological movement from one's current experiential gestalt to a new, previously unimaginable ordering of experience. This shift creates the potential for generating feeling, forms of object relatedness, and qualities of aliveness that the individual has never previously experienced or imagined.

While the individual is indeed capable of dream thinking, he is limited in his capacity to dream disturbing materials, which can be "dreamt" only in intersubjective contexts.

We propose that in the analytic group, dream thinking can be developed and nurtured since the group matrix contains and fosters the essential characteristics of dream thinking. We are referring here to the intersubjective matrix, to the discourse of free associations and to the multiple points of view voiced by the different members of the group.

We suggest that psychic change of the individual in the analytic group can be fully achieved only when both the individual and the group learn to use transformative thinking.

Grossmark (2007) discussed rigid self-states in group enactments, and we suggest that ruptures in intersubjectivity (Benjamin, 1994) in which the group can collapse into malignant complementarity, such as victim and perpetrator, involve the interruption of dream thinking as well.

We propose that unformulated experiences that emerge through enactments are disconnected thoughts and emotions, similar to Eigen's (2001) idea of "dead dreams". When these dreams find "dreamers", in an analytic group, fossilized and encapsulated experiences can gain a new sense of aliveness. This is the emergence of transformative thinking.

Finally, we will explore the conductor's role that lies in being able to dream by renouncing the all-knowing stance, by acknowledging his resistance to "dream thinking" and by fostering "dream thinking" in the group.

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Educational Objectives:

1. The presentation will describe the application of Ogden's (2010) "Three forms of thinking" to the group analytic group.
2. The presentation will demonstrate the development of "dream thinking" and "Transformative thinking" in the group analytic group.
3. The presentation will analyze enactment using the ideas of Ogden's forms of thinking.

F.7 Oedipal Fantasies, the Gaze of the Third and the Meaning of Interpretation

Speakers: Irit Kleiner Paz, PhD, Israel; Ronnie Carmeli, PhD, Israel; Rivka Warshawsky, MA, Israel

Moderator: Avi Berman, PhD, Israel

Paper 1: Oedipal Phantasies and the Gaze of the Third

Irit Kleiner Paz, Ronnie Carmeli

The relational theory suggests that two subjects may create thirdness, yet others believe there must be three subjects. The concepts of "oneness" and "twoness", evolve from different philosophical perspectives.

The proposed panel will consist of two papers examining different aspects in which one may see either triangularity or "Thirdness". Starting from the Oedipal triangle our panel will consider different contributions of the therapist's gaze in discerning phantasy from healthy imagining.

The first paper will focus on what some patients see when they look at the mirror: focusing on the difficulties of overcoming the impact of phantasies concerning the primal scene, that interrupts the patients from being born as subjects.

The second paper will examine the triangular relationship in couple's therapy where two individuals find it difficult, to couple on the one hand, and on the other hand, their phantasies need to be differentiated.

In both, the therapist's gaze aids the patients in imagining new aspects. In the first case the therapist's gaze aids the patient to disentangle from the adhesive parental couple. In the second case, the gaze of the couple's therapist will aid discerning the different phantasies, generating the couple as two subjects that can create Thirdness.

First Paper - Reflections of the Primal Scene

"What does the baby see when he or she looks at the mother's face?" asks Winnicott (1967/1971). He answers that what he sees is the reflection of his own states, the mother functioning as a mirror. If in Lacan's mirror stage (1949) the mother's gaze is the tool producing the imaginary 'I', Winnicott's mother functions as a mirror reflecting the three dimensional space, the inner reality of the baby. In this respect Winnicott precedes the relational idea of thirdness evolving from the primary dyad (Ogden, 2004; Benjamin, 2005). But does Winnicott really dismiss the role of a third party?

This paper suggests further examination of pathological turns concerning the mirror: What does one see when he looks in the mirror? Freud observed that the mere duplication of the mirror is uncanny (Freud, 1919). It reflects the uncanniness of stumbling over an unconscious phantasy. The mirror calls for the paradoxical task of being able to discern and yet integrate the subjective spectator with the object of the gaze (Sartre, 1943/2001). If the subject collapses into the object he is imagining, subjective imagining and dreaming cannot develop. Following Freud's insights, the gaze at the mirror, involves the oedipal conflict and fear of

castration. What one might be seeing whilst gazing into a mirror is the reflection of the combined parental object: his reflection as the reification of the primal scene (Klein, 1930; Meltzer, 1973). This blunt phantasy obstructs the ability to use the triad, or inter-subjective relationships, as a means for constituting the subject (Britton, 2004). The Oedipal triangle collapses into a sticky oneness, where the patient is entrapped.

Some patients who have difficulties in looking at the mirror, feel shame and guilt, hindering their emerging from psychic retreat, to see and be seen (Steiner, 2011). For these patients the mirror reflects the intolerable phantasy of the combined object. The adhesiveness of the sexes result in adhesiveness of the patient's identifications (Meltzer). The parental couple are not being seen as separate subjects, thus the subjective child cannot immerse. I will try to show that in this respect, the oedipal triangle bears deep connection to potential space or relational thirdness. These patients need assistance in spacing the adhesive and moving in these spaces (Bromberg). The therapist's ability to remain a differentiated subject is at need.

Second Paper - The Third Eye

Thirdness is considered an achievement of any relational dyad that reach the state of mutual recognition, may it be mother-child, therapist-patient or a married couple (Benjamin, 2004). Couples relationship and couples' therapy is a process that enables the relational therapist to learn much about the way people achieve mutual recognition and keep a intersubjective space where both can be seen as subjects and objects. In the relatively new field of relational couples' therapy (Goldner, 2014; Gerson, 1996; Ringstrom, 2013) there is much to learn not only about couples relationship but about any one subject's experience in her relationship to another subject. The paper will discuss the role of the "third eye" – the couple therapist's point of view - on each one of the subjects and the thirdness as a co-creation of all three participants.

The paper will show the fruitful connection of Wittgenstein's "aspect dawning" with the relational notion of "multiple self-aspects" (Mitchel, 1995). This point of meeting between language philosophy and relational theory in the concept of "aspect change". Both disciplines show the importance of changing and movement from one aspect to another.

Wittgenstein (1953) one of the most influential philosophers of language asserts that language functions as an integral part of experience. It is not a "vessel" that holds our thoughts, it is our thoughts, it both constructs our world and is socially constructed through intersubjective discourse. His concept of changing aspects or "aspect dawning" sheds light on the process of mental change that occurs without any change in reality. (Wittgenstein, 2009[1953] §165)

Integrating language philosophy with relational couple's therapy adds to the therapeutic triad a rich set of ways to imagine dissociated self-aspects by working to expand a matrix of different points of view. The shift of the therapist gaze on each of the partners in couples' therapy is the apparatus that perpetuates movement in the self-other configuration matrix. They experience "aspect dawning" and movement between seeing each other as a subject and as an object, thus expanding mutual recognition, self-actualization and thirdness.

Clinical vignettes will be presented in Both papers.

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Educational Objectives:

1. The presentations will enrich the learner by presenting a different perspectives on the subject of "the third" and triangular dynamics in individual and couple-therapy

2. The cases will demonstrate rich clinical material of individual and couple therapy where the therapist point-of-view enables expanding the patients imagination to differentiate internal objects and self-other configurations.
3. Philosophical concepts like "seeing aspect" will further enrich the psychological understanding of change in the patient's perspective.

Paper 2: Lacanian Interpretation and the Psychoanalyst's Desire

Rivka Warshawsky

T. S. Eliott believed that a poet's creation is never his alone, but instead rests squarely on all the past poetry of his country and its linguistic traditions. In fact, the most innovative and revolutionary poetry will derive its radical present-ness of the moment from the pastness of the past. Eliott argued against the Romantic idea that a poem is an expression of the poet's personality and is created in a moment of individual genius and inspiration and claimed that it requires a hard and infinite labour of immersion in a country's linguistic traditions, a lengthy study of the poetry of the Other. " Poetry is not a turning loose of emotion, but an escape from emotion; it is not the expression of personality, but an escape from personality. But, of course, only those who have personality and emotions know what it means to escape from those things."

If we look closely, we can see that this corresponds with Freud's description of individual psychology as a secret kind of group psychology: "[...] from the very first individual psychology, in this extended but entirely justifiable sense of the words, is at the same time social psychology as well." Just as the German word for cosy and familiar leads imperceptibly to the strangeness of the Freudian Uncanny, the most personal and intimate problem of any subject may reveal itself as a political or social issue and the reverse.

For Lacan, what functions and directs the process of a psychoanalytic treatment what is present in an interpretation or intervention is the psychoanalyst's desire. This is a special kind of desire, not to be confounded with the desire of the psychoanalyst as an individual subject. According to Lacan, interpretation requires the Unconscious "structured like a language" but at the same, interpretation breaks linguistic laws in order to figure out the shadowy outline and enigmatic logic of a different kind of reality, what Freud discovered as "psychic reality".

Lacan's concept of analytic desire leads to listening to the patient's discourse as to a foreign language and thus interpreting against common sense, even interpreting with eyes wide open but without understanding. The imaginative element involved in psychoanalytic interpretation is a linguistic imagination of paradox and irony, and interpretative courage is a Moebian movement of interpreting just as the patient's discourse has led you to do, but before falling back on the comfort of understanding its meaning.

Using clinical examples, I will try to demonstrate that the highly logical Lacanian way of psychoanalyzing can also appear as very imaginative and certainly very surprising, at times even Borgesian in style. A Lacanian way of interpreting and intervening requires what may perhaps be perceived as the exact reverse of imagination - a complete subjection to the

exacting logic of the signifier, listening well to linguistic logic while relinquishing one's hold on understanding and sense and "all respect for appearances and conventions" as Freud advised.

Educational Objectives:

1. Introducing the Lacanian concept of "the desire of the psychoanalyst" and exploring its relevance to clinical work through the use of clinical examples
2. Finding a carefully critical position toward an over-enthusiastic belief in the use of imagination in psychoanalytic practice while also exploring its value in both clinical work and in understanding other.
3. Acquiring a sense of the difference between psychoanalytic schools as regards different styles and aims of interpretation

F.8 Talking At Eye Level: A Day of Mutual Dialogue between Patients and Mental Health Professionals

Speakers: Marit Joffe Milstein, MA, Israel; Liat Ariel, MA, Israel; Renana Stanger Elran, PhD, Israel

Moderator: Smadar Ashuach, MA, Israel

The panel will present our unique experience of organizing and facilitating a day of mutual dialogue between patients (including ex-patients/ survivors/ consumers/ people with lived experience) and mental health professionals in Israel. The day was consisted of small and large groups that were co-conducted by two facilitators - a group analyst and an expert with lived experience. The first paper will focus on the preliminary nine month process of organizing the day and imagining it into being by a group of therapists and experts with lived experience. The process was complex and conflictual, and required a slow process of building trust and mutual recognition. The second paper will present the innovative group dialogue and the dynamics that were brought forth in the day itself. The third paper will present a conceptual frame for understanding the dialogue through the prism of relational theory, concepts from the field of group analysis, and social critique.

Panel presentation

Imagine circles of mental health professionals and patients sitting together in a neutral space, neither a clinic nor a hospital setting. Imagine them speaking with each other at eye level, sharing their difficulties, frustrations, and blind spots - all an inevitable part of the vis-a-vis positions of patient and therapist. Imagine a relationship saturated with power relations, guilt and accusation, alienation and defensiveness, turning into a space of mutual recognition through curiosity and Exchange (Foulkes, 1964/1984; Thornton, 2004). Imagine a space that enables true listening and an opportunity to get to know the other, without knowing who is playing which role. Can such a meeting generate only chaos, breaking of boundaries, and explosive emotions? Or can there be mutual recognition of the other as a human subject standing on the other side of the therapeutic relationship?

Paper 1 - From Strangers to Co-dreamers: Imagining a Dialogue into Being

Marit Joffe Milstein

The first paper will present the preliminary complicated group process that enabled the coming into being of this dialogical day. The group of organizers, consisting of both therapists and experts with lived experience, met monthly for a period of nine months in order to imagine together the existence of such a dialogue. We believe that the people who dared to take part in this challenging experience, and to explore outside of the familiar boundaries of the therapeutic setting, returned to their initial roles with a wider perspective on the interplay of these roles and the complexity of meeting the other as a true and full human subject.

Paper 2 - Talking at Eye Level: A Day of Mutual Dialogue between Patients and Mental Health Professionals

Liat Ariel

The second paper will describe our unique experience of organizing and facilitating a day of mutual dialogue between patients and mental health professionals in Israel. The day brought together 120 participants, organized into small and large groups ('sandwich' model - Friedman, 2018). The groups were co-conducted by two facilitators - a group analyst and an expert with lived experience. The participants attended small groups that were focused on getting to know each other more intimately, with a leading question in mind: "What brought me to participate in this day?" The small groups were followed by large groups that represented a larger social context and invited a more conflictual discourse. After that the participants returned to their initial small groups in order to further process what came up in the large groups, and to achieve a sense of closure.

Paper 3 - A Meeting of Minds: Creating a Dialogue between Different Approaches

Renana Stanger Elran

The third paper will offer a theoretical conceptualization of the group dialogue, by bringing together a relational viewpoint, concepts from the field of group analysis, and social critique. We will discuss the idea of mutual recognition and how it may be promoted in a non-therapeutic setting that emphasizes both mutuality and symmetry (Aron, 2013). We will also reframe the group dialogue in the language of a "three-person psychology" that addresses the concept of the social third (Altman 2009; Benjamin, 2004; Benjamin, 2011). Since the group dialogue took place outside of a therapeutic setting it allowed for an extensive investigation of social forces and power relations (Foucault, 1980), thus bringing into the foreground the social third that is too often ignored or silenced. Through the recognition of the ever-present social context, both therapist and patient were able to move towards an acknowledgement of the other's vulnerability and subjectivity, and to take responsibility for the intersubjective encounter (Benjamin, 1992). The mutual dialogue thus allowed for a movement from the personal-therapeutic into the political-social, and back to the personal with a more political-social awareness (Benjamin, 1988).

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Educational Objectives:

1. The participant will be able to explain the importance of mutual recognition in order to turn the imaginary into reality in times of difficulty and conflict in a group.
2. The participant will be able to explain the meaning of mutuality and symmetry in such an encounter of therapists and patients.
3. The participant will be able to explain how the group analytic sandwich model promotes and enables complex dialogical discourse in conflictual communities.

F.9 Social Media - Between Reality and Fantasy

Speakers: Martin Altmeyer, PsyD, Germany; Mia Medina, PsyD, Turkey; Maya Asher, PhD, Israel

Moderator: Noa Gur-Arie Gostynski, PhD, MSW, Israel

Paper 1: Between Phantasy and Social World: The Smartphone – a Transitional Object?

Martin Altmeyer

Conceiving the internet as a transitional space between phantasy and reality we might understand smartphones as transitional objects in perpetuity. Given the affectionate attachment of many people (not only kids and adolescents but also adults including ourselves) to those little wonder-machines: admiring their well designed mellifluous surfaces; longingly touching and wiping the flat and blank screens; always wearing them around in our pockets or handbags or fixed on our belts; steadily awaiting the ringing sound, the smooth humming, the sharp buzzer; suddenly feeling impatience and anger if we cannot find the beloved object or even worse the desperation in case we forgot or lost it; permanently being aware of the potential connection to the surrounding world we are able to realize within a few seconds – doesn't the smartphone share all those properties and characteristics with other kind of transitional objects suggested by Donald W. Winnicott?

As we all know Winnicott proposed a potential space between subjectivity and objectivity where the individual can rest from the lifelong effort to separate psychic and material reality. Originating in both the mental and physical relation between mother and infant such a psychic space becomes in the course of development a generating capacity of the child or the adult in order to play, to create, to be culturally productive, to meet and join other people. This is why this "intermediary space" is the general area of playful, creative, cultural, and social experience. The digital world in communication-societies of the 21st century obviously delivers such spaces where virtual reality is interfering with social reality, sometimes even melding into one another when we use social media, play fantasy-games, or enter dating-Apps. But isn't that the case in our dreams as well? Does a dream belong to the real or to the virtual? What about daydreams or phantasies?

Transitional objects are mediating between self and other, inner and outer world, phantasy and reality. They actually belong to infancy and childhood, connecting the emerging subjectivity to the intersubjective and material environment. Sometimes transitional objects of the early childhood like the beloved teddy bear or a preferred cushion are kept (and collected) as treasures even by adults, symbolic memories of the own past. Therefore the term "transitional object" can be used not only for a temporarily transition, a transition in time, but also for a permanent transition, a transition in space where an electronic object belonging to the space of technological reality is transforming into a self-object or an external body-part like a prosthesis. It seems to me that the smart mobile-phone used by nearly everybody in our globalized world embodies all those specific functions Winnicott once ascribed to transitional objects in his predigital era. Apart from manifold practical reasons which we all might appreciate more or less the "Handy" (as the mobile phone is called in Germany) is serving its intermediary function as a transitional object in modern life.

This proposition, a piece of applied relational psychoanalysis, contains a diagnosis of modern times ("Zeitdiagnose"). It needs further discussion beyond the psychoanalytic mainstream where a highly seductive but deceitful and superficial contemporary world is passionately criticised in which the internet-generation unfortunately has to grow up. There are good reasons to reconsider our own prejudices and biased opinions including unconscious motives of an older generation, born and raised in predigital times. Clinically I argue for an evenly

pending attention towards cyber-cultures and young patients using the new media as part of their everyday-life.

Educational Objectives:

1. Understanding the Smartphone in its function of mediating between Imagination and Reality, Self and Other
2. Reconsidering our own prejudices and biased opinions towards the digital world
3. Taking the attitude of evenly pending attention in face of young patients using the new media extensively

Paper 2: From Imagination to Information: Therapist's Curiosity and Voyeurism in the Age of Social Media

Mia Medina

Today's easy online access to personal information has redefined the concepts of privacy, disclosure and boundaries in all forms of relating. The impacts of this on the therapy relationship have also been examined, but almost exclusively in the context of patients pursuing online information about their therapists. In line with the contemporary relational view of therapy as a two-person model, this paper aims to address and explore the reverse; in other words, therapists pursuing the readily available online information about their patients.

Despite Bion's (1967) dictum to be without memory and without desire, therapists actively imagine their patients' lives from the first contact and through the treatment process. Until about twenty years ago, there was not much besides imagination available for the therapist to conjure the patient. Today is as easy as one click to turn imagination into data. While it is considered clinically unadvisable, or even unethical, for the therapist to pursue more information than what the patient chooses to provide, actual discussions with clinicians reveal that therapists sometimes privately act on their desire to know more about their patients. This can happen in various forms, most typically including checking patient's social media accounts or "googling" them.

Like many other "secret delinquencies" of therapists (Slochower, 2003), it seems that this behavior is kept in a closet; it is not talked about, thus depriving us of the opportunity to examine it and learn from it. This paper will explore how and why this behavior clashes with the analytic contract in an effort to bring a more exploratory rather than critical approach to what otherwise might simply be considered wrong. Only then can one examine the complex relational dynamics surrounding this behavior and candidly address some of the deeper questions it raises: What is it about the patient, the therapist's internal process and the relational field that compels the therapist to act on their curiosity? How does today's cultural expectation to have access to almost anyone's "online-self" impact this behavior? Is this merely an extension of the therapist's personal voyeuristic tendencies? Or can it tell us something about some previously unexplored aspect of the therapist's position, which is one of a certain kind of voluntary disempowerment and exclusion? What happens to the relational

field once that line is crossed? Case examples as well as a qualitative review of therapists' personal accounts will be used in an effort to situate this particular type of delinquency in a theoretical and clinical context.

Educational Objectives:

1. Participants will be able to describe another type of "delinquent" or boundary-crossing behavior by therapists.
2. Participants will be able to analyze the different meanings of therapists pursuing online information about their patients.
3. Participants will be able to critique different aspects of doing therapy in the age of social media.

Paper 3: Swiping on "Tinder"- Imagining or just Fantasying?

Maya Asher

Nowadays, there appear to be significant changes in the process of creating romantic relationships, such that many initial interactions between individuals occur on dating applications (e.g., "Tinder", "O.K Cupid"). These are comfortable sources for searching, exploring and sometimes even establishing intimate relationships. Thus, while in the therapeutic session we maintain a "face to face" encounter which is free of "likes", and outside notifications, our patients (as do we), invest hours in other arenas of interaction, where the rules and pace are different.

In this presentation, I will identify dating applications as a significant platform of interaction with varies mental characteristics. I will discuss those characteristics using the distinction between "imagination" and "phantasy" (Winicott, 1971). Beyond general aspects of these applications which may apply to most users, I will address individual differences in experiencing this complex arena, which may also represent different patterns of object relations. Finally, using a clinical vignette, I will discuss the unique therapeutic contribution of the relational approach in understanding these kinds of interactions.

Dating application created a change in the processes of courtship and forming relationships. 50 minutes on "Tinder", allow me to "meet" all city's romantic candidates, to like, want, reject, be rejected, and all with a finger swipe. There is no doubt that this media constitutes an important tool providing numerous daily opportunities for initial interactions. However, though it may seem a playful space that is filled with "dreaming", using it may actually stimulate mental areas of defensive fantasies, which interfere with the ability to actualize a relationship in reality.

It appears that in this space that is largely based on our visual sense without actually "seeing" the other, and enables multiple simultaneous conversations (i.e., correspondences), others can be whatever we want them to be, but there can always be something better. Allegedly, a lot goes on, and goes on fast, while actually being home alone. Thus, sense of time and intuition get blurry. It is plausible that these conditions largely contribute to an encounter

between two objects rather than two subjects, which is characterized by an omnipotent feedback loop leading to desperation, alienation, disappointment, and stagnation.

That being said, it seems that using dating applications is a complicated experience for most individuals. However, there might still be significant individual differences in the way people experience and use the applications. It seems that the ability to actualize opportunities provided by them requires a capacity to bear with frustration, partialness and loss, which lies on the core of relating to a subjective other. In our clinical work, we often meet individuals who experience major difficulties in this movement from fantasy to reality, and find themselves stuck in this internal loop.

Whereas various therapeutic approaches address the importance of working through loss and adapting to reality, the relational approach deals directly with complexities of the encounter between subjects. Thus, it has great potential of helping patients regain their ability of movement and play, which may facilitate more flexible and creative contacts. I will briefly demonstrate this, using a vignette from a therapeutic process with a man in his 30's, who experiences deep anxiety of intimacy. Time after time, he is attracted to unattainable women, and loses interest when they become available. The patient often talks about the thrill in the many possibilities in the applications, which ultimately leave him with nothing. Using this encounter, I will discuss the potential influence of the relational therapeutic process on the patient's basic approach to dating, which is expressed by his ability to create relationships in which both he and the other are "seen" to a greater extent.

Educational Objectives:

1. Identify dating applications as a complex arena of interaction, which create significant changes in the processes of courtship and forming relationships.
2. Describe the unique psychological characteristics of connecting in dating applications, using the distinction between the terms "imagination" and "fantasy".
3. Demonstrate the potential contribution of the relational approach in understanding and working with the interpersonal complexities of this interaction platform, using a clinical example.

F.10 Feeling Our Way in the Dark

Speakers: Marc Rehm, PhD, USA; Michelle Shubin, LCSW, BCD, USA; Stewart M. Crane, LCSW, USA

Discussant: Hazel R. Ipp, PhD, Canada

Moderator: Esther Bamberger, PhD, Israel

Feeling Our Way in the Dark: Three Analysts Working In The Face Of Utter Despair

We analysts, like all human beings, sometimes encounter feelings of utter despair or hopelessness. Whether their origin lies in an individual experience, in an external event, or in a co-constructed sense of absolute impasse, these moments challenge us to go beyond our borders. How do we—if we do—move beyond our own despair? This panel queries the dynamics of intense moments of futility, helplessness, and despair experienced by the analyst but played out in the consulting room.

The first paper explores an analyst's struggle to find meaning and purpose in the face of despair--when he feels that things are bad and only getting worse. How to be a good enough analyst, family member, friend, and citizen, retaining some measure of satisfaction and pleasure while looking squarely at the sources of the despair. What allows him to go on, to move on?

The analyst of the second paper describes her confrontation with her patient's chronic suicidality and her attempt to find meaning in hopelessness. Facing her patient's existential anguish, the analyst is pulled to disengage and/or join him in despair. As she struggles to find a way to be of use, she discovers another layer to his suicidal wishes that opens the door to hope.

The third paper explores the power of the analyst's shame, guilt, and despair about his own working class origins as they were evoked in the consulting room. To his surprise, raising a patient's fee confronted both him and his patient with the shadow of shame and other painful feelings about their intersecting histories. That confrontation opened the way to a freer vision of themselves and to a less inhibited, guilty, and shame-ridden way of being.

Paper 1: Despite it all

Marc Rehm

I write this paper at a time of personal and national confusion. Long held perceptions and assumptions about my future, that of my family, and that of society at large have been called into question. Things seem bleak. I'm not sure I can go on. I despair.

My mind moves to the ancient sacred text of Ecclesiastes (Kohelet), a book of the Hebrew bible.

Utter futility! –said Koheleth-

Utter futility! All is futile.

The writer of Kohelet searches everywhere for meaning - in the pleasures of the body and senses, in "all labor and skillful enterprise," in the values of morality and wisdom- but fails. He concludes that life is meaningless and hopeless. Yet here is a paradox: Despite his dark assessment of the world and the human condition and his conclusion that all is vanity, the

author took on the task of writing. Indeed, he created a piece of profound literature that continues to touch us today; out of despair came creativity and engagement. How?

Perhaps a bit like that writer, I sit with my deepest fears in a state of intellectual torpor. Yet I write. And, because tomorrow is Monday, I will be at my office, with my anxieties, my despair, and my patients. Of course, I had better have more to offer my patients than anxiety and despair and, of course, I will. Nevertheless, the theme of futility lurks and colors my anticipation of the future, of my patient's future, and my creative capacity.

How, in the depths of despair, with eyes open to the sources of this despair, does one go on? What allows us, analysts and patients, to imagine change and keep moving forward when what we see ahead is horrifying? Using clinical material, I address these questions from within our relational idiom, going beyond the writings of the existentialists (e.g. Yalom, 1980).

Paper 2: Looking at Suicide through a Different Lens

Michelle Shubin

Suicide: my patient Jacob is preoccupied with it. He is consumed by the details of other's deaths and experiences a powerful identification with the act. "Death by despair" he calls it and sees suicide as a practical solution to the problem of human disconnection. The physical act of suicide is merely a response to the psychic death he already feels (Brill, 1939). Knowing there can be an expiration date to his suffering offers some relief. Jacob's wish to die pushes our anticipatory imagination to places I'd rather not go and to risks I'd rather not see him take.

This paper pushes beyond the accepted complex dynamic meanings of suicidal preoccupation by suggesting that along with the wish to end one's life may paradoxically lie a wish to re-imagine it. Beneath, or perhaps alongside, the desire to end it all may be an effort to inhabit a self that has, heretofore, eluded expression and recognition.

Using a clinical example, I explore these dynamics and the analyst's response to suicidal fantasies. Our own wish to distance/disengage from suicidality threatens to foreclose our emotional involvement and adds to an even greater sense of isolation between patient and analyst. Suicidal preoccupations sometimes function to bridge lost personal narratives and forge deeper relational connections. Accessing these (usually unconscious) threads alongside the more palpable risks that suicidal wishes carry can help the analyst transcend both her terror and sense of futility and find a way forward, together with her patient.

Paper 3: If I Were a Rich Man: Overcoming Shame and Envy in Class Mobility

Stewart M. Crane

I've been rich and I've been poor. Believe me, it's better to be rich. While more than one comic has named this apparent truth, it leaves something out: Those of us who come from humble roots pay a price when we (apparently) leave our working-class roots behind. This paper presents the musings and dynamic formulations of a psychoanalyst who carries his working-class boyhood into his professional life where it sometimes narrows his vision.

Socio-economic class and class mobility are important and often under-recognized aspects of identity and identity formation. Our financial/social class origins can infiltrate relational space

and shape, even skew, analytic work. Professional ambition and open-eyed imagination can unleash a torrent of intergenerational shame and envy for a person (like me) who was raised in a working-class environment.

When my patient and I transcended our own limited sight line about our social class origins, our clinical vision widened and the work opened up. All of this originated in a relatively banal event: I raised my fee. That act, fraught with historical meaning for me, forced us both to engage our dissociated shame and envy about our working-class roots. Despite my patient's successful career and financially stable current life, her rage at me threatened to derail the treatment. My patient experienced me as blind to the part of her that continued to inhabit her working-class identity. My shock at her intense reaction and my guilt about wanting more for myself left me questioning whether I will ever leave my working-class roots and the shame and hopelessness associated with them behind. Working through this enactment allowed me to access unformulated parts of myself (Stern, 2010) and facilitated an expansion of vision and imagination in the consulting room.

PAPER/PANEL SESSION G - 11:15-12:45

G.1 The Phantom Of Therapy; Composing Relational Phantasies

Speakers: Stavros Charalambides, CGP, Greece; Konstantinos Mathioudis, MA, Greece; Matina Kaidantzi, PgDip, Greece

Discussant: Carmine Schettini, MD, Italy

Moderator: Kathy Bacon Greenberg, PhD, USA

"Imagine all the people..." John Lennon sang in 1988. Imagination can be an artistic journey in the consulting room too. In relational psychoanalysis, images are used as enlightening representations of unformulated experience (Stern, 1987). Phantasies can be vital, passionate and creative with eyes wide open. Through phantasies, therapists attempt to communicate pieces of their unconscious or reciprocate to the unconscious of the other. An expressed phantasy usually invites the analytic third (Ogden, 1994), consequently the clinical work is being enhanced (Bromberg, 2013). Simultaneously, the therapeutic bond gets stronger as two (or more) persons are mutually vulnerable (Levine, 2018). We will focus on three different cases, where two siblings, one lover and one jazz musician come across with their phantoms in therapy. In turn, three therapists are entrapped and fight against their shadows. The therapists escape through their imagination in order to provide a better understanding of their patients. Phenomena of transference and counter-transference are encountered, recognized and analyzed in a playful atmosphere (Winnicott, 1971). The risk that lies beneath is how to resolve enactments and make use of ruptures in the analytic environment. Patients tend to respond positively on the unconscious minds of the therapists (Ringstrom, 2007). Composing relational phantasies becomes a new place, where ungratified needs meet primitive fears and early traumas. Phantoms cannot be vanished easily and quickly in this joint effort for catharsis. However, if you can dream it, you can do it.

Educational Objectives:

1. At the end of this presentation, participants will be able to understand that therapists often use their imagination as an artistic form of expression with their patients.
2. Participants will also conceptualize the idea of unconscious dialogues in the therapeutic area.
3. Finally, they will appreciate the necessity of co-creation and its impact on the analytic relationship.

Paper 1: The Music of the Wind

Konstantinos Mathioudis

Music is the hidden treasure of my heart. As an adolescent, I was wearing headphones even in the bathroom of my house. For me melody is a universe of memories and images; in psychoanalysis, music represents the nostalgia of the maternal voice (Bolas, 1987). When my father died, muteness covered any other sound around for several months. Only a bittersweet waltz was playing repeatedly in my ears; “the music of the wind”. Jimmy was a 45 years old jazz musician, asking for therapy to tolerate death anxiety and panic attacks. He refers implicitly to early abandonment from his parents and double adoption. For many years, he was trying to find his lost older brother, but with no significant result. Jimmy feels entrapped in the capital city and family obligations. His permanent phantasy is to return back to his home island for a worthy living in nature. In the meantime, he spends hours in a roof studying music alone, as being the only place that he belongs to. During therapy, Jimmy shares a moving childhood story that sounds as a ‘sad ballad’. Swallows were flying at his house every spring. In this memoire, the birds were following the direction of the south wind in order to build a nest. The therapist composes his own reveries, listening to this story, while the music of the wind reappears and echoes in high decibels (Ogden, 1997). Deep silences constitute a pentagram of a mystifying connection. Saxophone becomes the instrument of conversation in a dyadic mutual rhythm (Knoblauch, 2000). The therapist imagines them as two swallows trying hard to recreate a nest with comfort and safety (Winnicott, 1971). Magically music conveys emotions far better than words in a relational world (Reik, 1953).

Educational Objectives:

1. Understand the use of imagination as piece of artistic creativity.
2. Explain ways of unconscious dialogues between the phantasies of therapist and client.

Paper 2: In Love with a Fairytale

Matina Kaidantzi

“In romance, as in life in general, there is perhaps no better way to determine one's identity, to symbolize one's uniqueness, than to catalogue the scars that serve as the remains and reminders of past injuries... and no romantic narrative, if it is to avoid degenerating into a fairy tale (and they lived happily ever after), is without pain, hurt, and loss.” (Mitchell,2000). Although George’s romantic life was full of pain, betrayal, parallel affairs, hurt and losses, he was determined to hold on to the illusion of his first love with Anna. This love story was his

unique fairy tale, which he unforgivably destroyed. His narrative obsession of “killing” the phantasy of their unique love and ultimately his only chance for a family, was luring him to guiltiness (Mitchell,2000) and the therapist to boredom, stagnation and dissociation. A co-constructed phantasy, the therapist’s reverie and a song playing obsessively in the therapist’s mind, symbolized undeveloped aspects of George’s identity and unarticulated affective experiences for both of them (Bass,2001, Bonovitz,2010). The therapist gave herself over to the current of her unconscious thoughts, and rendered her own unconscious receptive to the unconscious of the analysand, as Ogden (1997) described it. The phantasy, the reverie and the song were outcomes of the “analytic third” (Ogden, 1994). A self-disclosure of the therapist signified the beginning of a new journey in which both therapist and patient, loosened the rigidity of their dissociative “truths” in order to allow “imagination” to find its way to a shared place. A new common experience emerged where both were able to encounter what was visible before, but not perceived (Bromberg, 2013).

Educational Objectives:

1. Discuss the co-creation of a shared phantasy in relational psychoanalysis.
2. Understand the use of the therapist’s imagination as a significant tool in the therapeutic process.

Paper 3: The Group in Three Minds: Imagination and Siblings’ Transference from a Group as a Whole Perspective

Stavros Charalambides

The current paper is an extensive study of my previous work presented at the Annual Conference of IARPP in USA (2018). In last year’s paper, I tried to investigate siblings’ transference phenomena, as an unseen dynamic influencing individual psychoanalysis. I used Guntrip’s psychoanalysis conducted by Fairbairn and Winnicott. This presentation will analyze the role of the unconscious imagination in the writer's psychoanalytic work with two men who wanted to explore their brotherly relationship in sessions of common presence. In particular, situations will be presented in 'here and now' where their imaginary perspective on parents, themselves and their ‘family as a whole’ has been analyzed with interesting derivatives. Many times, in the room we were not just the three of us. It was my paternal and nuclear family, as well as their four members’ family. My imagination was massive, while I was alerted on potential ways that ruptures could affect our analytic work. The relational psychoanalytic version in siblings’ transferences and interactions is limited in the literature due to the overwhelming lack of siblings’ treatment demands. Consequently, there is limited theory regarding siblings (Charalambides, 2017). This paper will encourage colleagues to recognize the influence of sibling’s relations and transferences in the analytic process as well as to use the perspective of the ‘group as a whole’.

Educational Objectives:

1. Organize a model of analytical process that combines the relational psychoanalytic view with that of the group as a whole in the analysis of the relationship of two brothers.
2. Understand the analysis of two brothers as a group process of 3 people through the imagination of the analyst.

G.2 Vitalization and Imaginative Processes in Psychoanalysis

Speakers: Rachel Sopher, LCSW, USA; Amy Schwartz Cooney, PhD, USA

Moderator: Daphna Eran, MA, Israel

This panel focuses on the role of imagination in vitalizing psychoanalytic transformations. Imagination is defined as “the act or power of forming a mental image of something not present to the senses or never before wholly perceived...” (Webster, 2018). Whether it is finding a way to join the patient in their most archaic, unsymbolized areas of lack and void, or actively working towards generating novel relational experience, the analyst must make use of her subjectivity by drawing on her creative imagination to find ways of infusing the external world with vitality, and the future with hope and meaning. Imagination is centrally linked to empathy, to identificatory processes, and to companioning another (Grossmark, 2016) through the shifting enactive fields (Reis, 2010) that lie at the core of psychic transformation. Each of these papers will hone in on the way the analysts’ internal imaginative processes contribute to movement from states of deadness to aliveness in the analytic encounter. The first paper, extending earlier work on Vitalizing Enactment, explores how the capacity to connect imaginatively and empathically with different temporal/developmental/and psychic versions of the patient, while simultaneously uncovering and discovering different aspects of the analyst’s self underlies vitalization. Transformation involves both an immersion in an enactive field (Reis, 2010) of the wounded past and a capacity to join in and engender a more enlivened field of future potentials. Shared, creative and imaginative processes in the relational matrix drive such encounters and can be understood as the point of origin for these uniquely generative enactments. The second paper, working from a Winnicottian, Relational perspective, explores the notion that an enlivening process grows out of the shared sensory register when an analytic couple “lives an experience” together (Winnicott, 1945). This, most basic level of experiencing provides the foundation for an intersubjective, imaginative process to emerge out of otherwise inaccessible, frozen or deadened internal states. Dreaming up (Ogden, 2007) absented or lost parts of the self occurs first through sensory experiences such as visual images, tactile awarenesses, and other bodily forms of understanding. This use of imagination brings the presence of the absent internal object into the analyst’s reverie, where she can become more present to what is missing. This generative encounter creates a mental space in which the inarticulate, traumatized parts of both parties can feel known, and thus brought into enlivening interpersonal exchange, without intrusion.

Paper 1: Imagination, Vitalization, and Transformation: Shifting from Old to New

Rachel Sopher

This presentation explores the role of imagination in mediating the movement from old to new, from deadened and damaged to nascent and novel experience. To make ground level contact, the analyst must meet the patient in her areas of greatest injury with eyes, heart, and mind wide open. The willingness to surrender to and dwell in such painful enclaves is often the entry point for the analytic journey. But transformation requires more than cohabitation in loss. The analytic pair must find a way to bridge the gap between past and present, between what has been and what may yet emerge. In so doing, the analytic pair can shift into more vibrant and novel fields. I have recently suggested that such shifts can be propelled by vitalizing enactments -- spontaneous, unconsciously driven interactions that can carry the couple from necrotic impasse into lively exchange. In this presentation I will explore how the capacity to connect imaginatively and empathically with different temporal/developmental/and psychic versions of the patient, while simultaneously uncovering and reclaiming different aspects of self contributes to what can be vitalizing in enactment and in the analysts' participation in the therapeutic project.

These ideas will be explored through illustrative clinical material of my work with an undrawn young woman, whose internal world was restricted and lifeless. Her early experiences were marked by extreme parental non-recognition and efforts to alter and reconstruct the patient in subtle and extreme ways, including plastic surgery. In the initial phases of the treatment we quickly entered into an enactive field of the damaged past. The patient could only describe herself by sharing rote images from social media and the treatment felt lifeless and flat. After living in this stalled space together, we were able to breach this closed world when the patient brought in a photo of herself as a little girl, exhorting, "Wasn't I cute? Why wouldn't they let me grow into myself?" As we held the image of that scruffy and hopeful little girl together, we began to connect viscerally with the patient's damaged and nascent young self, imagining ourselves back into this long past moment in a way that was poignant and also propulsive. We were then able to begin to mourn what had and had never been, while also conjuring versions of the woman who might yet emerge and fostering her growth and discovery.

Paper 2: The Shared Imagination of Bodily States

Amy Schwartz Cooney

Receptivity to primary states and sensory, bodily communications allow us to access the most basic building blocks for the creation of internal representations, enabling access to and symbolization of defensively asymbolic parts of the self. Repeated experiences of finding and losing contact on this sensorial level enables the elaboration of internal objects, and the expansion of the inner world, and thus deepens the capacity for lived experience. With receptiveness to and engagement with the absented and wordless states in her patients and in herself, the analyst can be an unobtrusive participant in the patient's encapsulated internal world (Grossmark, 2012). Engaging in the grammar of sensation and enactment brings these isolated, frozen parts of self into the realm of intersubjective lived experience. This process occurs through the elaboration of proto-symbolic material in the analyst's reverie and through the intersubjective engagement with the concrete, enactive aspects of psychoanalytic treatment. It requires the work of two psyches, two bodies and minds in communion with

each other to “dream up” (Ogden 2007) the absented, wordless internal child. Communications in this register must be first experienced and received on a sensory level (Winnicott 1967), then eventually represented in the treatment so that a deep, primary knowledge can be internalized, accepted, and integrated in an organic way that does not call up defenses related to traumatic intrusion. This is illustrated in an extended case example in which the patient’s communications while seeming rich, simultaneously foreclosed imaginative elaborations, leaving the analytic relationship feeling deadened and drained of symbolic meaning. New forms of understandings first emerged in the treatment in the medium of novel sensory awarenesses: For example, a bodily position that brought about an association to the analyst’s own analysis, surprising visual images that arose during extended periods of silence and sparked the analyst’s imaginative process, and a vivid reverie in supervision that helped bring to light some of the couple’s shared dynamics. This generative encounter created a shared mental space in which the inarticulate, traumatized parts of both parties could become known, and thus brought into enlivening interpersonal exchange.

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Educational Objectives:

1. Attendees will understand the role of imaginative processes in transforming old and entrenched patterns and self-states into more fluid and vibrant ways of being and relating to self and other.
2. Attendees will be able to theorize and apply interactions that can move the analytic dyad from states of deadened impasse to enlivened exchange.
3. Attendees will become conversant in object relational, relational, and somatically focused conceptualizations of vitalizing processes in psychoanalysis.

G.3 The Social Unconscious and the Israeli Soldier’s Matrix

Speakers: Robi Friedman, PhD, Israel; Haim Weinberg, PhD, Israel/USA

Discussant: Miriam Berger, MA, Israel

Moderator: Miriam Berger, MA, Israel

**Paper 1: Imagination and reality in the Soldier's Matrix: On Relational Perspectives of
Glory and Beyond**

Robi Friedman

Matrix is a Group-analytical relational concept. It underlines the deep reciprocal influence between individuals, subgroups and the society and our intersubjective approach to change. Transpersonal is another group analytic concept which conveys the understanding of how our personal permeable boundaries make for intersubjective communication. Group analysis believes in sibling-centered groups in which healing done through all participants, including its conductor. Further, the matrix concept means social motivations influences everyone in a group, small or large. When a society feels either threatened and moved by annihilation or by social glory, it often becomes a Soldier's Matrix (Friedman, 2015). This concept presupposes everyone, women, the young, the old, and men including soldiers, seem to enroll to fulfill 'society's aims'. Overidentification and faithfulness with leaders seem to provide some defense against insecurity. Communities, organizations and even nations progressively lose they abilities to feel shame, guilt or empathy for those different, especially for perceived 'enemies'. The sacrifice-centered culture develops, pushes the individual into self-less and mostly choiceless roles. Tragically, one's own children are often proudly and gloriously offered to war. Imagining Israel's Soldier's Matrix may be a painful but an eye-opening discussion. The clinical and political importance of the concept of social and personal Glory, a neglected relational concept, may be a contribution to the dynamics in groups and organizations. Societies not only set intersubjective norms for glory, or pride, happiness and health, but also try to limit imagination. By avoiding the use of glory, we may have become bigger experts in trauma than in the use of a healthy and glorious personal approach to achievement, honor and self-respect. Recent political events in Israel, like the "Nationality Bill" will be considered from the perspective of glory, inter-generational trauma and the difference between exclusion and rejection. Free imagination, especially in large groups may often be rightly felt by the society's leadership as dangerous distancing from a Soldier's Matrix and is even considered treason. I will provide some examples of further Soldier's Matrices, including Germany and the USA, along with thoughts about how to create a healthy distance from the SM.

Educational Objectives:

1. Learning to utilize the concept of the matrix in understanding personal and relational disorders
2. Participants attending will be able to describe the concept of glory and the Soldier's Matrix
3. Participants will recognize a group enactment of trauma

Paper 2: From Individual to Social Unconscious and the Enactment of Unconscious Social Issues

Haim Weinberg

In my presentation I will describe the development of the idea of unconscious processes from the Individual Freudian one to the Social Foulksian one and discuss the relational dimension of it.

Relational theories emphasize enactment as a way of bringing to life unconscious material. Enactment is typically defined as an automatic, unformulated, nonreflective moment involving all participants in the therapeutic interaction. It is composed of unconscious, and proto-mental states of consciousness. Usually we enact what is dissociated. Most of the time it is about personal unconscious material, however sometimes we enact social issues and conflicts that we are unaware of, some of them are echoes of massive historical traumas. I will bring vignette to show how what is enacted in the group (especially the large group) are unconscious social issues.

Educational Objectives:

1. Analyze the hidden influence of society on our behavior.
2. Compare the impact of the social unconscious in different societies.
3. Explain how historical traumas play their role in trans-generational transmission in different countries.

G.4 Exploring Sociogenic Autistic Defenses and Their Potential Transformation through Art, Dreaming and the Imagination

Speaker: Anne Jeffs, BSW, VAPP, Australia

Discussant: Jenny Kahn Kaufmann, PhD, USA

Moderator: Peter Kaufmann, PhD, USA

Sociogenic autistic encapsulation—a defence against annihilation anxiety that has been awakened by an extremely traumatic social environment and through which a person attempts to seal him or herself off from the sensations, affects, and representations associated with it (paraphrase of Francis Tustin, 1990).

This panel, consisting of three 20 minute papers, will explore sociogenic autistic defences and their potential transformation through art, dreaming and the imagination. Each paper will draw upon the learnings from a viewing group experience facilitated by the two presenters, which was convened to explore this theme. The viewing group met regularly to watch two purposively selected cinematic films, *The Lives of Others* (2006; director, Florian Hanckel von Donnersmarck) and *I, Daniel Blake* (2016; director, Ken Loach) to explore the theme of sociogenic autistic defences as manifested within and by the characters and the societal and organisational systems that produce them, and well as within the viewing audience. These films are explored as serious works of fiction (Britton, 1995, 1998) in that they express psychic

reality and are profoundly evocative of unconscious processes. The group participants included psychoanalytic psychotherapists, human service professionals and organisational consultants, with varying acquaintance with psychoanalysis.

In a space that was neither expressly theoretical nor directly experiential, the facilitators supported the participants to play with their own experiences of 'projector and projected' as a pathway to deeper insight, imagination and creativity in considering individual, group and institutional experience and behaviour. No interpretation of personal material was undertaken. All references were to what was evoked by the films, and as these may pertain to broader unconscious group and social processes and themes. This included consideration of the role of the 'Arts' as an indirect conduit to unconscious connections, insight and creativity. The methodology was informed by Gordan Lawrence's 'Social dreaming as a form of thinking' (2003) and Bion's (1962) Learning from experience.

As Franz Fanon (1952) wrote:

'I came into the world imbued with the will to find a meaning in things, my spirit filled with the desire to attain to the source of the world, and then I found that I was an object in the midst of other objects...Sealed into that crushing objecthood, I turned beseechingly to others.'

This program invited participants to explore how we can become 'sealed into that crushing objecthood' and invited them to explore how to become subjects in the midst of other subjects.

The first paper in this panel will specifically focus on the two films engaged with by the viewing group [The Lives of Others (2006; director, Florian Hanckel von Donnersmarck) and I, Daniel Blake (2016; director, Ken Loach)] to illustrate the concept of sociogenic autistic defences and identify the processes by which these defences were reinforced or transformed within the characters in the films, and how in turn, the film itself potentially contributes to this same transformation within the viewing audience. Judith Mitrani's (1992) concept of the survival function of autistic manoeuvres in adults as well as Christopher Bollas (1987) idea of the aesthetic moment and the search for transformation will be drawn upon to illuminate the sociogenic autistic defences and their transformation. Ronald Britton's (1998) ideas around belief and imagination will be touched upon to illustrate the potential of the imagination to effect transformation.

The second paper will focus on the processes and outcomes of the 'social dreaming' (Gordan Lawrence, 2003) component of the group process used in the viewing group outlined above. This paper will also reflect upon the viewing group's capacity to effect transformation and expanded imagination within the group, as well as within individual group members. Winnicott's (1971) idea of play and cultural expression as the key mediums for true self living will be explored in relation to group members 'social dreaming' in response to the two films.

The third paper will draw upon the theoretical basis and findings of the first two papers to explore a third film, One Night The Moon (2001, director Rachel Perkins), this time relevant to the sociogenic defences used to defend against the truth of the invader history at the heart

of the Australian nation. Hooper (2003)'s reflections on the traumatic experience in the unconscious life of groups (London: Kingsley) will be used to interrogate the aetiology of the sociogenic defences, and their tragic consequences, depicted in the film, and the broader question of the place such cinematic art has in the transformation of trauma.

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Educational Objectives:

1. Describe the aetiology of sociogenic autistic defences as outlined by Priel, B. (2009). The transformation of socio genic autistic defences in *The Lives of Others*. *International Journal of Psychoanalysis*. 90: 387-393.
2. Identify the processes by which sociogenic autistic defences were reinforced or transformed within characters in the three films.
3. Explore the role that engagement with the arts in a social dreaming process can have in transforming sociogenic autistic defences in individuals and groups.

G.5 Imagination, Vital Presence and the Fuel of Life

Speakers: Duncan Cartwright, PhD, South Africa; Rachael Peltz, PhD, USA

Discussant: Peter Goldberg, PhD, USA

Moderator: Rivka Tuval-Mashiach, PhD, Israel

This panel aims to address the subject of imagination by examining what ignites it, what grounds it and the reciprocal relationship that develops between the objects of our imagination and the renewal of vitality we experience as subjects. Each paper will describe aspects of the critical engagement between subject and object that takes place in the igniting of imagination both in and out of the consulting room. We will also attend to the epistemological shifts taking place in the field of psychoanalysis with regard to what ignites imagination.

The first paper (Author 1) will draw on essayist James Wood, who wrote about the quality of “liveness” present in novels as a way of focusing on that same quality – a “palpable present-intimate” in the therapeutic setting. We are speaking here of the “flesh” (Merleau-Ponty) of intimacy as a felt experience in the therapeutic setting. In our psychoanalytic lexicon these experiences partake of “bodily reveries”, the “motor imagination” that drives our connections, those viscerally shared experiences in the field among other shared perceptual, sensory and textual experiences. The paper will describe a form of engagement that generates presences in the face of all of life’s inevitable absences, not to mention absences associated with the frame of our work. Analysts are now making the compelling case for the role of the analyst’s “presence” as the foundational prelude to the capacity to constitute absence we have studied for so long.

The paper makes the case that the tide has shifted – not necessarily because we see more disturbed patients, but because our metaphors are changing, from digging, which used to be the metaphor for what we did to achieve “depth”, to being keenly receptive, enhancing, amplifying, actuating what is happening in the analytic field. The emphasis here is on activating affective, vitalizing presences in the field of the analytic relationship. Once that contact is made and sustained, the stalled engine of development can resume and we are able to move to the more creative and story-making dimensions of conscious and unconscious life; or the sealed off vault of heretofore unknowable absences –i.e. death objects (Durban). These themes will be developed in the context of the current era in which we are called upon to engage the life affirming dimensions of our lives in the face of the death encounters that surround us.

The second paper (Author 2) expands on Hanna Segal’s conception of imagination as epitomized by ‘what if’ states or experiences. She conceptualized imagination as constituting a playful process where the reality of the object is respected and used as a launch pad that ‘explores possibilities’ (Segal, 1991, p.107). Artists often refer to igniting this imaginative process as ‘giving themselves over to their materials’ to reveal some unassimilated ‘truth’. This is far removed from the idea of imagination being a fanciful and deeply egocentric internal state. It emerges out of deep engagement and fascination with the vitality of objects, their independent but fallible integrity, their realistic qualities as they are manipulated, seen anew, in the social world. This viewpoint allows for the relational aspects of imagination to be considered.

The paper expands on these ideas in two ways. Firstly, it explores the ‘creative process’ to illuminate aspects of imagination that have relevance to understanding its place in the relational field. Here, artist, William Kentridge’s (Six Drawing Lessons, 2014) observations about his imaginative process are developed. Notably his ideas about his studio being a “safe place for stupidity” (p.128), a place “for giving an impulse, an object, a material, the benefit of the doubt’ (128), are explored. Here, the ‘what if’ qualities of imagination are precipitated by acts that provoke or disrupt saturated conceptions of the image or object, revealing a new way of seeing, a new position that yields new meaning. Importantly, because the process emerges out of the artist’s provoking, manipulating, disrupting acts, imagination yields an agentic and deeply personal connection to the external world: “we enact, and see, and celebrate our construction of our world.”(p.128).

The second part of the paper explores how such ‘what if’ qualities have resonance with various aspects of Bionian Field Theory (Civitarese & Ferro, 2013). A case is used to illustrate ‘what if’ dimensions of the field. It is argued that, beyond non-symbolic and symbolic qualities of the field, ‘what if’ actions illicit a ‘second look’ (Baranger, 2018), a different positioning in the field, that allows for new, deeply personal, agentic, ways of assimilating experience.

Discussant. The third author will be a discussant and will aim to flesh out the above contributions. He will reconsider to merits and implications of the arguments in the context of Relational Theory. The emphasis will be on raising questions about the vitality of imagination, its function and place in the analytic relationship.

Educational Objectives:

1. To describe core features of imagination that are in keeping with current epistemological shifts taking place in the field of psychoanalysis.
2. To apply insights about the ‘creative process’ and ‘vital presence’ to thinking about the place of imagination in analytic theory.
3. To explore clinical aspects of working with the ‘imaginative’ dimension of the analytic field.

G.6 Imagining Facts: Dealing With the Facts of Imagination

Speakers: Aner Govrin, PhD, Israel; Uri Hadar, PhD, Israel

Discussant: Rina Lazar, PhD, Israel

Moderator: Shlomit Yadlin-Gadot, PhD, Israel

Overview- The proposed panel revolves around the classical distinction between the scientific and the poetic as modes of thought and imagination. Paper 1 traces its expressions in the history of psychoanalysis and offers a view of its workings in the psychoanalytic history of ideas. It then presents a clinical vignette for panel discussion. Paper 2 discusses the scientific-poetic distinction as a dialectic rather than a binary relation, and shows the manner in which it defines different relations between imagination and reality and affects our notions of truth. Paper 3 discusses the claim Lacan makes in response to Poe’s story (‘The purloined letter’)

that psychoanalysis is always both poetic and mathematical. Papers 2 and 3 discuss the vignette presented in paper 1.

Paper 1- Aner Govrin

In their writings analysts such as Freud, Klein, Bion Kohut, Bollas and Ogden often use language that is in part poetic and in part scientific. Along the hard-core facts describing stages of development and mental structures appear paradoxes, vagueness, musicality and poetic tone.

In this lecture I show that the psychoanalytic texts that combine scientific and poetic writing with a poetic dimension created a new genre of writing that does not exist in either science or poetry. This genre supplies two profound psychological needs which, are traditionally viewed as separate and as belonging to two different disciplines.

The scientific genre satisfies the need to describe, understand and explain mental phenomena. Psychoanalytic texts about mental phenomena, stages of development, the depiction of different types of psychopathology, therapeutics processes are usually described in scientific styles texts. Their main function is communication. The poetic genre allows freedom and relative independence from the reality principle. Embodying, rather than describing the qualities of the unconscious, the poetic style of psychoanalytic writing opens a mental and spiritual core that engages experience in a more profound and experiential way. The purpose of these writings is not the pursuit of knowledge but the conveyance of a powerful experience, a music of the psyche in particular idiosyncratic moments

These two types of writing that have created a different kind of integrative force: poetic writing creates space for experience whereas scientific writing makes space for knowing. The special integration between poetic and scientific writing creates a new language that moves between modes of experience. This will be demonstrated by excerpts from Bion and Winnicott's writings and demonstrated by a clinical vignette.

Paper 2- Uri Hadar

In his story "The purloined letter", Edgar Allan Poe lets his protagonist, the amateur detective Dupin, develop at some length the thesis that people usually adhere to one of two modes of thinking: The mathematical and the poetic. The mathematical mode is analytic, systematic and consistent, while the poetic mode is impulsive, inclusive and associative. Dupin makes the point that every good detective must think in both modes in order to be able to address complex cases, because any one on its own will remain blind to important elements of the case. One of the first papers that brought Lacan into the public eye was a seminar on Poe's story, where he develops, among other things, the mathematical and the poetic are two sides of the letter, of language, inasmuch as the signifier has two sides, one who has written it (the communicative intention) and one who reads it (the interpretation). The former is always singular, while the latter is always plural. In that sense, signification is inherently intersubjective, with one side, that of the writer or the subject, is always mathematical, while the other side, that of the reader or the Other, is always poetic. This implies, says Lacan, that

psychoanalysis is always both poetic and mathematical, just like Dupin's good detective. These ideas will be applied in analyzing the case presented in the first lecture.

Educational Objectives:

1. Different ways of construing the dialectic between the scientific and the poetic, between knowing and imagining.
2. The differential roles of scientific and poetic writing in psychoanalytic discourse and the tensions between knowing and not knowing that impact us as clinicians and patients.
3. The efficacy of the unique combined languages of the scientific and the poetic in dealing with matters of creativity and truth in the clinical encounter.

**G.7 The State As (M)Other: Three Siblings Imagine With Eyes Wide-Open
Towards Each Other**

Speakers: Sameer Kadaan PhD, Israel; Noga Ariel-Galor, MA, Israel; Tammy (Tamar) Ben-Shaul, PhD, Australia

Moderator: Daniella Dankner, PhD, Israel

This panel will present the metaphor of the State as Mother (SaM), a prevalent metaphor since the rise of nationalism (see Koenigsberg, 1977), as a frame of reference for expanding relational thinking about how majority, minority and expatriate individuals' place in society affects them intra-psychically and interpersonally. It will also draw from contemporary psychoanalytic work on the mutual influence of siblings (Mitchell, 2011, 2013, 2014) as a construct of intergroup relations in a multiethnic society.

In what follows, to use Anderson's (1983) claim that all communities imagined themselves into being, we ask how do we imagine a community which is more just and equal to all its siblings, with eyes wide open towards each other?

This panel will include three presentations featuring a Palestinian citizen of Israel, a leftist Jewish-Israeli, and a Jewish ex-patriate who is now residing overseas. All will give a personal account of their experiences with the SaM by using relational psychoanalytic reflections.

Paper 1: The Abject Child: Being a Palestinian citizen of Israel

Sameer Kadaan

Could I, a Palestinian citizen of Israel, call the state of Israel "a mother"? In Israel there is a clear bias between the biological (Jewish) children who bare the same genes and affiliation, and her "step children" (Palestinian citizens of Israel), who have suffered constant attempts to be cast away as unwanted. What then is the nature of this forced relationship, do I value it? Does "she" value it? What are her moral obligations towards me, and do I only use them instrumentally since I need to live and grow? How was my personal/social identity formed as a "second class" son? How do I maintain my sense of goodness while being rendered the "black sheep" of the family, serving as a projection of all that is wrong and abject (Kristeva,

1982), something to be feared from and secluded? Furthermore, how can I decipher between both the enigmatic and pragmatic messages (Atlas, 2016) handed to me by my siblings, some of them supportive and generous, others more negative and dominating?

Reaching up to the good breast, and being handed the bad one, always results in frustration. Can I be brave enough to soar on the wings of my imagination, when rising above the ground means hitting one glass ceiling after another? Do I dare imagine a different future, with eyes wide open towards my siblings, and trust that they will also see me in return? What about the siblings I'm demanded to renounce, forgotten on the other side of the 'security wall'?

This presentation will contemplate these questions and explore the ambivalent relationship towards a SaM which is considered both the provider of opportunities, and an Other who is rejecting and dismissive. A tantalizing object (Fairbairn, 1944), whose attention and approval are desperately sought, yet is also feared from and hurtful. It will discuss these effects on the Palestinian citizens of Israel through a personal, psychoanalytic account, while also using vignettes from interviews with Palestinian therapists.

Paper 2: Agents Without Agency: Being a Leftist Jewish-Israeli

Noga Ariel-Galor

As Leftists in Israel we are deeply opposed to the human and civil rights violations perpetrated against Palestinians in Israel and the occupied territories. Yet by expressing these oppositions we are often rendered "enemies of the state" in public discourse, since we are portrayed as exposing Israel to criticism and perceived weakness, which incite de-legitimization and annihilation anxieties. Given the history of the Jewish people, perhaps the origin of these anxieties could be understood. However, in reality, the imbalance of both state and military power between Israel and the Palestinians holds practices which stem from these anxieties unrealistic at best, and cruel at worst.

In this presentation I will discuss the unique relationship with the SaM that is formed under conditions in which certain values and ideologies are perceived as anti-loyal to the "family" affected by transgenerational transmission of trauma, and defy the view of reality it forces upon its members. I will refer to what Davies (2004), following Ringstrom, calls a specific 'double bind', in which in order to maintain the mother's love and protection we must forego our own reality-testing. I will contend that leftists consequently feel as "agents without agency" – we are affiliated with the "doer" (Benjamin, 2018) group in society, yet do not identify with the deeds being done in our name; while also critically examine this view and the unconscious processes that might lie underneath it. Lastly, I will ask how much room is there for imagination, which requires a differentiation between fantasy and reality, where anxieties take over and leave no space for doubt and play with different options. I will conclude by examining the role of negotiation (Pizer, 1998) in diplomatic relations and its psychic effects on the members of the negotiating societies.

Paper 3: "So Jealous! You Can Get Out Of Here So Easily!" – Making Meaning and Peace with Being in Transition

Tammy (Tamar) Ben-Shaul

My mother carried me to be born in the Fatherland that was haunting my people. In a life of to-ing and fro-ing, I have dodged endless times of crisis that define Israelis as a nation. Guilt and embarrassment demarcated my sense of 'not belonging'.

Over years, I found myself engaged in too many conversations at home and overseas. Listening politely (as you do when trying to navigate new territories) as they talk at me Zionism, Palestinians, antisemitism, "the conflict". I'd feel tones of dogma and populism contrasted by expressions of confusion placing me as an authority. Bombarded mentally and emotionally, I escaped to a game: Externally, my face poised as interested and engaged mimicking motions of conversations. Internally, I would weigh my ability to withstand the barrage, afraid that if I spoke they would hear my voice shaking in anger or pain.

As my physical body oscillated from different countries to Israel and back, my mental capacity became elastic. My parents did not demarcate their existence by the Jewish plight. They were not anchored in transgenerational traumatization defined by belonging to the Jewish nation (Grand & Salberg, 2017). Paradoxically, eight or so generations on this land resulted in me feeling less belonging to the 'state' itself. Happiest at airports, moving became my autonomous deed, by habit, or a need, to sway, to rock, to be on a plane, yonder, and back.

In my first ever group supervision, introducing myself, I said I recently married an Australian. Camp David summit had just failed: My first ever supervisor spat at me "so jealous! You can get out of here so easily!" I felt utterly hurt and confused how her clarity abolished the complexity of my own transitional existence retreating into a long silence; I felt being done to (Benjamin, 2018).

The grandest of transitions, mid war July 2014, I migrated with 4 children, unearthing an agony I had not felt before. Unable to 'move' I was forced into "being": New ways of existing were required. Hanuman-asana, I imagined myself as a bridge, between cultures, borders, nationalities, between aspects of self in my own bi-cultural children, friends and families. At times, armies march on me-bridge and I panic, at other times a pilgrimage of softly walking meditators heal disconnections with different aspects of myself.

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Educational Objectives:

1. The learner will be able to utilize the metaphor of the State as Mother as a frame of reference for thinking about intra-psychic as well as inter-group relations
2. The learner will learn about the influences of a socio-political conflict on the individuals involved
3. The learner will develop critical thinking on a given governments policies from a healthcare point of view

G.8 Flexibility of the Analyst and Clinical Impact

Speakers: Peter McKay, Australia; Shalini Masih, PhD, India; Nehama HaCohen, PhD, Israel

Moderator: Gabi Asher, MA, Israel

Paper 1: Meandering In the Forest – A Case Study of the Beginnings of Two Journeys

Peter McKay

The tale of B and R is one of hope. At the age of eight, these twin boys have already experienced eight different homes and attended two different primary schools. During this time, they have attempted to make sense of the world while struggling to form attachments to four sets of primary care givers within many more family systems. In this paper, I explore the workings of the therapeutic relationship created between the boys and myself while working with them in a group, together and separately. I consider the underpinning theories of my approach, and my observations and results and explore the question of how best to support their passage in an ambiguous existence. The boys attended a social skills program that I co-facilitated in 2015 and I was engaged then by the paternal grandfather and step-grandmother to support the boys in an imminent potential change to their living arrangements. I initially saw the boys together for hourly sessions and after 29 sessions decided to split them for 45 minutes each. The theories underpinning my work with B and R included Attachment Theory and Contemporary Trauma Theory with strong consideration of the Emotional Intelligence competencies of self awareness, self regulation, social awareness, relationship management and responsible decision making. In our sessions, my main aim was to create a safe environment. Ways I did this was to:

- Review tools for self-awareness and self-regulation, ensuring they have a toolkit to use.
- Include a calming area where the boys could regulate (with me to assist if required).
- Let the boys know what was happening, providing a loose structure around the sessions. I facilitated secure attachment in the therapeutic relationship by:
- Providing a stable environment
- Keeping promises
- Not changing sessions
- Keeping unfinished projects to be completed next session. I allowed the boys to express themselves, with attuned feedback and non-shaming limit setting. I created a therapeutic relationship where mutual needs were met, experiences were validated and conflicts were managed in a calm and regulated manner. Various play activities included drawing, playing Lego, building forts, shooting hoops, building train tracks, rearranging the session room, reading stories, breathing exercises. Observations were made around separating from primary caregiver, greeting others, listening in a group on a mat, the ability to wait, initiating play, playing in a group and turn taking. Some of the themes observed were:
- Desire to be independent
- Desire to be the leader
- Play Fighting becoming aggressive
- Submitting to others / Handing over privileges
- Being bored and not wanting to come to sessions

B and R benefitted from a highly attuned environment. By having a space of their own where they could express what they needed to express without fear allowed their central nervous systems to calm. Continued assistance via co-regulation helped to supplement what they knew cognitively about self-regulation. The resilience they require to excel in their world continues to be created from this support and integration of their internal sense of self.

Educational Objectives:

1. Identify the key components of Attachment theory and Contemporary Trauma Theory
2. List the five Emotional Intelligence competencies
3. Isolate the links between attunement and integration of the self

Paper 2: The Dawn of Unconscious Imagination Lighting Up a Bleak Hour – Reflections on Not-Knowing and the Process of Imagination It Sets Off

Shalini Masih

The Clinic received a frantic call from a mother inquiring the status of her daughter's appointment. I agreed to see her. In her early 20s, she looked visibly distraught, had average height, looked like a little child making every attempt to hide between the folds of her oversized cloths and behind the hair falling on her face. She had a hunched back making her look like a very old woman. She took baby steps and dragged the soles of her feet against the ground as she walked. Her mother's pressing concerns were – her daughter's vaginal discharge which happened on hearing loud noises and the delusion that her body had elongated and that she was both a man and a woman.

The mother shared how she did not want 'K' when she found out that she was expecting her. She tried various ways to self-abort. She then, abruptly and relentlessly started to pray to God asking for a girl. At the last month of her pregnancy she began to pray relentlessly for a boy child. The mother carried a sense of guilt that due to her ambivalence at the time of conceiving 'K', she experienced herself as both a man and a woman. I was required to receive the mother's self-blame and guilt so as to ease constructive feelings in her that would aid the therapeutic work with 'K.'

During our work, the vaginal discharge occurred when we touched emotions in the room or when she allowed herself to reveal them. Talking was an emotional discharge or revelation she dared not allow her Self. The psychotic part in her could not tolerate emotions and got rid of them via the body. The discharge also happened when she heard the voice of her father. Each time when the topic of her father came up it was followed by silence and an intense urge to defecate or urinate. Perhaps, something about the father evoked erotic feelings or rage felt as terrifying and difficult to process.

The parents shared a close bond with each other. They learned to deal with 'K' and her difficulties by becoming split images – warm mother and stern father. Knowing the history of K's conception in the mother's mind I often doubted the mother's unconscious processes at play here. Could it be that by creating such imbalance in the parental couple she was using the stern and intrusive father as a tool for acting out her own unconscious negative feelings towards 'K' from which she was not yet free? And perhaps, in doing so although she was uninhibitedly close to 'K' but she could have her husband as a protective barrier between her and 'K.' Perhaps the mother senses her lethality in closeness with K and so subtly encourages her husband's intrusions. The result is a symbiotic relationship between the mother-daughter.

A child's sense of belonging to one gender requires a sexual differentiation at a psychological level – that I am only either male or female contrary to infantile fantasy of being both. During one session in response to K's statement that sometimes she feels she is both a man and a woman I responded, 'That is very creative. That ways you will never need anybody else.' These words made her cry, this time from her eyes. The next moment she walked out of the session. But the fact that she kept returning is evidence that there was enough health, albeit faint, in her to sense the need for help and to allow its work. For someone who is still intensely invested in a symbiotic relatedness with a parent this maturational demand is difficult to meet

because it means facing rage of the parent one is in symbiotic relationship with. Part of her rage towards the parents came by throwing my mind into utter powerlessness. During the second session she heard the sound of a car horn coming from outside the clinic and exclaimed – ‘Now I just feel like I have become tall! Just now! There was a noise I am becoming tall...It's the cars. They are doing it...I am growing tall...I am growing tall...It is not stopping...Tell me?!’

I had no instant answer to give to her to ease her pain. Not knowing what to say and also unwilling to join in her tallness, I found myself saying, ‘I don't know...I am small...We could figure this out together.’

I was being drawn in by the psychotic part in her to become the omniscient therapist. The healthy part in her might have felt helped by my confession for she responded with a smile and said – ‘I just shrank back.’

With both of us now equal, my capacity to think returned through an image gifted to me by a deeper work of unconscious imagination. The image was of a pufferfish which inflates itself in the face of any danger in its environment. In a bid to utilize this gift from the meeting of our minds, I said, ‘Loud noises can seem threatening...Perhaps growing in size could be a way of defending self against threat of some kind...’

K - See!? Now the discharge came out! Just now! I liked what you said and the discharge just came out...See! This is how my brain works!

This time a discharge was to compliment me on being received and understood. I wondered if insight was erotic and she experienced an orgasm.

With some work, in her interpersonal relationships K began to protest. She increasingly started to express her anger. The hunch in her back was also getting better. She walked and sat in a relatively upright posture – brisk walk, long strides, the throw of her limbs giving me a sense that her underlying rage was being let out in doses her family found difficult to manage. Initially she also lacked a will for basic hygiene and I could smell a stench emanating from her. When I could adapt to her odors the psychotic part in her found another way to relieve her frustrating relationship in therapy – She began to fart in the sessions.

‘The body odors and farting was her wish to be a baby and get the mothering she should have gotten and feels she needs.’ (Eigen, 2015. Personal communication) She was trying to relieve the patterns of communication that were frustrating in early childhood, with hope that this time there will be another person who will understand and reply in accepting manner. ‘A good mothering presence who loves her body and life and being and wants her as she is. Perhaps, too, it is a way of drawing attention to herself and her needs and wishes. A way to have an impact, and effect on the other, so the other will realize how desperate her need for attention and love is. It may also carry anger and be an attack on the frustrating other who does not want her for herself but only if she fits the other's desire (be a girl, be a boy, don't be at all, be what I hope for). A bit of revenge for not being wanted or only being wanted on condition she fulfills parental images and desires.’ (Eigen, 2015. Personal communication)

In my brief work with her I received the communications of the child part in her. The more I received her the less she came for the sessions. She resisted the image of a regular patient. Then abruptly stopped coming. I was informed by the mother that she felt her daughter was becoming more aggressive (or more herself) due to therapy and so she decided to take K to a Guru or spiritual healer.

Educational Objectives:

1. This brief case vignettes will help the listener appreciate the value of 'not-knowing' and allowing one's Self to be taken over by one's intuition in a challenging clinical encounter.
2. The paper will explore the complex strands between imagination that is conscious and a deeper unconscious work of imagination that is a luxury for the Psychoanalytic Psychotherapist because this work gifts her with Reveries when the light of a clinician's own thinking begins to become faint.
3. This paper will also be a reflection on formation of image in the Clinician's mind as a result of a meeting of two minds joined by their fate as women born in a culture that prefers a male child over a girl child.

Paper 3: Investigating the Mutual Changing of Patient's and Therapist's Self-States: An Integrative Clinical Research Study of Two Cases

Nehama HaCohen

An increased focus on interdependent processes that occur within the therapeutic relationship is beginning to emerge in psychotherapy research (Wachtel, 2014). Relational theoreticians claim that the complexity of the therapeutic process can only be understood when moving from "one person psychology" conceptualization towards a "two person psychology" (Aron, 1990). According to the relational psychodynamic approach, the self constitutes itself through a dynamic between multiple self-states that ranges from dissociation to dialectics. Another relational premise is that the therapist's ongoing inner movement between self-states, from dissociation to dialectic, in a mutual attunement with his client, is the key source of therapeutic data and subsequent change processes.

The presented study goal was to secure a scientific method that will allow researchers and clinicians to track changes and novelties occurring within the client's self-states, while simultaneously exploring the mutual transformations client and therapist undergo throughout the psychotherapeutic process. For that purpose, we developed the Two Person APES (TPA), an observer-rated coding system which combines a nuanced qualitative analysis of the therapeutic encounter with rigorous quantitative coding, encompassing both zoom-in and zoom-out of the data. The TPA is a "two-person psychology" extension of the Assimilation of Problematic Experiencing Sequence (APES; Stiles, 2002) which entails the identification of intersubjective, contextual, enactment and structural dimensions. The goals were to analyze whether client multiple self-states progresses from lower dissociative levels to higher dialectic levels throughout treatment and explore the way in which this processes relates to client-therapist temporal congruence.

Nine good versus nine poor outcome cases of psychodynamic treatment dyads (according to the Beck depression inventory-II) were analyzed. Clients completed pre-post extensive quantitative symptom measures, as well as briefer measures before each session. For every dyad, 5 sessions representing five phases were quantitatively analyzed using the TPA. Then, an in-depth qualitative analysis of the sessions according to the TPA model was conducted.

Results showed a quadratic TPA pattern of change on clients from the good outcome group: more conflict on the beginning, avoidance between inner self-states on the middle phase, and toward the end back to high levels of conflict and even dialectic. Clients from the poor outcome group demonstrated no significant movement between the TPA levels, and remained on the intermediate levels all along. Therefore, expansion of the range but mainly the increased flexibility of client's ability to move across dissociated positions of self-states throughout treatment is essential for achieving dialectics. Additionally, client-therapist's TPA temporal congruence was related to session outcome in the good outcome group. Content analysis of the clinical interaction showed that the congruence served as a platform for the effectiveness of the use of dialectics by the therapist on the mutual changing process, suggesting that client-therapist congruence in self-states is a key transformational agent which promotes therapeutic change and better outcome. This study proves client and therapist mutual transition from dissociation to dialectic to be empirically identifiable in therapeutic discourse and therefore contributes to bridging the gap between the clinical practice and the empirical research.

Educational Objectives:

1. Our findings emphasize the dynamics of continuous movement between patient's self-states, which in a positive process gradually shift towards dialectic. Our findings thus support notions regarding the importance of working with nonlinear oscillating dissociative processes and irregular progressions, in order to create fertile ground for psychological development and growth.
2. Our findings highlight the importance of understanding that meaningful treatment processes rely on a dyadic movement towards mutual congruency. Moreover, change seems to occur by allowing dissociated self-states to be acknowledged and negotiated in the relational therapeutic context.

A nuanced and evidence-informed exploration of the quality of movement between self-states of both the patient and the therapist, as they co-fluctuate during treatment, may greatly contribute to contemporary clinicians' understanding of the dynamics of various therapeutic modalities. Thus, as a clinical measure, the TPA can be used in a wide range of psychotherapy research and clinical practice and may enable a translation of core change mechanisms into an empirical language of analyzable variables.

**G.9 In Between Reality and Imagination: Performance Art, the
Psychogeographic Home and One's Actual Choices**

Speakers: Yael Shalom-Zedak, MA, Israel; Sigal Eden Almogi, PhD, Israel; Zvi Steve Yadin, PhD, NP, USA

Moderator: Sarit Lev-Bendov, PsyD, Israel

Paper 1: "To Much Reality" - Performance Language: Between Reality and Imagination

Yael Shalom-Zedak

This paper deals with the language of performance art in regard to reality, imagination, and therapy. Since its inception, psychoanalysis has dealt with the role of the imagination in the reality of our lives - from Freud (1962 [1924]), who concluded that the origin of female hysteria is in the self-invented fantasies of his female patients, to contemporary perspectives that recognize the importance of illusion in therapy (Hoffman, 1998), and approaches that see in psychoanalysis a form of art that straddles the line between reality and imagination (Ogden, 2003; Strenger, 1991). For me, the unique language of performance art serves as an additional prism for understanding the therapeutic relationships and the mental language. But what constitutes this uniqueness? And what is its connection to therapy? Performance art is an action or series of actions performed by the artist before an audience during a defined time and in a defined space (Ophrat, 2012). In a sense, one can find similarities between this language and the therapeutic language: both have "acting" elements, underline the importance of the evolving inter-personal relationships in real time, and involve Heraclitic movement. In other words, in every encounter, and even in every moment of it, a new meaning is established - a meaning that is neither limited by nor confined to the realistic, palpable interaction in the clinic or the performance, but rather transgresses the dimensions of time, place, and space. This meaning evolves in the deceptive sphere between reality and imagination, between one consciousness and another (Aron, 1996; Mitchell, 1988).

This paper emphasizes the contribution of performance language to therapeutic language, as facilitating the creation of a "piece of reality" in the therapy room by way of actions that share an interface with life, but which do not stem from it (Davies, 1994; Ophrat, 2012). An extreme application of performance language will be demonstrated by a close reading of Kafka's short story A Hunger Artist (1966 [1924]), which portrays a man whose performance art is self-starvation. Through this bizarre situation, I will show how the foundations of our perceptions, such as life and death, imagination and reality, inside and out, language and world, collapse into one another and create a different, heterotopic space which forces us to reposition ourselves in face of and within it. I will demonstrate how the perverse "dance" between a man who chooses to starve and an audience that cooperates (up to a certain stage), can suture the boundary between subject and object, between an idea and its manifestation, between life's reality and initiated reality (Turner, 1986). The performance, which transforms the possibility of death into an actuality, generates an unavoidable friction between each viewer and his or her own death, and in fact, crosses the boundary between art and life. As a result, a performative language essential for therapy is "born" - a language that can write reality, not only cite it. From this perspective, the performative expression is a free and creative discourse by means of which the "self" chooses to present itself to the other (Butler 1990, 1997). Although somewhat between the imaginary and the realistic, this act is precisely one through which the "self" can re-direct the play of its life.

Educational Objectives:

1. Participants will be introduced to a new mode of therapeutic language whose principles are drawn from performance art.
2. Participants will be able to broaden the scope of modes of interaction in the relationship between therapist and patient, and increase the therapeutic effectiveness, particularly in regard to patients who use therapy as “Psychic Retreats” to avoid contact with reality.
3. Participants will be able to apply a more critical approach to the foundations of the therapeutic-analytical process, for instance, by putting greater emphasis on verbal interpretations than on experiences of the “here and now,” as part of the therapeutic relationship.

Paper 2: Home as an Imagined Subject - Disparities Between Imagination and Lived Realities

Sigal Eden Almogi

The psychoanalytic literature has not been particularly attentive to the physical home. This is despite the fact that it has been central to the organizing narratives of the Western world since ancient times (Seiden, 2009). Increasingly, the notion of home becomes a complex interaction between people, spaces and objects. This requires constantly to ‘make home’ rather than ‘being at home’. Homemaking process "have both material and imaginative elements" (Blunt & Dowling, 2006:23) and thus, through the psychoanalytic lens I represent the deeper roots of 'homemaking' in the self, sometimes unconscious. I searched for principle concepts of the psychoanalytic literature which connect and link between the internal and external reality, between imaginative and the material world. It is a multidimensional exploration of a bi-directional construction of the person and his\her home, as reflected in cases analysis in Arava (desert prairie) region, southern Israel. That exploration is extending home to the various life circles, which assumes circular spatial and temporal movements from the physical structure of home to home as an internalized object representation. Home walls represent an intersection between internal and external spaces. "There can be no inside without an outside to define it, and there is no outside without an inside to meet it" (KeinanKon, 1998). This multidimensionality is reflected in a new model for home: the 'psychogeographical home'. It is theorizing home in relation to psychoanalytic concepts in order to deepen the multiple meanings of home, and to specify personal meanings that link between subjectivity and spatiality. In order to substantiate that idea I suggest that childhood home becomes an extension of internalized parental object. The 2 constructing of home as an internal object representation will be based on the concepts: 'holding environment', 'uncanny' and 'non-verbal internalization'. The space holding the relations between individuals and their homes will be presented as 'potential spaces'. Finally the dialogue between home and its dweller, home as an internal and external object, is the new aspect of material and mental homemaking: Internalized object representation of childhood home is projected on the current physical home. Clinical implications and educational objectives 1. Understanding the relations between individuals and their homes as an extension of object relations and

relational psychoanalysis. 2. The 'psychogeographical home' implies a new perspective of home as a bi-directionality relationship and mutual influence on the internal and external realities. 3. Home as an internal object representation expands our therapeutic understanding of the depth meanings of home for the patient and therapist. Symbolically, home will also be represented in the 'third' and in the shared therapeutic space. 4. The 'uncanny' at home is connected to feminist psychoanalytic theory. The notion of home used to be wrapped in the image of heaven, which is "providing security, safety and certainty" (McDowell, 2007). Critical perspective reconceptualized it as reflecting highlighted disparities between imagination and lived realities, which contains fear, violence and alienation. The sense of uncanny arise strangeness within the intimately familiar home, the sense of uneasiness and even threat evoked by the 3 encounter with the homely, which might be ominous but sometimes seductive. References Blunt, A., & Dowling, R. (2006). Home. London: Routledge. Keinan-Kon, N. (1998). Internal Reality, External Reality, and Denial Gulf War. Journal of the American Academy of Psychoanalysis. 26 (3).Pp. 417-442. McDowell, L. (2007). Space of the Home: Absence, Presence, New Connections and New Anxieties. Home Cultures, 4 (2). Pp. 129-146. Seiden, H. M. (2009). On the Longing for Home. Psychoanalytic Psychology, Vol 26(2), 191-205.

Educational Objectives:

1. Understanding the relations between individuals and their homes as an extension of object relations and relational psychoanalysis.
2. Home as an internal object representation expands our therapeutic understanding of the depth meanings of home for the patient and therapist. Symbolically, home will also be represented in the 'third' and in the shared therapeutic space.
3. The 'uncanny' at home is connected to feminist psychoanalytic theory. The notion of home used to be wrapped in the image of heaven, which is "providing security, safety and certainty" (McDowell, 2007). Critical perspective reconceptualized it as reflecting highlighted disparities between imagination and lived realities, which contains fear, violence and alienation. The sense of uncanny arise strangeness within the intimately familiar home, the sense of uneasiness and even threat evoked by the encounter with the homely, which might be ominous but sometimes seductive.

Paper 3: The Door in the Wall: Suspended Between Reality and Fantasy

Zvi Steve Yadin

This paper explores the connection and continuity between the worlds of reality and fantasy (or, as used interchangeably in this paper: imagination). Our minds constantly shift back and forth between the external and internal realms; at times, the dividing line between them is blurred by the inner observer.

Reality, as I use it in this paper, is a somewhat subjective concept, as it is shaped by one's direct perception of immediate sensations and interpretation of their representation. Fantasy, on the other hand, is influenced by the imaginative process. In other words,

imagination is the faculty of forming new ideas or images of external objects not present to the senses, and fantasy is the product of our imaginings.

My clinical experience with fantasies (imagination), revealed by patients in analysis, along with my own experiences, has led me to conclude that the intrusion of fantasies (including conscious, conscious under certain conditions, and unconscious fantasies) into our daily lives, is greater than what is widely acknowledged in the psychoanalytic literature and in analytic work. My intent in this paper is to focus on and call attention to less recognizable manifestations of the intersection between our unconscious fantasies and our external reality, an intersection that determines our beliefs (which are the basis of our reality) and drives our actions.

The accessibility of an unconscious fantasy to consciousness may vary, similar to the availability of any other repressed mental representation. Unconscious beliefs, a product of fantasies, become known to us through decisions we make. The discrepancy between what people report regarding their preferences and choices is not always consistent with how they eventually act. In other words, what people declare as their intentions is often different from what they actually choose to do (for example, when people enter their candidate of choice in the ballot box). The significance of unconscious beliefs is well documented (and will be reviewed).

Winnicott is known for his observations of the experience in the realm between reality and imagination, which he coined “transitional phenomena”. As an example, Winnicott cites the infant’s babbling and the toddler’s listening or singing in preparation for sleep. It seems they are communicating with themselves—as if they are experiencing and commenting about inner life in a babble of imagination. These activities take place in the “in between” domain and involve the use of external transitional objects but are not entirely recognized as belonging to external reality—between the subjective and that which is objectively perceived. Winnicott places creative thinking in an intermediate area beyond the dichotomy of external life and internal reality and the binarity of objectivity and subjectivity.

Additional support for the intertwined relationship between reality and imagination is pointed out by Ogden in elaborating on Bion viewpoint, while stressing that dreaming exist both during sleep and in waking life (although we have slight awareness dreaming while we are awake). In this context, Ogden refers to efficient analytic process is which the analyst engages the patient in a kind of loosely structured conversation about books, plays, politics, and other subjects, with the intention of forming a “talking-as-dreaming,”.

I submit that our minds constantly battle with doubts regarding what each of us perceives and considers as reality at the present, and the end result of each person’s judgment of the world is based on beliefs —be they conscious or unconscious— about what the reality is for this person. The suspension world between reality and fantasy will be demonstrated by variety of examples from daily life and also with a clinical vignette.

Educational Objectives:

1. Recognize the patient's differences between expressions which are reality-based perception vs. fantasy (or in other words: imagination).
2. Apply the observation of reality/fantasy into the analysis by distinguishing between both.
3. Analyze beliefs behind the patient's narrative in connection to reality vs. fantasy.

G.10 "Imaginations": Eyes Wide Open/Eyes Wide Shut

Speakers: Jackie Gotthold, PsyD, USA; Mati Ben Zur, MA, Israel; David Ohad, MA, Israel

Moderator: Joyce Block, PhD, USA

An exquisite interweaving of Eyes Wide Open/Eyes Wide Shut will be addressed by this panel. Three analysts from three differing theoretical positions will argue the importance of 'imaginings' as enabling the analytic dyad to access clinical material, at time ethereal material and experiences leading to transformative therapeutic experiences. Imaginings "in the presence of the other", co-created with the other opens the therapeutic space and enhances a sense of non-linear expansiveness

Paper 1: Mission Impossible: Transformation and Imagination; An Open AND Shut Case

Jackie Gotthold

Transformation and 'change' are essential properties of any psychoanalytic endeavor. Psychoanalysts to priests and rabbis- all point to imagination as a requisite component of change and transformation. Imagination is essential for the individual and contextually by definition, for the 'system' as a whole to create a new 'vision' of experience and possibility. Is that not a requirement for us, as clinicians, the moment a patient enters our domain. Is entering a treatment process not an implicit request to 'imagine'? I would argue that an integration of imagining with eyes wide open/eyes wide shut is a requirement for the therapeutic process.

The Boston Change Process Study Group (BSG) continuing its exploration of change and emergent processes in treatment recently took up the term: "relational apprehension" – coined by Edmund Husserl (2005). According to the BSG, 'relational apprehension' refers to a "complex process and integration" of perceptions, feelings, fantasies, thought, intuitions, images and imaginings. Relational apprehension as a whole, and the inclusion of imaginings in particular, contributes to an expansion of our understanding of the non-linear, co-configured treatment process.

Inclusion and application of an integrative 'eyes wide open/eyes wide shut' imagining process of transformation allows us to reconsider psychoanalytic debates. Anna Ornstein (1974) spoke to the working through a patient's dread of repeating old patterns of engagement, while at the same moment fearing 'new beginnings'. Bernard Brandchaft (2010) addressed the patient's need to repeat old patterns of engagement, maintaining needed ties to others until other forms of engagement and attachments become available. This debate, I would argue is

the absence of imagination – co-configured by patient and analyst – locks the dyad in an intractable sense of despair and longing.

An exquisite inter- weaving of eyes wide open/eyes wide shut imagination of transformation through the application of all dimension of relational apprehension in a self and self with other regulatory system will enable an expansion of the relational processes such that with the treatment dyad change is embraced.

The clinical applications of the integration of the 'imaginings' will be elucidated in the work with a young woman who presents with feelings of 'deadness' and despair.

The Presence of God in the Consultation Room with the "Religious" Patients: Thoughts on Transference

Mati Ben Zur

This presentation shares the clinical experiences about the phenomena of working with 'religious' patients, who have embraced God as apart of 'self'. A consideration of the inclusion of God as a part of 'self' will be reflected upon in terms of transference phenomena.

This clinical paradigm caught the attention of the analyst, a great grandson of a Braslav Tzadik, and a non-religious Mother, who knew the Bible by heart. It is then fitting, or destined that a third of the analyst's patients 'religious backgrounds' and practice rituals.

In this presentation I will argue that the presence of god for 'religious' patients creates a special and unique psychology. Working with such religious patients, not even great believers, one encounters a unique psychological configuration. Among the usual suspects of internalized objects (parents, siblings, grandparents, teachers and rabbis) private personal god dwells.

A personal God as such is a psychological figure. One has an attitude towards this figure, as well as having relations with 'him'. Importantly for our purpose here, there are special conscious and unconscious imagining of this figure. There are both positive and negative dimensions of the embracing of this personal god in the self of the patient.

In seemingly endless and different ways, there is a unique perception of presence and contact with this 'god' in the treatment. These points of presence and contact find their ways into the treatment. Welcoming the psychological figure of the personal God for the patient becomes manifest in the transference. Eyes wide open or eyes wide shut, the imagining creatively together with the patient is essential.

In a session with an older religious patient before Yom Kippur we spoke about how she wished to pray. She said she wished to open some 'rooms' inside herself to be able to pray from a 'deeper' place within her 'self'. I interpreted that she wanted to pray from deeper layers of her 'self'. I also told her how touched I was by the serious nature of her attitude .I then wondered how it affected our relationship. She immediately answered that she needed me to be very close to her thoughts and I was.

To further this presentation two additional clinical vignettes will be presented.

Paper 3: The Clinical Interplay between Eyes Wide Shut and Eyes wide Open

David Ohad

One can imagine with eyes wide open. It is also possible to imagine with eyes wide shut. Imagining with open eyes is intentional, voluntary, a conscious mental activity and attending to external reality. Imagining with eye wide shut is a forced mental activity, involuntary, unconscious and unintentional. It is a process which connects us closer to an internal elusive mental reality.

The express "Eyes Wide Shut" was the title of a film by Stanley Kubrick in 1999. This film was based on Arthur Schnitzler's 1926 novella, Traumnovelle. When Freud read this "Dream Novel" he wrote Schnitzler to tell him how he felt about it. A conjunction of the subtitle of the conference to imagine with "eyes wide open, with the expression "eyes wide shut" and the Freud-Schnitzler- Kubrick connection is the jumping off point of this presentation. I will suggest a definition for the concept "to imagine with eyes wide shut" that involves a special kind of imagination. This type of imagination corresponds with the terms; reverie, unconscious phantasy, hallucination and free-floating attention.

To further the discussion Freud's paper "The Moses of Michelangelo" will be examined as an example of "imagining with eyes wide open". Freud calls upon his imaginative capacity to catch a historical moment, to determine and understand the internal 'storm' he was experienced and imagined standing before Michelangelo's statute of Moses in Rome. Freud attributed his experience to both Michelangelo and Moses. I will demonstrate how the contributions of the speakers dealt indiscriminately with both concepts: imagining eyes wide open and eyes wide shut. I will further demonstrate that the interplay of the two is inevitable.

The clinical phenomena will include fragments from an analysis demonstrating the interplay between wide- close and wide -open imagination. The development of the analysis was influenced by these types of imaginations, and these types of imaginations were influenced by the analysis. My focus will be on eyes wide shut imagination. Here I will demonstrate that when such a process occurs it uncovers internal reality by stripping it from concrete external factors. Then one encounters a more abstract, formless type of mental experience, enabling patient and analyst to be in touch with a deep individual unique emotional experience.

Educational Objectives:

1. Following this panel presentation, the participant will be able to describe the necessity of engaging with patients in an open expansive manner, thus gaining access to more ethereal, abstract material.
2. Following this panel presentation, the participant will be able to analyze the pivotal place of imaginings, eyes open/eyes shut, as a requisite component for patient and analyst in terms of the process of therapeutic transformation.

3. Following this panel presentation, the participant will be able to apply an understanding of the interplay between imagining with the patient eyes wide open and imagining with the patient eyes wide shut to their own treatment processes.

G.11 Invited Panel: In Search of Imagination, Unconscious Phantasy and Passion in Psychotherapy and International Relations and What Falls in Between

Speakers: Mitchel Becker, PsyD, Israel; Ziva Levite, PhD, Israel

Moderator: Adit Nir, MA, Israel

What enables imagination to become alive?

How is creative dialogue constructed?

What does curiosity contribute to imagination and when does curiosity hinder?

How does psychic retreat play itself out in our parallel wish for relations?

How is attempting to struggle with all the above questions an essential element in the therapeutic dance of patient and therapist and in all human relations?

How imagination, passion and curiosity effect dialogue and negotiation?

Our panel will attempt to address this struggle to create a passionate imagination in the intersubjective space of our relational world.

Paper 1: Imagining a Therapist Who Imagines- Imagination in Search of Passion

Mitchel Becker

At the heart of imagination resides the most basic paradox of the psyche. Both Winnicott and Bion were deeply interested in the question, do we dream (Bion) and create (Winnicott) our reality? And if so, what does that mean?

In essence, imagination is derived from the 'images' of the environment as perceived by the five senses. Thus imagination is established by external reality and imagination establishes external reality. And yet imagination is also what is not present and not perceived. In this form, imagination is the space of the internal, unconscious phantasy.

This well trodden paradox between what is imaged and what is imagined lead Bion to say that the aim of the psyche is to dream up our world to vitality and aliveness. Enabling us to understand Martin Luther King's "I have a dream" as a process of conception between wishing and actualization in which reality is animated by the passion of the dreamer or imaginer.

But where is imagination's home?

I have an image I created.

I have an image I perceived.

I may desire to imagine.

I may need to imagine.

My basic premise states that imagination is hugely dependent on the intersubjective capacity of twoness to contain and digest the imagined content.

And yet, only passion can make imagination become alive. And passion says Bion always needs two.

I would like to explore how passion vitalizes imagination, why it is so essential, and why it requires a relation.

Non-vitalized imagination is material left as beta. Imagination of an individual even in the presence of an other can be barren.

The alpha function brings imagination from a pseudo psychotic or hallucinatory material to material that is dreamable.

Certainly there are times that the self (a patient) is in need of empathy or recognition that he is an imagining being. Here the therapist is not imagining. And perhaps it is so that not every patient needs a therapist who imagines. But it is this paper's contention that there are certain moments in some therapeutic encounters that only a therapist's capacity to dream, reverie, imagine, and free associate can create a matrix of creative dialogue.

The heart of this issue is a yearning by the patient to sense a true other. Winnicott spoke of a true self and Bion spoke of O and the psychoanalytic object. Their work leads me to conclude that there are times when a therapist needs, in Benjamin's terminology, to "go first." To be the first to surrender to the mutual need of patient and therapist to enter the realm of authentic dreaming and imagining by a true self. This is an affirmation that co-creation and co-playing can be mutually nurturing to both playmates.

The imaginative and creative dialogue is an invitation to eat of the tree of imagination. It is irresistible and yet this nurturance can be growth enhancing or at times lethal. Envy, refusal to contain, annihilation anxiety and much more interminably warn us to at times respect the prohibition not to eat. But when the time and place are ripe the inherent drive to attach link and relate calls upon the therapeutic dyad to begin to enter the imaginative intersubjective mode.

A brief vignette will describe the therapist's use of a poem the therapist wrote to create a home of passion for imagination.

Paper 2: Between Knowing and Psychic Retreat - The Triangle of Passion, Imagination and Curiosity

Ziva Levite

Passion, Imagination, curiosity are three sisters that stand alongside one another. Each can, separately or together, be constructive, destructive, intrusive, greedy or intimate.

I would like to explore how imagination and curiosity mutually influence each other and the manner that both are driven by passion. I would also like to look at the tension between knowing and the impossibility of knowing that leads to psychic retreat.

Where anxiety closes down imagination curiosity and passion, knowing cannot be allowed and psychic retreat is the only option for survival. The relief provided by the psychic retreat is achieved at the cost of isolation, stagnation and withdrawal, the price paid for the loss of passion, imagination and curiosity. Sometimes the psychic retreat is experienced as a cruel place and the deadly nature of the situation is recognized by the patient, but more often the retreat is idealized and represented as a pleasant and even ideal haven of not knowing. Whether idealized or persecutory, it is clung to as preferable to even worse states which the individual is convinced are the only alternatives.

I refer to knowing as taking place in the interface between conscious and unconscious processes. Unconscious experiences and unconscious phantasies are located internally and are felt as part of the ego. It serves as an internal guide of knowledge that gives a sense of existence and identity. Unconscious phantasy "activates" and recreates emotional processes and forms a template for ways of relating unconsciously in external relationships. Unconscious phantasies operating within relations can stop the relationship from developing. Instead of the triad, curiosity, imagination and passion, leading to intimacy and creativity, the triad is an attack leading to the impossibility of knowing and psychic retreat.

Within couple relation the above stated processes activate various shared unconscious dynamics. Couple relations involve the attempt to convert unconscious, instinctive choice into a conscious commitment. The relationship provides a "container" in which the internal conflicts of each partner can be externalized and made accessible in the interactive processes the couple develops between them. Each partner projects his internal object relationships onto his partner, and both of them collude in keeping alive the hope to resolve these internal conflicts. The mutual acceptance of the other's projections constitutes unconscious shared phantasies and unconscious shared defenses. "In a successful love relationship, the unconscious minds of the love-partners correspond" (Klein, 1937: 73).

Communities, nations and societies also share unconscious phantasies and unconscious shared defenses disrupting passion, imagination and curiosity.

Educational Objectives:

1. To conceptualize imagination as a dialectic between unconscious phantasy and external reality
2. To conceptualize creative dialogue as a function of a capacity to imagine in an intersubjective space.
3. To describe the role the unconscious phantasy of the therapist as it plays out in the therapeutic action and transformation

PLENARY V: Imagination and Eroticism - 13:15-15:15

Speakers: Danielle Knafo, PhD, USA; Galit Atlas, PhD, USA; Denise Goldfajn, PsyD, Brazil

Moderator: Hazel Ipp, PhD, Canada

In our times, as sexuality comes out of the closet, as more fantasies are attainable and can be fulfilled, as personal and social media put sexuality on the map - are we more liberated, free to express ourselves, or is it the opposite. Is virtual reality too bright, depleting and impoverishing sexual imagination and dissociate eroticism from its more ambiguous place? Does the social unconscious influence this issue? Does clinical encounter become more confused, or do we see a new space of possibilities.