

8:30 am - 11:30 am

Pre-Conference

A. Psychoanalysis on TV: The Making of the Documentary Couples Therapy

<u>Presenters</u>: Orna Guralnick, PsyD, USA and Virginia Goldner, PhD, USA Josh Show Directors: Kriegman, USA; Elyse Steinberg, USA; and Eli Despres, USA

Interlocutor: Spyros Orfanos, PhD, USA

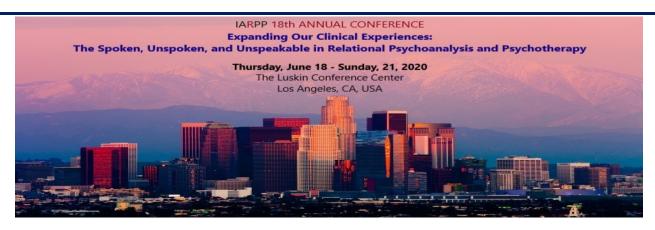
Abstract:

COUPLES THERAPY is a Showtime documentary now into its second season that brings viewers into the authentic and visceral experience of weekly therapy with several couples. The series has received consistently rave reviews and has been repeatedly honored as one of the top 10 TV shows to watch in 2019. The analysts, directors and editors will engage in an in-depth conversation, facilitated by Ken Corbett, and with the audience about the making of the series, the complexity of abandoning confidentiality to cameras, the parallels between the filmmaker and the psychoanalyst, and speculate about why it has been so successful at this moment in time. "COUPLES THERAPY is deep, profound and addictive," said Vinnie Malhotra, Executive Vice President, Nonfiction Programming, Showtime Networks Inc. "Watching this series; you can't help but be equally enlightened and entertained by the complex discoveries among these relationships in therapy. Honestly, some viewers might find the revelations in this series life-changing."

Steinberg, Kriegman and Despres directed, shot, produced, and edited WEINER, which won the 2016 Sundance Grand Jury Prize and was shortlisted for the Academy Award®. Steinberg directed the acclaimed feature documentary The Trial of Saddam Hussein, an exposé of violations of the rule of law by the Iraqi government, and an exploration of human rights abuses. Despres co-wrote and edited Blackfish, Red Army and They Call Us Monsters, and was nominated for the American Cinema Editors Documentary award in 2014 and 2017. Dan Savage is a consulting producer.

Learning Objectives:

- 1. Learn how the series was conceived and the complex process of creating the series.
- 2. Become familiar with the dilemmas raised and solved by introducing documentarians into the treatment room.
- 3. Develop theories about the parallels between filmmaking and psychoanalytic thinking



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B. The Performing Art of Therapy

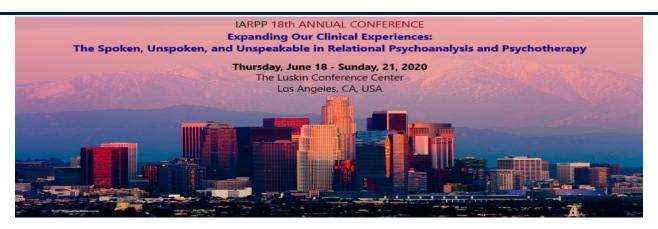
Presenter: Mark O'Connell, LCSW-R, MFA, USA

Abstract:

All therapists are performers. No matter what our theoretical orientations, clients are more influenced by us than our methods. Like the actor, the therapist's technique is less about what we do and more about how we do it. When we approach psychotherapy as a performing art, we can maximize empathy, creativity, and joy in our work, and inspire our clients to do the same in their lives. This workshop will help you to use your instrument— your self—in the role of therapist, with awareness, aliveness and imagination.

Learning Objectives:

- 1. Practice staying present with clinical "scene partners," even when you're just listening.
- 2. Access a range of authentic versions of self, or "characters," within you in each session, using your body and voice.
- 3. Engage your clients in exploring the range of "characters" and selves within them.



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C. Psychoanalysis, the Freedom of Speech, the Emancipatory Movement of Desire

<u>Presenter:</u> Jill Gentile, PhD, USA <u>Interlocutor & Moderator:</u> Rachel Sopher, LCSW, USA

Abstract:

This workshop will consider psychoanalysis's mission as a practice of emancipatory democracy that instantiates an unconventional but ethical discourse of desire. The workshop will consist of 3 parts: Part 1) we will examine psychoanalysis's fundamental rule and how it is both resonant with democracy's commitment to free speech, while sustaining its taproot in the transgressive, sensuous elements of the real. Part 2: will explore the problematic persistence of Freud's phallocentrie order and suggest (postpatriarchal) intervention at the site of the uncanny feminine genital because of its advantages in overcoming representational binaries, and channeling the unassimilable and excessive. Part 3: will consider the clinical by examining a patient's quest to reclaim (ever partially) exiled, excessive knowledge and desire. Contributions by relational theorists, along with those of Irigary, Kristeva, Winnicott, Ogden, and Lacan will be used as touchstones to create clinical and theoretical bridges.

Learning objectives:

At the conclusion of this session, participants will be able to:

- 1. Identify how psychoanalysis's commitment to free association is resonant with democracy's commitment to freedom of thought and speech.
- 2. Describe the problematic of a persistent patriarchal order in psychoanalysis and why the signification of sexual difference matters for the creation of a robust and inclusive psychoanalysis which sustains equality among all subjects, however differently gendered, sexed, racialized, abled.
- 3. Articulate how a dialectic between the familiar and the strange creates the conditions for erotic alterity and for (re)claiming previously foreclosed knowledge and desire.



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Pre-Conference

D. Enactments in Child-Adolescent Relational Psychotherapy: Challenges and Opportunities of Interactive Regulation

Chair: Ann Marie Sacramone, MSEd, USA

<u>Presenters</u>: Carmen Domingo Pena, PhD, Spain; Shiho Ike, MA, Japan; and Laurel Silber,

PsyD, USA

Interlocutors: Gerard Webster, PhD, PsyD, Australia and Raimundo Guerra, PhD, Spain

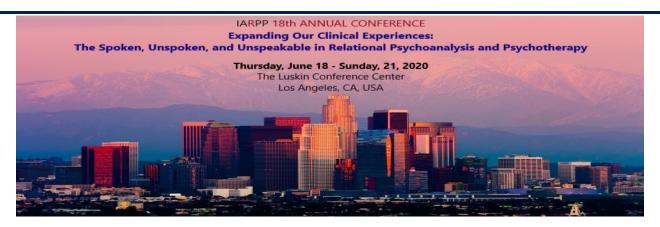
Abstract:

Mutual Regulation in the Analytic Field as the Previous Step for the Development of Self-Regulation Skill in Child and Adolescent Treatment- Carmen Domingo Pena

Self-regulation is the ability to understand and modulate our emotions. First interactions between mother/father and the baby play a special place in the acquisition of this skill. However, it is more and more common finding in the children psychotherapy those kind of self-regulation problems usually associated to an insecure attachment. We are going to reflect about the importance of the non-verbal and micro-interactions between the analyst and the young patient as the way of working how to help the young patient to symbolize and mentalize his or her emotions. However, self-regulation problems cause a big stress at home giving way to severe problems such as filio-parental violence, drug abuse or self-injured episodes. That is why we need to work with parental stress also providing every family member the sensation of being help and listen while at the same time taking into account that the therapeutic room belongs to the child and we need to respect his or her rhythms.

Learning objectives:

- 1. Think about the importance of the non-verbal in the fists steps of a psychotherapy process with children and teenager.
- 2. Learn how to implement mother and infant microanalysis interactions into the children analytic process with self-regulation problems.
- 3. Learn how to work with parents in the child and adolescent psychotherapy.



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Pre-Conference

D. Enactments in Child-Adolescent Relational Psychotherapy: Challenges and Opportunities of Interactive Regulation – (Cont'd)

Chair: Ann Marie Sacramone, MSEd, USA

<u>Presenters</u>: Carmen Domingo Pena, PhD, Spain; Shiho Ike, MA, Japan; and Laurel Silber,

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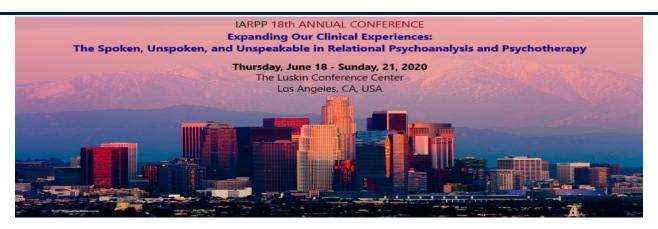
Abstract:

Disruption and Restoration in Adolescent Psychotherapy and Enactment as Intersubjective Creativity- Shiho Ike

Adolescence is a middle developmental stage between childhood and adulthood. Adolescents are in a socially "intermediate" position, halfway between the two phases. They may be unable to see the future in the process of searching for their identity and become unstable in frustration. In this paper I address that adolescent psychotherapy is required to stand be their side to endure the swaying in the "middle," neither infanthood nor adulthood, and create something new together. The adolescent case presented this time is about an intelligent girl who is suffering from Social Anxiety Disorder and shows a fear of gaze. The patient, who was frightened at first that her eyes might make others uncomfortable, was so nervous that she could not play in the session. In the presentation, I will carefully present the process of psychotherapy that lasted about two years concerning this case. Also, I will give the participants an example of enactment as intersubjective creativity, in which the therapist patiently "restored" her who was immediately "disrupted" in interpersonal relationships. This way, I will get into a profound discussion.

Learning objectives:

- 1. Describe the defining features of adolescent psychotherapy positioned in the middle of adulthood and childhood.
- 2. Highlight how the processes of disruption and restoration developed through a case study.
- 3. Discuss the significance of enactment as intersubjective creativity.



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D. Enactments in Child-Adolescent Relational Psychotherapy: Challenges and Opportunities of Interactive Regulation – (Cont'd)

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PsyD, USA

Interlocutors: Gerard Webster, PhD, PsyD, Australia and Raimundo Guerra, PhD, Spain

Abstract:

A Parent's Past is Not Even Past, it is Living in a Child's Present: Working with Enactment in Child Relational Psychotherapy- Laurel Silber

Raising a child is an 'evocative remembering context' (stern) for a parent's childhood trauma. A child's struggle with incoherent affect, resultant of the parent's internal preoccupation with traumatic contents, enters the play space. Simultaneously, the child therapist works with the parent(s) and can draw links across how they are minding their experience to the child's struggle. The borrowed use of 'standing in the spaces' of adult relational psychoanalysis (Bromberg) can be expanded to include playing in the multiple spaces across multiple minds of child work. How a child therapist works with this multi-level enactment is the subject of this paper. Case examples will be shared in a focus on the clinical application of these concepts.

Learning objectives:

- 1. Apply the concept of enactment to the tri-constructed treatment relationship of child therapist, child and parent.
- 2. Describe the child therapist's expanded use of a play space for relational child therapy to include the sorting out of intergenerational transmission of trauma.
- 3. Utilize developmental thinking in clinical process with children and their parents.



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E. Writing the Unspoken and Unspeakable: A Clinical Writing Workshop

<u>Presenter</u>: Suzi Naiburg, PhD, LICSW, USA

Abstract:

Patients tell their stories in myriad ways. In addition to listening to their words, voice, and the gaps between, we attune to an even wider range of nonverbal registers in our patients, ourselves, and the field. While we closely attend to the implicit, unspoken, and unspeakable, how do we write about these dimensions? How do we recreate in words on the page an experience of what is not or not-yet worded? This clinical writing workshop will address these challenges through a graduated series of close reading and writing exercises. Excerpts from gifted writers will be mined for inspiration and practical lessons in the craft of writing. Short, focused writing exercises will give participants an opportunity to put what they learn immediately into practice. Listening to each other, participants will come to appreciate the myriad ways we tell the stories of our clinical work, creating a rich experience for our listeners and a deeper understanding for ourselves. Those of you who have taken my writing workshops before may build on what you know, but previous work with me is not a prerequisite. To have the greatest freedom to develop your voice and expand your writing skills, you will be invited to write in your mother tongue. Bring your favorite writing implements and some process notes. For new and experienced writers.

Learning objectives:

At the end of this clinical writing workshop, participants will

- 1. Be able to identify at least 2 examples of nonverbal communication that emerge in the clinical encounter.
- 2. Be able to identify at least 2 techniques writers can use to express in prose what is unspoken and/or unspeakable.
- 3. Have completed at least 1 clinical writing exercise that challenges them to put into words what is not or not-yet worded.