



Saturday, June 20th

8:00 am – 9:30 am

Paper/Panel Session 4

1. The Patient's Responsibility to the Analyst: An Implicit and Unspoken Dimension of Clinical Process

Speakers: Peter Shabad, PhD, USA and Robert Drozek, LICSW, USA
Discussant: Jessica Benjamin, PhD, USA
Moderator: Loren Sobel, MD, MS, USA

Abstract:

As part of what has been called “the ethical turn” in psychoanalysis, analytic theorists have increasingly begun to recognize patients as ethical subjects in their own right, in possession of a full range of moral responsibilities and obligations, including to the analyst herself. We see this in constructs such as Benjamin’s (1988, 1995) mutual recognition, Fonagy and colleagues’ (2002) mentalization, Searles’ (1979) therapeutic strivings, Drozek’s (2019) unconditional valuing of Self and Other, Hoffman’s (2000) ideas about “patients and therapists as agents,” and Shabad’s (2011, 2017) theorizing about the patient’s “need to contribute to the analyst.” However, while our patients’ status as moral agents is well-represented in our theories (e.g., of psychological health, of therapeutic action), it rarely achieves a level of explicit prominence at the level of everyday clinical process—for example, in our formulations of specific patients’ challenges, in our discussions of our technical interventions, and in our descriptions of patients’ progress throughout the course of particular treatments. In contrast, our discussions of clinical process tend to focus on the analyst’s assumption of responsibility (e.g., in resolving impasses, in accessing personal vulnerability, in becoming more responsive to the patient), with far less focus on the patient’s increased responsiveness to the analyst. Similarly, in our theories of technique, we continue to emphasize the exploration of the unconscious and unformulated dimensions of the patient’s subjectivity, rather than the strengthening and encouragement of the patient’s ethical capacities. Despite our appreciation of our patients’ responsibilities at the level of theory, our patients’ status as moral agents appears to be an implicit, unspoken, and under-appreciated dimension of clinical process. This panel will attempt to address this imbalance, introducing two papers that synthesize innovative theory with vivid case descriptions to illustrate how to shepherd a clinical process in which “the analytic” and “the ethical” mutually enrich each other in vibrant, intersubjectively grounded, and therapeutically useful ways. The discussant will then respond to these presentations employing Benjamin’s (2018) perspective on the moral Third, with particular attention to the role of mutual acknowledgment and recognition in repairing ruptures and dissociation.

Learning Objectives:

At the conclusion of this panel, attendees will be able to:

1. Describe 5 psychoanalytic techniques geared towards enhancing patients’ ethical capacities
2. Explicate how the self-preoccupations of shame inhibit the sense of responsibility toward the Other
3. Identify the role of mutual acknowledgment and recognition in repairing ruptures and dissociation



Saturday, June 20th

8:00 am – 9:30 am

Paper/Panel Session 4

2. Analytic Love and Eros

Speakers: Lisa Lyons, PhD, USA; Erik Fagerberg, MA, LCSW, Sweden; and Louella Dias, PhD, USA

Interlocutor & Moderator: Stefanie Glennon, PhD, USA

Abstract:

To Speak or Be Silent: On loving and not loving a patient- Lisa Lyons

In this paper, writing from the vantage point of both analyst and patient, I consider the presence and absence of non-erotic love between analyst and patient. I am particularly interested here both in the qualities and role in therapeutic action of this kind of love, and in what can happen, what it might mean in a treatment, when the love of an analyst for her patient is absent. I argue that the kind of love I am considering here grows from the unpacking and understanding of the many encounters, that occur in a long analysis, between the multiple selves of analyst and patient- including the most difficult and non-loving collisions.. As these self-other pairings are explored and become increasingly more flexible and permeable, loving feelings grow. I begin with Ovid and Barrett-Browning –poets and chroniclers of the myriad ways of love. I then present and unpack an extended vignette from an analysis where for long periods my love was nowhere to be found. I explore how an unexpected opening revealed a previously unseen long enactment in the treatment, and how our growing understanding what had been taking place allowed my love for my patient, Sylvia, to take shape. As my love for Sylvia emerged, in tandem she became able to integrate previously dissociated parts of herself and her history, and recognize and respond with new depth and resonance to the subjectivity of others.

Learning Objectives:

At the conclusion of this panel, attendees will be able to:

1. Describe two kinds of analyst-patient interaction that enhance the presence of non-erotic analytic love.
2. Assess the role of non-erotic analytic love in therapeutic action.
3. Critique Freud's statement that "analysis is a cure by love".



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Paper/Panel Session 4

2. Analytic Love and Eros- (*Cont'd*)

Speakers: Lisa Lyons, PhD, USA; Erik Fagerberg, MA, LCSW, Sweden; and Louella Dias, PhD, USA

Interlocutor & Moderator: Stefanie Glennon, PhD, USA

Abstract:

What Kind of Love You Got For Me?- Erik Fagerberg

From the unthinkable to think it/feel it and then the unsayable and say it. What to do with it? Can it expand or hinder the clinical process? Can we play with it on the verge of these two possibilities? Love is often divided in two forms: the erotic and parental. An often-overlooked form, the Hellenistic Agape, is possibly the same as Sullivan meant with his definition of love. To search deep in oneself and respond with self-disclosure to a patient with feelings of love in a way that expands the clinical process. A case is presented of a woman who expresses love in her third year of relational psychotherapy.

Learning Objectives:

At the conclusion of this panel, attendees will be able to:

1. Reflect on the pros and cons of disclosing feelings of love.
2. Assess forms of love beyond the commonly described erotic and parental.
3. Describe the use of the therapeutic frame as ultimately the bond between patient and therapist while using the other frames as ground for negotiation.

Abstract:

Eros and Psyche: Two Bodies Talk- Louella Dias

This paper attempts to define Eros and to explore its implications for Clinical practice. The Eros-Psyche myth is presented as a symbol of erotic embodiment. The primary psychoanalytic lens is Merleau-Ponty's phenomenology. His views on the importance of the "lived experience" and the embodied self are described. A clinical vignette is presented to illustrate the underpinnings of the presence of erotic forces. Finally, the resonance of phenomenology with Embodiment Research, Relational Psychoanalysis and Field Theory is acknowledged.

Learning Objectives:

At the conclusion of this panel, attendees will be able to:

1. Define Eros in Merleau-Ponty's phenomenological terms
2. List two examples of branches of contemporary Psychoanalysis that resonate with Merleau-Ponty's phenomenology.
3. Name the three aspects of the embodied self described by Merleau-Ponty



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Paper/Panel Session 4

3. The Relational Body in Analytic Practice and its Social/Historical Contexts

Speakers: Doris Brothers, PhD, USA; Jack Foehl, PhD, USA;
Roger Frie, PhD, PsyD, RPsych, Canada; and Jon Sletvold, PsyD, Norway

Moderator: Danny Gellersen, LICSW, USA

Abstract:

One of the most exciting developments in psychoanalysis in recent years has been the increasing focus on embodiment in analytic relationships as well as in the social/historical contexts within which they occur. Although the presenters on this proposed panel by no means diminish the importance of spoken words, they will ask participants to press a virtual mute button that quiets the verbal exchange and allows embodied relating to come into sharper focus. Each of the presentations in this panel approaches embodiment from a different perspective. Three brief papers will be offered: one on lived experience within the phenomenal field, one on the unspoken histories that are embodied in perpetrator groups and one on embodied narratives as disclosing recent and intergenerational traumas. All of the papers show the influence of the philosophy of Merleau-Ponty and draw on such psychoanalytic writers as Winnicott, Bion and Donnel Stern. Following a short discussion among the presenters, participants will be invited to join in a conversation on the various forms of embodiment.

Learning Objectives:

At the conclusion of this panel, attendees will be able to:

1. Define the meaning of perception and explain its role in unconscious process.
2. Describe how unspoken histories are embodied in perpetrator groups.
3. Explain how embodied narratives reveal recent as well as intergenerational traumas in the lives of analysts and patients.



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8:00 am – 9:30 am

Paper/Panel Session 4

4. Relational Ethics

Speakers: Simone Drichel, PhD, New Zealand; Garret Wyner, PhD, PhD, PsyD, USA; and Shachaf Bitan, PhD, Israel

Interlocutor & Moderator: Bonnie Zindel, LCSW, USA

Abstract:

“only the individual can see the tears of the other”: Relational Subjectivity and the Refusal of Political Responsiveness- **Simone Drichel**

Driven by Judith Butler’s pointed question, “What makes political responsiveness possible?”, this paper sets itself the task of understanding not just what makes such responsiveness possible but, just as importantly, what may make it impossible on all-too-many occasions. It argues that ethical and political responsiveness have become firmly associated with our inherent relationality, thereby involuntarily creating a new blindspot—something unsaid or perhaps unsayable—in the role that the individual may have to play in ethical witnessing. To reconsider the ethical role individuality may play in relational scholarship; the paper turns to Winnicott’s idea of the “isolate self” as developed in his important 1963 essay “Communicating and Not Communicating Leading to a Study of Certain Opposites.”

Learning objectives:

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

1. Outline Winnicott’s concept of the “isolate self”
2. Explain the unexpected role individuality may play in ethical witnessing
3. Summarize Judith Butler’s and Emmanuel Levinas’s relational ethics



Saturday, June 20th

8:00 am – 9:30 am

Paper/Panel Session 4

4. Relational Ethics- (*Cont'd*)

Speakers: Simone Drichel, PhD, New Zealand; Garret Wyner, PhD, PhD, PsyD, USA; and Shachaf Bitan, PhD, Israel

Interlocutor & Moderator: Bonnie Zindel, LCSW, USA

Abstract:

The Unasked Questions: Toward bridging the chasm that separates us from ourselves and the other-
Garret Wyner

This paper aims to evaluate humanity's prospects for hope in view of an unprecedented crisis rapidly escalating toward soul-murder in our time. To this end, each of us is asked to answer an "unasked question" that is generally unasked because one feels the door to the other's heart is closed. It is the perennial philosophical question that we no longer ask and yet, arguable, one that none of us can be indifferent to and the answer to which will determine the course and outcome of each and all our lives: "Is there some meaning, i.e., form of goodness, love or value, for our lives that underlies our universal professions of "good faith," and, if so, in what does it consist and how can we realize it?" Toward provoking collaborative discussion of this crisis and its possible resolution, the author asks three sub-questions about: i) the nature of the good in question, ii) the nature of the primary barrier(s) in the way of its realization, and iii) the nature of the process requisite for the realization of such a good life on both an individual and collective scale. The author then narrows in on one of the most profound, controversial and practically relevant questions within contemporary psychoanalysis, psychotherapy and human life: "What role do mutuality and asymmetry play in this actualizing process – not only clinically but in all our asymmetric relationships?" By adopting a multi-disciplinary and psychologically integrative position, the author proposes a "simple" law governed process and solution that even children, on some level, understand.

Learning objectives:

At the conclusion of this panel, participants will be:

1. Helped to more deeply understand, describe, and apply a foundation-level, multi-disciplinary and psychologically integrative form of love to the realization of our highest individual and collective potentials.
2. Enabled to apply this understanding toward overcoming the primary barrier(s) or obstacle(s) in the way of its realization not only clinically in terms of tangible, observable results but across the various dimensions of human relational life, e.g., parent/child, teacher/student, economically, politically etc..
3. Invited to consider and assess the integrative potential of such a love for not only resolving humanity's most immediate and gravest crises, but for opening up creative possibilities for human life not even conceived of before.



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Paper/Panel Session 4

4. Relational Ethics- (*Cont'd*)

Speakers: Simone Drichel, PhD, New Zealand; Garret Wyner, PhD, PhD, PsyD, USA; and Shachaf Bitan, PhD, Israel
Interlocutor & Moderator: Bonnie Zindel, LCSW, USA

Abstract:

To speak or not to speak: Psychoanalytic Hospitality- Shachaf Bitan

In this paper I will follow two lines of thought in exploration of the spoken, unspoken and unspeakable experience. The first thread to be weaved will be that of Derrida's thought of the other and hospitality. The second line of thought will take the path from Winnicott's object-usage through Eigen's area of faith and Ghent's surrender to Benjamin's thirdness, in order to develop 'psychoanalytic hospitality'. It will be shown that if we are to take seriously relational psychoanalysis plea that "where objects were, subjects must be." (Benjamin, 1990) then we have to face the question of subjectivity and otherness. (Derrida, 1978; Levinas, 1987). Hospitality will be explored not as an act from the analyst to the patient, but rather, as the analyst surrender (Ghent, 1990) to otherness. Impasses within the psychoanalytic encounter are thought as the collapse of hospitality, moments in which otherness becomes forbidden and excluded. Experience being bound to splitting - good/bad, victim/aggressor, just/unjust, me/not-me. The work of hospitality, invoked through the analyst, allow otherness penetrate and contaminate being, thus freeing the dyad from the poisonous suffocation.

Learning objectives:

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

1. Describe and assess the problematic of subjectivity and radical otherness.
2. Assess the difference between interpretation as deciphering unknown meaning, and therapeutic intervention as invoking new possibilities of experience.
3. Evaluate the role of hospitality in coping with impasses and enactments.
4. Elucidate the different ways 'psychoanalytic-hospitality' enhance the capability of therapist working relationally.
5. Assess the relation of 'psychoanalytic-hospitality' to major relational themes i.e. surrender, thirdness and area of faith.



Saturday, June 20th 8:00 am – 9:30 am Paper/Panel Session 4

5. Global Youth: Trauma, Tragedy, and Immigration

Speakers: Rebecca Versolato, PhD, Singapore and Georgina Spentzou, MSc,
Greece

Moderator: Alioscia Boschioli, PsyD, Italy

Discussant: Malin Fors, MSc, Norway

Abstract:

*"Loss, Grief and Identity Crisis of Global Patients: Third Culture Kids and Global Youth Through a Psychoanalytical Lens"- **Rebecca Versolato***

This proposal is designed to address relationships' conflicts when families are displaced from their culture and original countries while in global transitions. Specifically, we will bring details of cases of Adolescent and young professionals that demonstrate the grief and loss on being a multicultural place where no single cultural is predominant, and with that, identity is socially always too diverse to be comprehended easily by foreigners. Throughout the panel, concepts from Freud's "Mourning and Loss", Klein and Winnicott will be threaded in the narrative. We will also review the characteristics of the Third Culture Kids, a modern terminology used to describe youth who move due military, missionary or business temporary employment of parents and not due war migration, and we will compare the similarities and differences in those cases.

Learning Objectives:

1. To articulate the repressed and unspoken difficulties among immigrants and the different circumstances on the qualities of each kind of displacement.
2. To bring the Third Culture Kid terminology is applicable into a psychoanalytical perspective when dealing with youth in immigration as a new phenomena on identity development.
3. By assessing a case of a Third Culture Kid in Singapore, we will discuss the anger and pain repressed into a privileged blended family neurosis and a false sense of belonging of all parts involved.



Saturday, June 20th 8:00 am – 9:30 am Paper/Panel Session 4

5. Global Youth: Trauma, Tragedy, and Immigration- (Cont'd)

Speakers: Rebecca Versolato, PhD, Singapore and Georgina Spentzou, MSc, Greece

Moderator: Alioscia Boschioli, PsyD, Italy

Discussant: Malin Fors, MSc, Norway

Abstract:

*Stateless, shameful, guilty and envious: A therapeutic odyssey with a 25 year old refugee from West Sahara- **Georgina Spentzou***

In this paper, the therapist describes the therapeutic odyssey with a 25-year old refugee from West Sahara. Determined to overcome his ‘thrownness’, Karim ended up in a Mediterranean country. He sought therapy in order to stop cheating on his girlfriends. At the age of six, he lost his father, a loss that colored his intrapsychic and relational experience. Karim lived with his mother and two older sisters and was bullied at school for being the brother of the “whores” as his sisters were openly flirtatious. At the age of eleven, Karim was sexually abused by a sixteen year old boy. Identifying with his aggressor, at the age of sixteen, he sexually abused an eleven year old boy. Karim carries this burden relentlessly like Sisyphus, a weight which evokes shame, guilt, envy and undermines his sense of self-worth. Maybe he is also feeling guilty for having symbolically “killed” his rival-parent and being an ‘Oedipal winner’. Karim reinvented himself from an introverted, shy, shameful and abused child to an extroverted, sociable and shameless perpetrating man. He was entrapped in a binary of two opposing identities, “Jesus” and “Charles Manson”. When he identified with “Jesus” he emphasized his good qualities such as being a vegan and volunteering in non-profit refugee organizations. When he identified with “Charles Manson” he emphasized his bad qualities such as being a womanizer and cheating and exploiting women. These rigid identities generated a dreadful tension that he was desperately trying to escape. His daunting past was haunting us in conscious and unconscious ways and enactments while we engaged in a meeting of minds and hearts.

Learning Objectives:

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

1. Analyze the way in which conscious and unconscious material such as reveries, dreams and enactments were used promote a ‘mutually vulnerable’ dialogue of intersubjectivities so as to metabolize his trauma
2. Explain the way in which the wounds of the therapist were used as tools of therapeutic leverage in order to integrate the concrete split of the two split identities of “Jesus” and “Charles Manson”
3. Describe the complexity of the shame, guilt and envy dynamics and the way in which they undermined the client’s sense of self-worth and actively promoted his ‘internal saboteur’



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Paper/Panel Session 4

6. Carrying Forward the Work of Emmanuel Ghent: International Perspectives

Speakers: Deepti Sachdev, PhD, India; Neil Altman, PhD, USA; and
Shalini Masih, PhD, India

Interlocutor & Moderator: Afarin Kohan, MD, FRCPC, Canada

Abstract:

In this panel we explore directions in which the work of Emmanuel Ghent can be carried forward in psychoanalysis. Ghent's work brought together Eastern spirituality Western psychoanalysis by linking Winnicott's notion of 'false self' to the Hindu/Buddhist conception of the transitory and illusory "ego". Via his concept of surrender, we explore the implications of his work for notions of surrender to God in Western religion, and concepts of spirit possession in India. Finally, we take up his reformulation of what is often termed "trauma" as "apperception of disorganizing meaning" in the context of his overall theoretical perspective.

Learning Objectives:

At the conclusion of this panel, attendees will be able to:

1. Define "surrender" as the term is used by Emmanuel Ghent.
2. Define 'apperception of disorganizing meaning' as the phrase is used in Ghent's writing
3. Demonstrate understanding of the links between spirit possessions and 'surrender' as understood by Ghent.



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8:00 am – 9:30 am

Paper/Panel Session 4

7. Gender, False Self, and the Unspoken Communications in Japanese Culture: Clinical Implications of a Relational Approach

Speakers: Tayoka Imai, MA, USA; Satoko Imamoto, MA, Japan; and Ayumi Osagawa, MA, Japan

Interlocutor & Moderator: Rebecca Harrington, DSW, USA

Abstract:

This is a proposal for a presentation by an international panel of three Japanese female therapists, who share clinical examples of what they consider "typical" and representative cases of their practices in Japan. Issues around gender identifications, false self and unspoken communications in Japanese culture are frequent themes they encountered and dealt with. The presenters will introduce aspects of specific Japanese cultural norms including the valuing of nonverbal, implicit, and unspoken communication, while "explicit" verbal communications may be considered unsubtle, demanding and undesirable. In Japanese daily lives, the ritualized verbal and behavioral expressions regulate the social interactions very closely, while implicit meanings are expected to be understood and shared without explicit articulation. The subtle ritualistic non-verbal expressions are usually used to convey the intended meanings. Frequently, empathy is expected and demanded within the mutual conventions of inter-subjective understanding. When Japanese clinicians see Japanese patients, there is an endless challenge to make explicit the unspoken agreements, the unwritten principles, the dissociated experiences which make up our life in the world in which we are embedded. We believe that relational psychoanalysis encourages and provides a good basis from which to grasp "Japaneseness" from multiple points of view. In these presentations we are especially interested in showing relational perspectives on masculinity/femininity, authoritarianism/egalitarianism, pathology/normality and, how these polarities are socially constructed and how they can be deconstructed. The three papers in this panel describe treatments in which the dissociative shameful and intolerable aspects of the patients' childhood selves, initially unspeakable, become speakable through the analysis of enactments. In particular, a focus was developed, which included the mystery and enigma of gender and sexuality and their associated shame, anger, and excitement. Each patient struggled with a felt need to seek recognition and approval in Japanese society. As we processed enactment, we understand that social and cultural factors influence the development of not only the patient's identity but also the therapist's identity as a professional clinician. With our Japanese patients we tried to examine and understand how our Japanese identity is constructed. Especially, after WWII, while most Japanese enjoyed the fruits of the rapid development of capitalism, each individual person faced new challenges in reconstructing a genuine, sense of self or authentic life.



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Paper/Panel Session 4

7. Gender, False Self, and the Unspoken Communications in Japanese Culture: Clinical Implications of a Relational Approach- (*Cont'd*)

Speakers: Tayoka Imai, MA, USA; Satoko Imamoto, MA, Japan;
and Ayumi Osagawa, MA, Japan

Interlocutor & Moderator: Rebecca Harrington, DSW, USA

Learning Objectives:

At the conclusion of this panel, attendees will be able to:

1. Discuss how Japanese culture interacts with relational psychoanalytic principles;
2. Define Japanese views on gender identity;
3. Describe how relational psychoanalysis must be modified in order to be responsive to Japanese patients.
4. Discuss how contemporary relational ideas of gender and sexuality are utilized in the Japanese clinical setting.



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Paper/Panel Session 4

8. Finitude

Speakers: Lissa Schaupp, LCSW, USA; Evelyn Rappoport, PsyD, USA; and Rhonda Sternberg, PhD, USA

Interlocutor & Moderator: Peter Maduro, JD, PsyD, PsyD, USA

Abstract:

Toward Transience: Relational Encounters with Mortality- Lissa Schaupp

Psychoanalysis, particularly relational psychoanalysis, has embraced the idea that all of us are more human than otherwise. Nevertheless, the topics of mortality and death, particularly an individual's own death (as opposed to object loss) have received limited attention in psychoanalytic discourse. This presentation provides a brief synopsis of the attention and inattention paid to the topics of mortality and death in the psychoanalytic canon, including theorists largely outside the canon such as Rank, Jung, and Fromm. Working with clinical vignettes from two treatments that coincided with the presenter's own inquiry into her relationship to mortality and death, this presentation provides a creative synthesis of psychoanalytic theorizing that has been done on this important topic. The presenter also explores the possibilities for a paradoxical relationship to death both individually and within the analytic dyad. In revisiting the question raised by Freud's 1915 statement that it is indeed impossible to imagine one's own death, the corollary issues of whether psychoanalysis has adequate language to describe a visceral experience such as death, and the potential role of symbolic "languages" such as poetry, particularly within the analytic dyad, to help provide access to a felt experience that perhaps cannot be "thought" will be explored. The preceding will hopefully provide a framework for thinking about how to work most productively and relationally with the death, whether eventual or imminent, that is, at least by the presenter's estimation, always present in the room.

Learning objectives:

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

1. Assess how the issues of mortality and death have been addressed and also absent within the psychoanalytic canon generally, and more recently relational psychoanalysis.
2. Describe how Freud's three approaches to mortality and the presenter's elaboration on Hoffman's early conceptualization of a paradoxical relationship to death can help formulate a patient's "unspeakable" or "unthinkable" fears and anxieties regarding mortality and death within the analytic relationship.
3. Assess the importance of the analyst's awareness of her relationship to his/her own mortality as part of the intersubjective process in helping patients grapple with their own mortality.



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Paper/Panel Session 4

8. Finitude- (*Cont'd*)

Speakers: Lissa Schaupp, LCSW, USA; Evelyn Rappoport, PsyD, USA; and Rhonda Sternberg, PhD, USA

Interlocutor & Moderator: Peter Maduro, JD, PsyD, PsyD, USA

Abstract:

Until Death Us Do Part: Giving Voice to the Unspeakable- Evelyn Rappoport

"Death comes knocking" through shadows and ghosts, often hidden in plain sight. Anxieties about survival and mortality have been identified since the beginning of time. Ernest Becker in his book *The Denial of Death* (1974) focuses on how we human beings develop strategies to fend off awareness of our mortality and vulnerability and to escape into the feeling that we're immortal. Michael Eigen writes that we are all subject to the human condition, a condition from which none of us ever recover. Death anxieties that are often unknown and inaccessible and present unbidden and unknown often present as physical symptoms as they accompany the living while masking aliveness. In the consulting room, we encounter the living dead as well as the ghosts of those who have died. What then happens when we meet death directly, that is, when death becomes our patient? Dr. Rappoport begins by describing her first session with a highly traumatized Patient named Leda, who arrived trembling and shaking with a terrified look in her eyes. Leda immediately sat in a corner of the couch crouched in a fetal position unable to speak, emitting groans and grunts. Towards the end of the session time, Leda asked a "seemingly" coherent question. "How will I Leave?" She asked. Dr. Rappoport who responded in the only way possible and this response brings Leda back for a second session which marked the beginning of a treatment, a journey filled with enactments, torturous silences, interwoven with dissociated and unformed self -states, fragments of memories, family secrets and multiple traumas of her child self as well as her adult self. Dr. Rappoport highlights multiple key poignant, unspeakable experiential moments with her patient of 20 plus years as she accompanies her patient on her final journey. The treatment highlights how trauma and shame are encoded in the bodily sensations and are communicated through symptoms Leda, In facing her fear of death directly together with me was able to access her emotion and inner feeling states in an astounding way Dr. Rappoport demonstrates how she follows her patient's and her own bodily communications and somatic expressions, including affects, sensations, gestures, and postures in her encounters with her patient. She demonstrates the way in which, experiential embodied awakenings become the medium for increasing intimacy, transforming her shame and guilt. She and her patient co-construct a somatic and emotional shelter, a meeting place, a sacred space where two hearts, two minds, and two bodies meet death together. She demonstrates the power of analytic love in a heart to heart journey of growing aliveness in the face of death.



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8. Finitude- (*Cont'd*)

Speakers: Lissa Schaupp, LCSW, USA; Evelyn Rappoport, PsyD, USA; and Rhonda Sternberg, PhD, USA

Interlocutor & Moderator: Peter Maduro, JD, PsyD, PsyD, USA

Abstract:

Until Death Us Do Part: Giving Voice to the Unspeakable- Evelyn Rappoport- (Cont'd)

Leda took her last breath on July 7th surrounded by her closest family members. Our relationship remains in my heart and soul. Every Wednesday I find myself thinking of Leda as I remember her courage and resiliency as I utter the words "may her memory be a blessing."

Learning objectives:

At the conclusion of this panel, participants will:

1. Learn how Traumatic events becomes encoded and held in the body broadcasting what the mind cannot communicate.
2. Learn bottom up interventions for working with clients who can't access memories of a traumatic events as a function of dissociation and freeze in the nervous system.
3. Be able to identify and analyze the concept of the of somatic and emotional shelters and use three somato sensory strategies to facilitate secure attachment in the analytic dyad.

Abstract:

The Analyst as Mourner at a Patient's Funeral: Insider, now Outsider, Knowing but Unknown- Rhonda Sternberg

This paper is a narrative of the author's experience attending a patient's funeral. It includes a reminiscence of the almost two-year relationship with an 88-year-old patient from beginning to end, and then some, as well as the therapist's countertransference throughout. Highlighted are remembered conversations and the powerful unspoken. Addressed are the experiences and fantasies of the therapist at the funeral, during the treatment, and during the writing of the paper. Relevant thoughts of other writers are woven through the paper.

Learning objectives:

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

1. Open one's mind to a discussion of an analyst's intense experience while attending a patient's funeral.
2. Talk about the unspoken and how it makes us feel.
3. Imagine the ability to work with older patients in the last leg of the person's life.
4. Understand the power of relationship to a patient even after their death.



Saturday, June 20th

8:00 am – 9:30 am

Paper/Panel Session 4

9. The Spoken and Unspoken in Eating Disorders and Obesity

Speakers: Cheryl Goldstein, PhD, USA and Li Qu, MA, China

Interlocutor & Moderator: Kathi Magnussen Levin, PhD, PsyD, USA

Discussant: Marie Saba, MA, Peru

Abstract:

The Almost 400 Pound Baby In the Room: Working with a Morbidly Obese Patient- Cheryl Goldstein

The case of Bobby, a morbidly obese woman in her late fifties, investigates the way that the monstrous excess of obesity pushes the limits of what we feel can and cannot be addressed in the consulting room. While there has been significant work done on anorexia and the starving patient, there is, paradoxically, a very slim body of work on obesity. The vicissitudes of the obese body represented concretely in the overlapping folds of fat and flesh bring the analyst into direct contact with the monstrous and its consequences on the capacity to relate. In the case of Bobby, the analyst and analysand work to explore what is hidden within and represented by Bobby's body. At times pushing the analyst to her limits, Bobby's plea for someone to "just be nice to me" proves to be more complex as the external excess exposes the internal emptiness and loss that suffers within.

Learning objectives:

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

1. Assess various ways that the obese body can embody and potentially perpetuate traumatic experience.
2. Analyze personal responses to concrete manifestations of excess or "too-muchness" as they may emerge in the analytic setting.
3. Describe and utilize counter-transference attitudes regarding contact with bodily excess.



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9. The Spoken and Unspoken in Eating Disorders and Obesity- (*Cont'd*)

Speakers: Cheryl Goldstein, PhD, USA and Li Qu, MA, China

Interlocutor & Moderator: Kathi Magnussen Levin, PhD, PsyD, USA

Discussant: Marie Saba, MA, Peru

Abstract:

Reconnecting with the Relationship by Touching the Border- Li Qu

It's a challenge for therapist to trust more and persist in her own perceptions before using language which may take her to a deeper place where people usually get away. Where we are difficult to arrive is usually the place where the patient's self object bond was destroyed and they believe that their painful feelings are incomprehensible. Much more meanings are implicated in the context of pause and silence or behind the speakable language. For patients, the bad situation isn't to recognize they really have something wrong, they don't know how bad they are. They couldn't touch the border or arrive the bottom. Unspeakable becomes unacceptable and unacceptable leads to terrible. The terrible situation hiding behind the unspeakable becomes acceptable by talking them. When therapist and patient begin to face together, the border is touched. That means after the worst part is acceptable, patient begins to reconnect with the relationship and self object need is restored again.

Learning objectives:

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

1. Describe the dilemma where the therapist entangle s the same scared or ashamed feelings with patients unconsciously.
2. Articulate the important functions of touching the border of scare or shame which makes patients feel that they are acceptable.
3. Demonstrate the new relationship can come from the expansion of freeing of the culture restraints and differentiations



Saturday, June 20th

8:00 am – 9:30 am

Paper/Panel Session 4

**10. The Sounds of Silence:
Erotic and Affective Embodiment in the Analytic Field**

Speakers: Karen Beard, PhD, USA; Dianne Elise, PhD, USA; and
Holly Levenkron, LCSW, LICSW, USA

Moderator: Iglis Nancy Rodrigo, BA, Argentina

Abstract:

Aphrodite's Shadow: Creating a Common Skin- Karen Beard

Through a process I call “creating a common skin” the analyst nonverbally resonates with and contains her patient’s exiled and conflicted bodily experience. This uninterpreted bodily attunement supports the patient’s ability to inhabit and represent their own bodily states. I focus on the feminine body in particular and describe a detailed case in which the patient’s enactment in relation to the analyst’s body set the stage for transformational change in both patient and analyst.

The Sounds of Silence: Erotic Embodiment in the Analytic Field- Dianne Elise

Making use of a Winnicottian formulation of the analytic field, I highlight the often unspoken, implicit erotic dimensions of our work. I will present material from an analysis with a very inhibited, obsessively constricted man, where patient and analyst seemed to have trouble “locating” one another within the analytic field. Paradoxically, a felt sense of connection was also palpable, and (im)possibly erotic. Movement in the treatment required the development of an “erotic sonar”—a “sounding” in the erotic body of each participant that could indicate the place of our creative connection. A sensing in the body for the “feel” of our dyad became a kinetic reading of our emotional closeness or distance, as well as indicating the subtle, and shifting, tones of our relationship.



Saturday, June 20th

8:00 am – 9:30 am

Paper/Panel Session 4

10. The Sounds of Silence: Erotic and Affective Embodiment in the Analytic Field- (*Cont'd*)

Speakers: Karen Beard, PhD, USA; Dianne Elise, PhD, USA; and
Holly Levenkron, LCSW, LICSW, USA

Moderator: Iglis Nancy Rodrigo, BA, Argentina

Abstract:

A Second Look at the Psychesoma: Vitalizing the Dead Body- **Holly Levenkron**

Field theory is utilized to look at experience generated in the body when working with emotional dimensions. I draw on Bion and Winnicott to ask how the body offers the mind, in Lombardi's words, a “decisive compass” affecting the analysis through transference and affective storms. In contrast to Winnicott’s “disintegration” and Bion’s “Paranoid Schizoid state” (which unlink the mind from the body), I consider how Bion's reverie function and containment, and Winnicott’s ongoing transformation to “personalization”, vitalize/libidinalize, link the mind-body system. I illustrate complexities in integrating emotionality (the body) and the mind through a case of anxiety and extreme hypochondriasis in a frozen field of mutual love and psychic collapse.

Learning Objectives:

At the conclusion of this panel, attendees will be able to:

1. Utilize nonverbal resonance and somatic countertransference to create a healing common skin experience in their patients.
2. Analyst implicit, unvoiced aspects of erotic and/or enlivening material that infuse the intersubjective analytic field.
3. Utilize containment and affective honesty to mobilize bodily aliveness and libidinal dimensions, working against states of deadness.



Saturday, June 20th

8:00 am – 9:30 am

Paper/Panel Session 4

11. Theoretical Difficulties: How Relationality Enhances our Theories

Speakers: David Slattery, MA HIP, UK; George Hagman, LCSW, USA;
and Oksana Yakushko, PhD, USA

Moderator: Michael Pariser, PsyD, USA

Abstract:

The Third Body- David Slattery

I have been sitting with couples in the consulting room for over 20 years and helping others to do the same, through supervision and teaching for over half that time. When I first started doing this work, I found it almost impossibly overwhelming. I often see such a response now in trainees when they first sit with a couple. This ‘overwhelm’ is in part a legacy of only having worked with individuals, but more so from the understandable, but I now believe misguided, notion that there are (only) two individuals in the room. The ‘relationship body’, has substance, agency and knowledge that we often aren’t aware of. Starting to become aware of, and relate to, this third body has opened another layer to me, both in individual and couples therapy. Through case presentation and experiential work, my aim is to help participants become aware of their innate, if unconscious, knowledge of this body and thereby allow an expansion of awareness in the consulting room.

Learning objectives:

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

1. Be more aware of the ‘third body’ ie the space in-between.
2. Understand the cultural pressures that perpetuate ‘one body’ psychology.
3. Build a relationship, and work more consciously with the relationship body.



Saturday, June 20th

8:00 am – 9:30 am

Paper/Panel Session 4

11. Theoretical Difficulties: How Relationality Enhances our Theories- (Cont'd)

Speakers: David Slattery, MA HIP, UK; George Hagman, LCSW, USA;
and Oksana Yakushko, PhD, USA

Moderator: Michael Pariser, PsyD, USA

Abstract:

The Three Dimensions of Subjectivity: Theoretical and Clinical Implications- George Hagman

This paper argues that we must think of subjectivity as having three dimensions: the intrasubjective (self-experience), the intersubjective (relational experience) and the metasubjective (cultural experience). Each of these subjective dimensions is determined by the other two, while at the same time being capable of independent, creative change. In all human subjective lives these dimensions play a part and must be viewed as both distinct and autonomous, while at the same time embedded within and determined by the other two. Psychoanalytic treatment harnesses the adaptive power of individual subjectivity through the creation of a special intersubjective process which makes use of relational adaptability within a cultural milieu to effect change within the mind of the patient. This three-dimensional model is illustrated with a clinical vignette.

Learning objectives:

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

1. Perform clinical assessment which identifies the elements of individual, relational, and cultural nature in the patient's history and presenting problem.
2. Identify goals which reflect the individual, relational and cultural experience of the patient.
3. Conduct assessments of treatment progress in these three areas and adjust treatment plans accordingly.



Saturday, June 20th 8:00 am – 9:30 am Paper/Panel Session 4

11. Theoretical Difficulties: How Relationality Enhances our Theories- (Cont'd)

Speakers: David Slattery, MA HIP, UK; George Hagman, LCSW, USA;
and Oksana Yakushko, PhD, USA

Moderator: Michael Pariser, PsyD, USA

Abstract:

*Scientific Mystifications and Psychoanalytic Responses to Darwinian Fantasies of Survival of the Fittest, "Reptilian Brains," and the "Primitive" States- **Oksana Yakushko***

Since Freud, psychoanalysis has struggled with responses to evolutionary theories, especially those proposed by Charles Darwin. Freud and early psychoanalysts were influenced by a radically divergent theory of evolution from Darwin's: social context based evolutionary theory by J. B. Lamarck. Recent re-introduction of evolutionary theory of interdependence and mutuality by P. Kropotkin has further challenged the monopolizing influence of Darwinian evolutionary assumptions ("survival of the fittest in control over resources and procreation"). Re-introduction of non-Darwinian theories in relational scholarship and practice may contribute to more enriched and complex understanding of relational human worlds. This understanding may also aid relational traditions in resisting scientific mystification, promoted via Darwinian narratives, which normalize anti-relational, biologically reductive, and contemptuous views of humanity. These divergent theories may provide alternative imaginaries in psychoanalysis in relation to experiences of human mind, body, community, and society. Lastly, the audience will be invited to wonder about the use of "sciences" and scientific mystifications in psychoanalysis in general and relational psychoanalysis in particular.

Learning objectives:

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

1. Describe and examine the use of evolutionary theories in psychoanalytic scholarship.
2. Understand and apply knowledge of how social Darwinism, eugenics, and neo-Darwinism shape views of human individual and social relationships, including within relational analytic spaces.
3. Examine and critique the use of natural scientific and scientific paradigms in relation to complex human experiences, including in patients' and analysts' own appropriations of these narratives.



Saturday, June 20th

8:00 am – 9:30 am

Paper/Panel Session 4

12. What Can and Can't Be Said in Treatment and Supervision

Speakers: Margaret Crastnopol, PhD, USA and Sandra Buechler, PhD, USA
Discussant & Moderator: Irwin Hirsch, PhD, USA

Abstract:

"Sticks and stones can break my bones, but words can never hurt me." We all know this childhood taunt is not true. Words can, very definitely, hurt. So how do we decide which words can't be said, by the clinician, the patient, or both? Or should the treatment hour be a space where there are no limits on what can be said? We can ask a similar question about supervision. Should that occur with "no holds barred"? More specifically, what are the implicit rules by which each of us decides what can and can't be said, in therapeutic and supervisory contexts? This panel considers the (mostly unspoken) limits of what can be said in treatment and supervision, and speculates on some of the bases of these largely unarticulated boundaries. Most schools of psychoanalytic thought concentrate on theories of what it is most important to interpret, respond to, or enact in some sense. But what does each imply should be "kept in storage," to borrow Winnicott's (1949) phrase about hate in the counter transference. The previously explored questions of the optimal balance of "holding" versus "interpretation" and also parameters regarding self-disclosure come into play here, but these don't address the entire range of potential communications the analyst might make about an attitude, feeling, belief, or value, that could affect the patient for good or ill. The first individual presentation explores some prohibitions that can be attributed to the "culture" of psychoanalysis. Despite significant differences among theoretical orientations, some values are held in common, and they influence what gets left unsaid, by clinicians and supervisors. The second individual presentation focuses on the way in which an analyst's own psyche, character, and subjectivity contribute complexly to what she or he will express—explicitly and implicitly-- in both treatment and supervisory settings. What are the implications of the clinician's prior temperamental and other tendencies for his or her expressive or non-expressive inclinations, and how he or she can make decisions about what can or can't--should or shouldn't--be said? Our moderator/discussant will draw on his extensive understanding of conflicts between analyst's and patient's subjectivity to address the concerns highlighted in the two individual presentations.

Learning objectives:

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

1. List a set of considerations bearing on what an analytic clinician should say or refrain from saying in the therapeutic or supervisory setting.
2. Explain how a clinician's personal characterological tendencies might influence his/her self-expression in various contexts, and with what impact.
3. Articulate what assumptions within one particular school of analytic thought influence what he/she says or withholds in doing analytic or supervisory work.