



Saturday, June 20th 2:45 pm – 4:15 pm Paper/Panel Session 5

1. Intersubjectivity, Potential Space, and the Analyst's Transformative Presence

Speakers: Steven Stern, PsyD, USA; Heather Ferguson, LCSW, USA; and
Amy Cooney, PhD, USA

Discussant & Moderator: Sarah Mendelsohn, LCSW, USA

Abstract:

Theories of therapeutic action tend to focus on particular dimensions of interaction and therapist participation rather than the full, dense complexity of what is actually required of us, and what in fact makes transformative change possible. The analytic therapist's total presence, especially in moments of mutative exchange, is often highly complex—shaped by a matrix of cross-currents in the patient's psychological organization and the evolving intersubjective interaction. This "quality of presence" often (if not always) has both spoken and unspoken dimensions that are complexly interwoven and mutually constituting. In good-enough treatments both the analyst's subjectivity and the dyadic system tend to co-evolve toward greater systemic complexity and competence (see also Boston Change Process Study Group, 2013), resulting in the analyst's evolving capacity to meet the patient in increasingly "full" and nuanced ways. Part of the process of meeting patients that is hard to capture in words or theoretical concepts is a kind of co-created space or atmosphere reflected in such things as unique ways of talking, qualities of presence, even the ways we come to think and process with a given patient, which constitute a potential space that could exist with no other patient and forms a kind of psychic Petri dish for "culturing" the emergence of a new sense of self. Although this systemic complexity and competence can shift more abruptly and radically as a result of dramatic interventions, enactments, and dialogue (e.g., Aron & Atlas, 2015; Atlas & Aron, 2018; Boston Change Process Study Group, 2013), these dramatic events tend to both emerge from and transform the "quieter" movement of the analyst's total analyzing subjectivity toward a more encompassing grasp of "what the patient needs from me" (Stern, 2017). In this panel we are especially interested in the interaction between what the analyst does and says and the quieter complexity of the analyst's evolving subjectivity and presence.

Learning Objectives:

At the conclusion of this panel, attendees will be:

1. Able to apply a more complex, multi-theoretical, intersubjective model to the process of "meeting the patient" in transformative ways.
2. Able to describe the potential therapeutic space, that evolves between analyst and patient, as they jointly explore the analyst's dreams as a shared dream field containing aspects of unspoken affective experience that emerge in the therapeutic exchange.
3. Familiar with the notion of enactment as a vitalizing and generative process, rather than a repetition of pathological old patterns and dissociated experience. They will also understand the way vitalizing enactments can emerge from the interplay play between the analysts' intrapsychic experience and the shifting intersubjective field.



Saturday, June 20th

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Paper/Panel Session 5

2. The Dark Side of the Analyst: Narcissism, Anger, and Discomfort

Speakers: Mariela Andrea Cuello de Cosentino, BA, Argentina; Amalia Rivera, PhD, Mexico; and Jose Angel Gil Aguilar, MA, Mexico

Moderator: Miriam DeRiso, PhD, USA

Abstract:

The no comfort zones of the analyst- Mariela Andrea Cuello de Cosentino

The psychoanalytic encounter is not a comfort zone, or at least, not all the time; not for the patient neither for the analyst. This can be described from any theoretical and clinical perspective. However, as a popular saying goes, “great things never come from comfort zones”. The psychoanalytic encounter implies an encounter between human beings, where one tries to be seen, heard, understood, recognized by another who is expected to do so. Stephen Mitchell states that “if the deepest, most fundamental levels of the analysand’s pathology are to be reached, the relationship with the analysand becomes the vehicle for the establishment and articulation of bad object relations. The analyst cannot enter the analysand’s world in any form other than as a familiar (that is, “bad”, or less than gratifying, object). This is true even though there often are elaborate resistances to the experience of the transference. Otherwise the analysis does not touch the analysand deeply, offers no promise, no hope for connection and transformation”, (1988).

Do we, analysts, always know what to say or what to do through every unique moment and every analytic relationship co-created with every patient? Is there always anything to say? Why do we say what we say, and how do we capture any significant moment to allow us to think about it? What happens when we are perceived by the patient as we really are, or how do we really feel? Or, what happens when he/she sees us with his/her own subjectivity, fantasies and relational patterns, far from our personal reality? In this sense, and through brief clinical vignettes, we will explore psychoanalytic encounters that may allow us to analyze classical, relational and psycho-dramatic concepts like the ones underlying the encounter, the tele-transference and the transference by J.L. Moreno, as well as the importance of the truth as necessary for mental growth and its negative validation, the lie, the notions of the container/contained and Bion’s reverie. Likewise, we will explore the comparisons of the “talking cure” between classical and relational psychoanalysis and the return of bad objects in the therapeutic relationship by Fairbairn. Finally, we will analyze the significance of the three pillars of the psychoanalytic clinical practice, namely supervision, training and auto analysis (beginning in Freud’s times) as an optimal field of responsible clinical practice when we step outside our comfort zone. Doing psychoanalysis is certainly not the same as talking about it, and the latter are different functions, as Meltzer described. Thus, the analyst does not always tell the analysand everything that he/she thinks. He /she creates his/her own spaces of containment (theoretical and clinical training, autoanalysis and supervision) to this end. The call for the truth and prudence are attitudes to consider in our analytic practice, even when this may not be comfortable.



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Moderator: Miriam DeRiso, PhD, USA

Learning Objectives:

The no comfort zones of the analyst- Mariela Andrea Cuello de Cosentino- (Cont'd)

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

1. Analyze and discuss the role of truth at the moment of the analytical encounter and the tele-transference;
2. Identify transference moments and no-comfort zones for the analyst using diverse psychoanalytic concepts articulated with clinical implications;
3. Apply this no-comfort feelings to the supervision and the auto analysis field in order to think about and bring them back to the analytic relationship with the patient, with the aim of achieving prudence in the development of what it is thought, said and not said in the therapeutic setting.



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Speakers: Mariela Andrea Cuello de Cosentino, BA, Argentina; Amalia Rivera, PhD, Mexico; and Jose Angel Gil Aguilar, MA, Mexico

Moderator: Miriam DeRiso, PhD, USA

Abstract:

Reflections on Analyst's Narcissism- Amalia Rivera

The topic of Narcissism has been widely discussed from the very beginning of Psychoanalysis since it was one of the core concepts introduced by Freud into Psychoanalytical theory, and has been studied and developed in depth by a variety of authors. Even though its earliest definitions were rather diffused, the advances made by Psychoanalytical theory have clarified the division between primary and secondary narcissism as well as the difference between personality narcissistic traits, present in all individuals as part of the psycho evolutive stages, from those characteristics that seem to lead to a disorder, because of the overvalue of personal abilities and the disproportionate dimensions of the need for recognition, affirmation, validation, and acceptance. In the wide bibliography available on this concept, it is difficult to come across texts that give a detailed account on analysts' narcissism and how it may impact therapeutic processes. The purpose of the present work is, precisely, to reflect upon this topic and to discuss whether the practical modifications laid out by Relational Psychoanalysis and directed towards classical psychoanalytical technique, help the therapist's state of alertness about his own narcissism and may empower him with a better self management.

Learning Objectives:

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

1. Review the concept of narcissism, its origins, and the different types of narcissism that may be present in the individual.
2. Reflect upon the therapist's narcissistic personality traits and to hypothesize on the possible reasons why the analytical literature barely refers to the subject.
3. Discuss whether shame of exposure before colleagues may be one of the emotions playing a relevant role in therapists' unwillingness to talk about their own narcissism.
4. Point out if the modifications intended to be applied towards classical psychoanalytical technique that have been proposed by different representatives of Relational Psychoanalysis, do indeed facilitate the analyst's ability to better handle his own narcissistic traits.



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Moderator: Miriam DeRiso, PhD, USA

Abstract:

The analyst also gets angry: Rosa case presentation- Jose Angel Gil Aguilar

We generally find writings in the literature on patient aggression and hatred towards therapists as a transference phenomenon. However, little is said about the anger of the therapist with some patients who move aggression in countertransference. For that reason I want to expose the clinical case of Rosa, a patient that I did not manage to understand the importance that was for her, to be able to destroy me, and I did not allow it due to the anger that caused me to feel her desire. I discovered the feeling of anger on my part after the therapeutic relationship ended. Winnicott maintains that aggression, in its destructive dimension, will be the one that allows the subject to function with the principle of reality, an achievement that facilitates the acceptance of shared reality. If the analyst defends himself, the patient will miss the opportunity to be angry about a past failure precisely where anger was first becoming possible. This is where we can see the meaning of the saying that any failed analysis is a failure not of the patient but of the analyst. The analyst has to assume his own fears and hatreds, and his personal history to detect that part of the patient provokes anger and aggression.

Learning Objectives:

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

1. Revise the concept of: "The use of the object and hatred in Winnicott's countertransference"
2. Analyze a clinical case that shows the anger of the therapist with the patient.
3. Reflect on the need to accept that therapists can be angry with patients, to achieve their management.



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Paper/Panel Session 5

3. A Relational Perspective on the Treatment of Eating Disorders: From Primitive Mental States to the Intersubjective

Speakers: Dana Satir, PhD, CEDS, USA; Karen Rosica, PsyD, USA; and
Lynda Chassler, PhD, USA

Discussant: Shelley Doctors, PhD

Moderator: Francesca Romana Salimei, PhD, Italy

Abstract:

Keeping the "We" in mind: A Relational Contribution to the Treatment of Eating Disorders- Dana Satir & Karen Rosica

This presentation is an attempt to reflect on and make, what we hope will be, a creative contribution to the long-held practices informing the treatment of eating disorders in a hospital setting. A brief description of customary treatment will become more elaborated with a detailed case presentation, emphasizing the transactional quality of food: what you put in, what you put out, how much, when, what you hide, what you show. Food is thought to be the 'medicine.' How it is experienced within, who gives the medicine and how it is given goes unacknowledged and unspoken, often resulting in a doer-done to dynamic. There has been a contemporary move from the body's erogenous zones to the body as the foundation of the self. While the specter of death threatens any work with this population, we want to propose alternative conceptualizations and interventions from the use of the body in relationship and in relationship to the whole hospital community rather than the singular emphasis on a patient's behavioral compliance to a protocol dictated by their environment. Even with the intention to perform life-saving measures empathically and sensitively in the current treatment system, we still believe our thinking will expand the tools available to do this work. Using Winnicott's idea of the body as communicator, Bucci's, Bromberg's and Daniel Stern's ideas regarding non-verbal communication, we will propose ideas that could be helpful using a case treated in a hospital by one of the authors of this paper. We will carefully illustrate the internal and external experiences of a chronically ill patient with severe anorexia nervosa, who 'hides' food and 'lies' about it. Current thinking renders this bad behavior, rather than as a form of communication, of something critical that needs to be heard, understood, and recognized by someone. Taking ideas from relational theory about how the mind works, we will explore alternative conceptual and clinical possibilities particularly the centrality of the body in the formation of self, embodiment, dissociation and mutual influence that clinicians could bring to this work. Currently, treatment in these hospitals is based on the idea that patients cannot use 'therapy' until their symptoms have stabilized. This invites a discussion of who we understand these patients to be before they enter the hospital. Whose body is it? What happens if we acknowledge multiple bodies? And multiple bodies with their own subjectivities, experiences, and rhythms? What do symptoms represent other than destruction? What if destruction is a form of survival? What is being enacted in the treatment setting that may be a central part of these patients' internal worlds and, if unexamined, will keep them from having selves beyond their



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Lynda Chassler, PhD, USA

Discussant: Shelley Doctors, PhD

Moderator: Francesca Romana Salimei, PhD, Italy

Abstract:

Keeping the "We" in mind: A Relational Contribution to the Treatment of Eating Disorders- Dana Satir & Karen Rosica (Cont'd)

symptoms? We hope our attempt to answer these questions will unmoor the current established thinking even a bit.

Learning objectives:

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

1. Describe the current thinking and approach to the treatment of eating disorders in the hospital setting.
2. Identify and apply ideas from relational theory about the body and nonverbal communication to working with patients with eating disorders.
3. Analyze the multiple meanings of eating disorder symptoms and the impact of the relational field as applied to a case of a patient with severe anorexia nervosa.

Abstract:

Primitive Mental States: The Mind-Body Connection and the Onset of Eating Disorders: A Psychoanalytic Relational Perspective- Lynda Chassler

“The ego, Freud (1923) is first and foremost a bodily ego.” This idea adds to the inquiry how mind and body are related, or the mind–body problem. The term Primitive Mental States is difficult to define in positive terms. Many Authors (Tuters, 2010) focus on what seems to be absent in the clinical manifestations of primitive mental states with adult regressed patients: The capacity for symbolizing, having affects and thoughts, the capacity for living inside one’s body, for experiencing one’s experiences, and the capacity to relate to another person. Prior to achieving psychic representation, the unrepresented, not yet formed mind is in and of the body (Eekoff, 2019). Successful interpersonal transactions between infant and caregiver mediate at the brain level, the capacity for affect regulation and secure human relatedness (Bromberg, 2006). Gross failures in this function, a breakdown in the maternal container function of her infant’s feelings (Bion,1962b) disallows the sensory data of emotional experience from being able to enter the mind but rather to exist as primitive mental states, as dissymbolic painful elements of “nameless dread.



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Lynda Chassler, PhD, USA

Discussant: Shelley Doctors, PhD

Moderator: Francesca Romana Salimei, PhD, Italy

Abstract:

*Primitive Mental States: The Mind-Body Connection and the Onset of Eating Disorders:
A Psychoanalytic Relational Perspective- Lynda Chassler (Cont'd)*

Consequently, adult regressed patients have a weakened capacity for representation and a poor apparatus for processing their experience. Emotions that cannot be expressed mentally, get dissociated and expressed bodily, often with a range of psychosomatic disorders (Winnicott, 1949; McDougal, 1989). Eating and the symbolic meaning of food from birth on are closely intermingled with interpersonal and emotional experiences. Winnicott (1936) sees food and the entire feeding experience as crucial in the etiology of Anorexia Nervosa. He draws attention to the extremely early age an infant can attempt to hide doubt about love by becoming suspicious of food. Boris (1984,1986) writes that a patient with eating disorders attempts to eliminate the potential for traumatic rupture in human relatedness by replacing relationship with food, a solution that is largely self-contained and thus not subject to betrayal by the other. The body becomes a protection from intolerable anxieties of unmentalized experiences (Moscato and Solano, 2014). Significant attention is paid to the challenges of psychoanalytic treatment of eating-disordered patients. I discuss an 8-year analysis with Jody, age 26, who entered treatment suffering from anorexia and bulimia along with a barrage of psychosomatic complaints suggestive of a dissociative structure. She had a history of difficulty in relationships- which she became “too needy” and “demanding” and people “abandoned” her. She had a fear that her “loneliness” and “emptiness” would consume her. She was terrified of her anger and “waited for a bomb to explode.” Food was her only comfort and she would switch between starving herself and eating large amounts of food and throwing up. The analytic setting is viewed as part of the healing process where “regression to dependence” (Winnicott, 1954) may occur. It is seen as a way for the individual to re-live the not yet experienced trauma that happened during early developmental failures and to process them with the analyst for the first time. In the transference, during separations from the analyst, Jody relived her childhood terrors of abandonment and annihilation. She would become flooded with an inner sense of emptiness, panic, and despair and regressed to psychotic states which resulted in her regressive demands escalating to impossible heights which often placed the therapeutic work at risk.



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Lynda Chassler, PhD, USA

Discussant: Shelley Doctors, PhD

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Learning objectives:

*Primitive Mental States: The Mind-Body Connection and the Onset of Eating Disorders:
A Psychoanalytic Relational Perspective- Lynda Chassler*

If space for these events is created, and the patient finds someone who can listen the risk for dissociation diminishes (Bromberg, 2006). The main work of the analyst in promoting psychic change in the patient within the analytical process lies in his commitment to “contain” the infantile aspects of the mind (Speziale- Bagliacca, 1991).

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

1. Write about the psychic repercussions of the very early failures in the motherchild relationship, particularly in regard to the elaboration of affects.
2. Address the role of the body as a communicator of unmentalizable experiences in the eating-disordered patient.
3. Explain how the analytic setting and the analyst-patient relationship is viewed as part of the healing process.



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Paper/Panel Session 5

4. The Clinical Use of Imagery and Metaphor

Speakers: Tanya Anagnostopoulou, PhD, Greece; Rachel Altstein, LP, JD, USA; and Philip Gardner, LCSW-R, USA

Interlocutor & Moderator: Lynne Oliva, PsyD, MFT, USA

Abstract:

Beyond Words: The Power of the Image- Tanya Anagnostopoulou

Dreams and fantasies, the two main pillars of psychoanalytic work are rooted in rich and vivid imagery. Yet, imagery as such has never been the subject of a systematic and thorough exploration in psychoanalysis. In clinical practice, imagery is frequently embedded in metaphoric processes and metaphor has been privileged over imagery by many contemporary analysts (Arlow, 1979; Borbely, 2008; Ferro, 2002, 2009; Modell, 2009a). In contrast to Freud, Carl Jung has privileged imagery, developing the technique of active imagination based on the notion that the therapeutic task is primarily to experience the fantasies, not merely to interpret and understand them (Jung, 1928). Imagery can be guided or images can emerge in a spontaneous way to depict feelings, physical sensations or any other state, bypassing words and defenses to allow rich unconscious/dissociated experiences to emerge. In this presentation we will explore two areas of actively using imagery as a clinical tool:

1. Personification of dissociated aspects of self.
2. Personification of the body and specific physical processes.

Clinical vignettes will illustrate the advantages of employing imaginal processes in psychotherapy.

Learning objectives:

At the conclusion of this panel, participants will be:

1. Appreciate the value of imagery as a method to access unconscious/dissociated material.
2. Increase their sensitivity to their own and their patients' spontaneous imaginal processes.
3. Be informed about methods that use imagery as an assessment and therapy tool.



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4. The Clinical Use of Imagery and Metaphor- (*Cont'd*)

Speakers: Tanya Anagnostopoulou, PhD, Greece; Rachel Altstein, LP, JD, USA; and Philip Gardner, LCSW-R, USA

Interlocutor & Moderator: Lynne Oliva, PsyD, MFT, USA

Abstract:

The Meniscus: Surface Tension and Psychoanalysis- Rachel Altstein

Invited by this year's IARPP challenge to think about the implicit, this paper examines the importance of imagery in its wordless yet visually formulated state and, specifically, explores the power of imagery to forecast and make expressible the very themes of a treatment that feel unreachable. Drawing from her experience in reverie with a patient, the author introduces the metaphor of the meniscus - the dome-shaped curve of liquid held together by surface tension and formed just above the surface of a glass when water is poured into it just before the point of spillover - as a way of representing the experience in the analytic setting of things feeling tight and fragile. The accompanying sense that it would take just one small additional thing to agitate the membrane of tension that is both keeping people held together and preventing them from moving closer is also examined. A detailed case example is provided, one where a tautness emerges in the atmosphere of a treatment just as the analyst is having an experience of closeness with a cherished patient - both in her dreaming life and in unwitting disclosures of fondness and familiarity to her patient in session. Further research into the physical science of water reveals that sometimes molecules pull away from a container and stick to each other, forming a dome, and sometimes they stick to the container itself rather than each other, forming an inverse, U-shaped meniscus. This irresistibly invokes the thinking of Bion (container/contained), Beebe (avoid/approach interactions), Bucci (nonverbal/representational realm) and Stern (realization vs. articulation). Finally, the experience of writing itself is proposed as the potential "one drop" that can cause a brimming over in a treatment that feels stalled.

Learning objectives:

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

1. Identify the role that the occurrence of imagery can play in the therapist's understanding of the latent dynamics of a psychoanalytic treatment, especially at moments of impasse.
2. Identify and explain comparative academic approaches to the theme of Metaphor and, specifically, how non-verbal associations that emerge in the therapist's reverie can be signals of enactments to come.
3. Apply the academic research from (a) mother-infant face-to-face interaction and specifically approach/avoid motivations and from (b) linguistically-organized psychoanalytic thought (Bucci, Stern) to their own understanding of clinical moments that include experience with imagery.



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4. The Clinical Use of Imagery and Metaphor- (*Cont'd*)

Speakers: Tanya Anagnostopoulou, PhD, Greece; Rachel Altstein, LP, JD, USA; and Philip Gardner, LCSW-R, USA

Interlocutor & Moderator: Lynne Oliva, PsyD, MFT, USA

Abstract:

Photo and Phone: Loss and Potential in Actual Time- Philip Gardner

In this paper, the author illustrates how the introduction of an image in a photograph into the analytic dialogue allowed for transcription of experiences of loss that had remained locked for each of the analytic partners in the untouched timelessness of the repressed. This space, which is theorized from varying psychoanalytic perspectives as the unsymbolized, the symmetrical, the unformulated is explored through the work of Domonique Scarfone, Donnel Stern, Matte Blanco and others who strive to give form to the process of meaning made from the unconscious. Grounded in a clinical moment viewed through the lens of the scholarship on photography and time by thinkers including Roland Barthes, Susan Sontag, and Henri Bergson, the work focuses on clinical instances that, while known by both analytic partners, remain unspoken and un-interpreted.

Learning Objectives:

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

1. List differences and similarities in varying psychoanalytic approaches to working with unsymbolized unconscious processes.
2. Utilize conceptions of time in the service of therapeutic action during the clinical encounter.
3. Assess the value of imagery encountered in the non-verbal aspect of clinical psychoanalytic interaction.



Saturday, June 20th 2:45 pm – 4:15 pm Paper/Panel Session 5

5. Borders: Real and Symbolic

Speakers: Valentina Desiderio, PhD, Italy; Adriana Cuenca Carrara, PhD, Mexico; and Limor Kaufman, PhD, USA

Moderator: Teimuraz Keshelashvili, BSocSc, MsSc, Canada

Abstract:

*What “language” do you speak? The difficulty of interaction in analysis and the “limen”- **Valentina Desiderio***

The aim of my paper is to prompt a joint reflection on the theme of interaction in the intersubjective field in analysis (Beebe, Lachmann, 2002). Generally speaking, interaction among human beings is inevitable (Watzlawick, 1967), and indeed necessary for the individual and collective wellbeing. A crucial terrain is that of the border, and here the distinction of meaning that the Latin language makes between limes and limen can help us: Limen allows passage and therefore encounter, relationship, communication. In the paper I will describe some passages of the analysis with two patients (Teresa and Piero) who led me to reflect on this theme.

Learning Objectives:

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

1. Increase our awareness about the theme of the emergence in analysis of different individualities in the intersubjective field.
2. Highlight the possible ways in which, at an implicit level, the analytic encounter can be a ground for meeting or divergence, and explore its value in clinical work.
3. Stimulate a clinical reflection and sharing in a multicultural context.



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5. Borders: Real and Symbolic- (*Cont'd*)

Speakers: Valentina Desiderio, PhD, Italy; Adriana Cuenca Carrara, PhD, Mexico; and
Limor Kaufman, PhD, USA

Moderator: Teimuraz Keshelashvili, BSocSc, MsSc, Canada

Abstract:

“Borders”: *Real and Symbolic Borders- Adriana Cuenca Carrara*

“Borders” can have very different meanings. Although borders and boundaries can be physical and geographical they can also have symbolic meanings and we use them to refer to mental experience. “Border” can denote the limits between internal and external worlds as well as between psyche and soma. In the present paper I will describe how the socio-political situation that is lived in the border of Mexico and the United States (Tijuana) impacts my daily life as a “transborder” therapist as well as how it infiltrates clinical work. It is hard to imagine how complex it is what happens in the borderlands, but, despite the constant threats to harden the dividing line between the two countries with walls and political narratives splitting them into “good and bad”, as Jessica Benjamin (2018) says, where the vision of the world is that “only one wins”, it is also surprising and inspiring to see how these events and threats have mobilized the population in both sides of the border by awakening solidarity actions and very different and creative ways of finding collaboration, in different areas of life that gives hope to an “all deserve to live” world view. Following Benjamin’s (1998) idea that “The aim of maintaining social solidarity while tolerating the tension of conflicting identifications parallels the psychoanalytic process of allowing multiple self-states to exist without one negating the other”, the inhabitants of the border look for ways to dialogue by creating bridges and de-rooting the border. The same could be said about clinical situations. Our clinical work, especially with patients with disorganized self-states, requires working to establish communication bridges between the multiple self-states, to speak the unspoken, so that the internal experience is not destabilizing and terrifying. In my presentation I will illustrate how moments of political and social tension, related to threats of border closures, threatened the treatment of a patient. Lucia, has been in treatment for quite some time and her early development with her significant objects was characterized by non-recognition and fragility in developing a well-integrated sense of herself. The “borders” between her self-states were rigid and she experienced the world in a dissociated manner. We have worked a long journey together trying to find bridges to make our “borders” more fluid. This has been an opportunity to speak about the unspoken parts of her early experiences and also about how the social climate was impacting us both. Building these bridges in order to continue working together meant a constant search for “the Third Other” (Benjamin, 1998) in the middle of threats and terror, both in our internal worlds as well as in the external world.



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5. Borders: Real and Symbolic- (*Cont'd*)

Speakers: Valentina Desiderio, PhD, Italy; Adriana Cuenca Carrara, PhD, Mexico; and Limor Kaufman, PhD, USA

Moderator: Teimuraz Keshelashvili, BSocSc, MsSc, Canada

Learning Objectives:

“Borders”: *Real and Symbolic Borders- Adriana Cuenca Carrara*

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

1. Identify and apply concepts of the theory of Recognition and its uses both in the clinical setting as well as in the social realm.
2. Understand the emotional impact of what living in the southern border of the United States and Mexico is.
3. Discuss the importance of identifying when the socio-political interfere with the subjectivities of patient and therapist.

Abstract:

Speaking About the Unspoken in Three Languages- Limor Kaufman

An Israeli – American woman Analyst and her patient, an Arab-American-Israeli man navigate three languages, (English, Hebrew and Arabic), four passports, complex individual and collective narratives and multiple checkpoints in their therapeutic journey, which is located in the analyst’s New York’s office. The clinical and the socio-political are intertwined, layering the playing field with multiple transference and counter transference configurations. There is a precious opportunity to highlight the heritage of displaced Middle Easterners in exile, enacting sibling roles, as “good Objects”. But the challenge of this treatment is to make the darker side of the violent Israeli-Palestinian conflict, the pull to enact “Bad Objects” roles vis. a vis. each other shift from the shamed and guilt ridden “unspeakable” to a shared, spoken, authentic, and deep therapeutic engagement.

Learning Objectives:

At the conclusion of this panel, attendees will:

1. Be able to describe the ways individual and collective narratives create multiple political and clinical transference and counter transference configurations.
2. Identify the varied transference-counter transference configuration (e.g. sibling, parental, enemy)
3. Explore the advantages and disadvantages of various technical stances, related to the analyst’s disclosure/nondisclosure of political positions.



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Paper/Panel Session 5

6. Caught Between Desire, Agency and Homelessness: Cultural and Clinical Sexual Abuse, Seduction and Dissociation in the Indian Clinic

Speakers: Ashis Roy, PhD, India and Neetu Sarin, PhD, India
Discussant & Moderator: Frances Dillon, LMSW, CSW, USA

Abstract:

The panel is a reflection on Indian clinical cases in psychoanalysis, focusing on the treatment of sexual abuse and psychological homelessness. In the absence of a psychic home, the two women patients discussed here carry a desire to surrender to a humane and maternal ‘other’, while simultaneously maintaining ambivalence towards the same. Along with the trauma of sexual abuse, the sub-human existence of the two women patients is contoured empathically, with a special focus on the mercurial developments in treatment. Enactments, joint hallucinations, ghostly hauntings mark the psychoanalytic journey of these patients. A cultural lens is used to examine the undercurrents of dehumanization, shame and intimacy of the sexual trauma that unwittingly plays itself in analysis.

Learning Objectives:

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

1. Analyze the non-linear, evocative and intense psychoanalytic enactments of patients with a history of sexual abuse.
2. Appreciate and discern the seductive and dissociative selves in the transference-countertransference matrix.
3. Assess the kinds of unconscious cultural and mythological factors shaping the psyche, as well as the treatment in the clinic.



Saturday, June 20th

2:45 pm – 4:15 pm

Paper/Panel Session 5

7. Therapists and Medically Assisted Procreation (MAP): Observations and Trends Emerging from Empirical Research and Clinical Vignettes

Speakers: Valeria Pulcini, MD, PhD, Italy; Ilaria Merici, PhD, Italy; and Milko Prati, PhD, Italy

Interlocutor & Moderator: Andrew Harlem, PhD, USA

Abstract:

Empirical research was carried out, aimed at understanding and measuring therapists' knowledge, opinions, aptitudes and lived experiences toward Medically Assisted Procreation (MAP) in its possible techniques such as homologous, heterologous and gestational surrogacy (surrogate mother), and also aimed at considering the ethical and deontological issues that MAP can have, linked to the topic of otherness in therapy, and also linked to the possible influence that this aspect can manifest in the therapeutic relationship. Therefore, the subjectivity, story and lived experiences of therapist and patient, and the capability of the therapist to be empathic and capable of negotiating with his or her own ethical beliefs system, play a crucial role in the progress and evolution of their path together. Particularly, in a treatment with this kind of ethical value, many things can be spoken, many left unspoken and others still denied because unspeakable even to one self, by both participants of the therapeutic dyad.

Learning Objectives:

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

1. Describe the relationship between the therapist's own way of being and his or her social and historic culture;
2. Assess how much the meaning of the clinical intersubjective moment we experience with our patient, might influence everyone's beliefs;
3. Analyze how not only the spoken, but also unspoken and unspeakable, conveyed in the implicit communication, might influence the intersubjective clinical relationship.



Saturday, June 20th

2:45 pm – 4:15 pm

Paper/Panel Session 5

8. Envy and Enactment: Relational Opportunities to Work Through the Unspeakable Fear and Shame

Speakers: Angelica Tsikli, BS, Greece; Carmine Schettini, MD, Italy;
and Marilou Kountria, MSc, Greece

Moderator: Kati Breckenridge, PhD, PsyD, USA

Abstract:

This panel is unique since it includes three presentations that discuss separately within a group as whole perspective individual, couple and group therapies' modalities. More specifically we will see how envy, fear and shame emerged through the clinical process and created a cacophony that needed to be painfully understood and artistically renegotiated. Furthermore we are to explore how intergenerational trauma and group as whole theories can abide together to offer a theoretical 'pillow' for relational psychoanalytic work. The first case is to analyze the various ways money, time, and art objectifications were linked with power dynamics in couple therapy practice. We will discuss how painful reality attacks the phantasy world of an artistic couple. Sibling and twinship transferences will be analyzed from a relational psychoanalytic frame and group as whole perspective. The second case is to analyze the painful journey of an individual therapist that violently has to quit the omnipotent superiority to relate with two vulnerable though envious female patients. The latter were interrelated with each other via intergenerational suicidality that was revealed unexpectedly in a symposium. The third case is to investigate how motherhood's ambivalence of a member in a group can become a strong informative tool for the group therapist and the rest group to understand the group as whole unity. Lost motherhoods became apparent and needed to be realized and mourned.

Learning Objectives:

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

1. Link art, money, power, twin ship and siblings' transferences with relational psychoanalytic couple therapy.
2. observe the strength of the therapeutic engagement in the Enactment (Mitchell) and how much we are exposed, as analysts, to an experience of intimacy perhaps more delicate (since generated by a mutual dissociation) than that elicited byself-disclosure in group therapy.
3. Understand Co-created enactment as an activator of the unspeakable, implicit and repressed traumatic memories in individual therapy.



Saturday, June 20th

2:45 pm – 4:15 pm

Paper/Panel Session 5

9. Unspoken Language: The Preverse, The Traumatic, and The Implicit

Speakers: Iris Lerman, MA, Israel; Maria Jose Mezzera, MA, Chile;
Paula Vera, MA, Chile; and Ilana Laor, PhD, Israel

Interlocutor & Moderator: Jeffrey Seitelman, MD, PhD, USA

Abstract:

How Words Can Act and How Acts Can Speak?- Iris Lerman

Fosshage's (2005) saying that "...Traumatically based procedures, are easily triggered and require both conscious awareness and repetitive new implicit relational experience to overcome the grips of the emotional memory." are a starting point to my lecture. My lecture focuses on the questions: "How words can act?" and "How acts can speak?" "in those difficult situations, and on the inter-relationships between the ways language perform and actions communicate to enable us not only to learn about the "unknown", but also to create something that was never there.

Learning objectives:

At the conclusion of this panel, participants will learn:

1. What is implicit relational knowledge and how it might block therapeutic change.
2. Concepts like referential processes and embodied language will be used to demonstrate the ways words act on the mind. Participants will learn how to be more effective in their use of words.
3. To analyze the multifaceted elements of the therapeutic act: the importance of prosody, surprise and the responsiveness to the moment.
4. How to apply in their therapeutic work concepts like implicit relational knowledge, now moments, declarative memory, sub symbolic processes, verbal and non verbal processes, referential processes, embodied language.



Saturday, June 20th

2:45 pm – 4:15 pm

Paper/Panel Session 5

9. Unspoken Language: The Preverse, The Traumatic, and The Implicit- (*Cont'd*)

Speakers: Iris Lerman, MA, Israel; Maria Jose Mezzera, MA, Chile;
Paula Vera, MA, Chile; and Ilana Laor, PhD, Israel

Interlocutor & Moderator: Jeffrey Seitelman, MD, PhD, USA

Abstract:

How Words Can Act and How Acts Can Speak?- Maria Jose Mezzera & Paula Vera

Perversity is not linked to a psychiatric disorder; it comes instead from cold rationality combined with an incapacity for othering. Often, we as analysts, unconsciously locate ourselves working and interacting far from the subjective reach and consequences of perversity. Relational thinking draws a border in the notions of empathic listening and mutual recognition that could give space for misunderstandings and idealizations that can allow perverse structures to unfold, unseen. Analysts can be exposed to inadvertently functioning within a perverse structure, when perversity is hidden as a relational mark of a patient. Such structures of the patient, makes contact with unrepresented areas of the analyst. In this paper we want to distinguish perversion from perversity. Through a clinical example we want to expose the clinical view of this situation. Using the notion of moral harassment introduced by Marie France Hirigoyen, we draw the clinical landscape of these theoretical developments.

Learning objectives:

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

1. Learn about the differences between perversion and perversity
2. Reflect on transference and countertransference interactions
3. Apply understanding of perversity and perversion to clinical material



Saturday, June 20th

2:45 pm – 4:15 pm

Paper/Panel Session 5

9. Unspoken Language: The Preverse, The Traumatic, and The Implicit- (*Cont'd*)

Speakers: Iris Lerman, MA, Israel; Maria Jose Mezzera, MA, Chile;
Paula Vera, MA, Chile; and Ilana Laor, PhD, Israel

Interlocutor & Moderator: Jeffrey Seitelman, MD, PhD, USA

Abstract:

From Silenced Traumatic Language to Freedom in the Relational Field- Ilana Laor

I would like to use Ella's story (A patient of mine) to explore a phenomenon that I encounter in the clinic: the way in which silenced and unspoken traumatic events can manifest through distortions in speech. Patients can sometimes speak of mundane incidents, yet the manner in which they speak of these events is what marks the influence of past trauma; as if something breaks into and from their speech. I focus on main characteristics of this "broken" speech: absence and disturbances in speech. I would also like to suggest that mutual regression (Aron & Bushara) to earlier self-states, on the one hand, and the preservation of the experience of the absurd in describing the trauma, on the other, can help the patient to cope with the traumatic zone that are, in essence, left unsayable (Bromberg, Felman, Caruth, Laub, Stern, Davies. The shared search can help us begin the work of bridging the gap (bromberg) between dissociative selves that is the characteristic of trauma.

Learning objectives:

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

1. List two characteristics of traumatic speech, that is, speech that points towards the possible presence of unspoken and silenced traumas.
2. Analyze states of mutual regression that involve early representations
3. Assess the difference between the impact of interpretation and the impact mutual regression in reaching unsayable traumas.



Saturday, June 20th

2:45 pm – 4:15 pm

Paper/Panel Session 5

10. When Unspoken Mourning Leads to Unspeakable Pain: The Clashing of Implicit Rage in the Therapeutic Journey to Ithaka

Speakers: Sevasti Gkioka, MSc, Greece; Kyriaki Mertzani, MD, Greece; and Manousia Kypraiuo, MSc, Greece

Moderator: Robin Cohen, PhD, PsyD, USA

Abstract:

This panel concerns the incidental encounter of six traumatized women trying to communicate their intrapsychic experiences within the group as a whole. The six female psychotherapists and patients disguised in the false self of “Οὐτίς/Outis (noone)”, as other Odysseus are trying to escape from their traumatic extinction. During the therapeutic process and in between projective identifications, transference and countertransference enactments, the analytic dyads will communicate the unspoken mourning, anger, loss of good and domination of persecutive objects. In the first case will be analyzed the role of the false self and seduction in the entrapment of the therapist to her own subjectivity and the avoidance of the emergence of vertigo and psychosomatic symptoms. Consequently, via the second case voice will be given to the traumatic experiences of the patient emerging in the analytic room through masochistic-sadistic enactments of interpenetration and abandonment as the only way to achieve intersubjectivity. Finally, the third case will present the blurring intervals appearing after the 4th year of the therapeutic process, as an unconscious function that contains the analyst-patient family dynamics, their common environments, agony and defense mechanisms to recognize them.

Learning objectives:

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

1. Utilize the here and now perspective as a cocreative reparative experience for the analytic dyad after accessing the repressed unspoken trauma through enactments of retraumatization.
2. Benefit from the main concentration on sexuality, conversion, seduction and recognize different perspectives in non-verbalized affliction.
3. Address to dissociative patients recognizing their defensive seduction and implicit envy as an attack to their self objects and the attachment.



Saturday, June 20th

2:45 pm – 4:15 pm

Paper/Panel Session 5

11. Relational Time: Past, Present, and Future

Speakers: Christopher Bonovitz, PhD, USA; Daniel Goldin, MFT, PsyD, USA; and Davide Belluardo, PhD, Italy

Interlocutor & Moderator: Stuart Pizer, PhD, ABPP, USA

Abstract:

Repetition & Vitality in the Temporal Movement from Fragmentation to Growth- Christopher Bonovitz

I will reconsider the notion of vitality in psychoanalysis using Loewald's concept of time to reexamine our historical understanding of vitality and how it develops; this reexamination will make room for a nuanced understanding of vitality that takes into account the preverbal and embodiment in the context of Loewald's primal density. Loewald's two opposite poles of time- fragmentation and eternity- will be discussed in developing my concept of vitality and the interconnectedness among the temporal modes of psychic activity within the interpersonal field. One area where theorists may differ is the developmental root of vitality, generating narrative explanations in those instances where vitality becomes muted, possibly replaced by deadness, and the various ways of understanding the process by which vitality is resuscitated in analysis beginning with the linking of primary and secondary process. Included in this discussion will be the idea that building the capacity for vitality means developing the capacity to 'play' in the transference such that playing in the transference requires connecting the past and the present, as well as conscious and unconscious life; If time is primarily fragmented for some patients wherein the past has been amputated from the present, time then moves glacially, disabling symbolic functioning and bringing forth a concrete mode of thinking. I will use a few experiential case vignettes that involve the audience at various points in the presentation to illustrate the process of threading the various dimensions of time, with vitality resting on the tension between eternity and fragmentation.

Learning objectives:

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

1. Describe the different theoretical conceptions of time in psychoanalysis.
2. Develop an understanding of repetition and vitality and its role in therapeutic action
3. Apply new conceptions of temporality in working in the analytic moment with their patients.



Saturday, June 20th

2:45 pm – 4:15 pm

Paper/Panel Session 5

11. Relational Time: Past, Present, and Future- (*Cont'd*)

Speakers: Christopher Bonovitz, PhD, USA; Daniel Goldin, MFT, PsyD, USA; and Davide Belluardo, PhD, Italy

Interlocutor & Moderator: Stuart Pizer, PhD, ABPP, USA

Abstract:

Remembering as a means towards the other- Daniel Goldin

Psychoanalysis has from its very beginnings concerned itself with remembering. Freud proposed that "hysterics suffer mainly from reminiscences" and argued that patients must be helped "to remember rather than to relive." This paper explores a radical relational view of remembering, in which remembering is conceptualized as similar in its intersubjective purpose to joint attention between infant and caregiver. In both cases a subjective state is augmented by an act of mutual contemplation, and in both cases the object is "used as a means to the other."

Learning objectives:

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

1. Discriminate between semantic memory and episodic memory.
2. Identify ways in which the analyst contributes to a patient's remembering process.
3. Discern the difference between the causal theory of memory and the simulation theory of memory.



Saturday, June 20th

2:45 pm – 4:15 pm

Paper/Panel Session 5

11. Relational Time: Past, Present, and Future- (*Cont'd*)

Speakers: Christopher Bonovitz, PhD, USA; Daniel Goldin, MFT, PsyD, USA; and Davide Belluardo, PhD, Italy

Interlocutor & Moderator: Stuart Pizer, PhD, ABPP, USA

Abstract:

A Secret Pact Between Saying and Acting: "If I Could Say it, I wouldn't Have to Dance It"- Davide Belluardo

In this paper I shall explore certain reflections on the relation between necessity and possibility in the therapeutic pathway. The "interpersonal strategies" learnt in the course of relations with significant others create invisible links which enable us to maintain relations between self and other; in other words, they are "conditional" for the maintenance of links. This creates a "necessity" which is hard to relate in the psychoanalytic meeting, if not, at first, in the unconscious dance played out between patient and therapist. Necessity and possibility are seen, in this paper, as words that evoke both personal experience and specific relations with the present, future and past. Necessity is seen as impotence acquired when faced by the impossibility of the future, which is lived as a tragic and inevitable destiny. Possibility is seen as that space which opens to aesthetic experience in a transformative and creative way, in a jumping of levels which also includes urgency and necessity. I therefore propose to illustrate and evoke the curious dialogue between these levels in a clinical case-study: the invitation to dance led, for a long period, to the necessity to not involve important parts of the selves of both participants in the psychoanalytic pathway.

Learning objectives:

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

1. Reflect on the emotional experience of the states of necessity and possibility that affect patient and therapist.
2. Describe different modes of emotional organization of time in relation to future prospects
3. Discuss some differences between the language of action and verbal language



Saturday, June 20th

2:45 pm – 4:15 pm

Paper/Panel Session 5

12. Ways of Being Together: A Live Supervision & Multigenerational Conversation on Dyadic Affect Regulation

Speakers: Jacqueline Gotthold, PsyD, USA; Cristina Bonnuci, PsyD, Italy; Fabia Banella, PhD, Italy; and Jenna Davino, LCSW, USA

Abstract:

The Panel “Ways of Being Together: A live supervision and multigenerational conversation on dyadic affect regulation” is an attempt to promote a multi-generational clinical conversation between Junior and Senior Relational Psychotherapists, belonging to different cultural contexts: Italy and the USA. From a relational perspective, in the psychoanalytic encounter, the implicit relational knowing between patient and therapist – that is, that form of procedural knowledge regarding how to do things with intimate others – meet to create an intersubjective field that includes reasonably accurate recognition of each person’s implicit ways of being with others (Boston Change Process Study Group, 1998). This knowing is distinct from conscious verbalizable knowledge and from the dynamic unconscious, yet has a great value in the process of change in psychoanalysis. As highlighted by Stern and colleagues “[A] vast amount of therapeutic change occurs in the realm of procedural knowledge that is not conscious, especially implicit knowledge of how to act, feel, and think when in a particular relational context” (Stern et al., 1998). By co-constructing new possibilities of interactions, patient and therapist develop together new patterns of affect regulation/dysregulation (Beebe, Lachmann, 2013), giving rise to novel, emergent possibilities for more adaptive, coherent forms of interaction. This panel has a twofold focus: highlighting the interactive affect regulatory processes that occur at an implicit and nonverbal level — in the clinical and the supervisory encounter. First, two clinical vignettes presented by Jenna Davino & Fabia Banella highlight the value of the unspoken and implicit in analytic work. Then, in a parallel process, live supervision, conducted by Jackie Gotthold and Cristina Bonucci, of each clinical presentation will elucidate and demonstrate the nonlinear co-creative process that occupies space in the supervisory realm as well as the clinical realm. The first case presentation, titled “Unspoken. Untethered: the implicit dimension in relational psychoanalysis” will be presented by Jenna Davino, a psychotherapist practicing in NYC (USA). This presentation includes clinical vignettes from the junior analyst’s work with Chloe, a highly dysregulated 26-year-old woman. Experience-near clinical material illustrates how close attention to Chloe’s — and the analyst’s own — implicit communication was a necessary component of the therapeutic process. The second clinical vignette, titled “To do and to undo: finding hope and intimacy in the analytic space” will be presented by Fabia E. Banella, Psychotherapist working in her private practice in Rome (Italy). This case will explore the encounter with Andrea, a transgender boy, and will focus on clinical moments characterized by highly dysregulated affect and feelings of loneliness and despair of Andrea. This case presentation will explore the underlying dyadic processes — embracing the spoken, the unspoken, and the unspeakable — that endeavor to nurture and protect an emerging relationship.



Saturday, June 20th

2:45 pm – 4:15 pm

Paper/Panel Session 5

12. Ways of Being Together: A Live Supervision & Multigenerational Conversation on Dyadic Affect Regulation- (*Cont'd*)

Speakers: Jacqueline Gotthold, PsyD, USA; Cristina Bonnucci, PsyD, Italy; Fabia Banella, PhD, Italy; and Jenna Davino, LCSW, USA

Abstract: - (*Cont'd*)

Each case presentation by an “Early-Career” psychoanalyst will be followed by live supervision conducted by a “Senior” Relational psychoanalyst. In addition to this generational exchange, each supervisory pair will be cross cultural (i.e. Junior analyst from USA is supervised by Senior analyst from Italy & vice versa). Each live supervision session will illustrate — in vivo for the audience — the emergent relational process between supervisor and supervisee. The audience will be witness to the spontaneous, moment to moment interactions, as the dyads develop “ways-of-being-together” across generational and cultural lines. A discussion amongst the participants, and audience, will promote a deeper understanding of the emergent, implicit, and often nonverbal processes that make up dyadic practice. We will emphasize not only our theoretical understanding of the clinical material, but also the lived, emotional experience of co-creation and regulation within the supervisory dyad. We will reflect on the impact our cultural and generational differences (and similarities) have on our understanding and experience of dyadic processes. With this twofold focus, we hope to promote continued intercultural and multigenerational dialogue.

Learning objectives:

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

1. Understand, through live supervision in vivo for the audience — the emergent relational process between supervisor and supervisee;
2. Recognize implicit communication and its central role as a necessary component of the therapeutic process.
3. Recognize pattern of affect dysregulation in therapy.