



Thursday, June 18th

2:00 pm – 3:30 pm

Paper/Panel Session 2

1. Subjectivities Beyond: Trans-Subjectivity and the Inter-Subject

Speakers: Francisco Gonzalez, MD, USA and Eyal Rozmarin, PhD, USA
Discussant & Moderator: Victor Doñas, MD, Chile

Abstract:

This panel is a sequel to two panels presented in the IARPP 2018 and 2019 conferences. The first titled “Sub-jectivity and Collective Fictions; Identity, Conformity and Resistance.” The second titled “Collective Dreams; Trans-Identifications and Liminal Belonging.”

If in the first panel we attempted to question tradi-tional formulations of what we call “subjectivity,” and in thesequel panel we addressed the notion of collec-tivity, this third proposes a way towards some potential integrations of these dual questioning: new notions of the in-between of subjectivity and collectivity. Subjectivity as threshold, the trans-subject and the inter-subject.

Abstract:

*Trans-Subjectivity, the Subject as Threshold and Point of Departure- **Eyal Rozmarin***

In his 1973 lectures on psychiatric power, Foucault speaks of the point of "synaptic contact between polit-ical power and the individual body." This paper, the third in a series developed together with Francisco Gonzalez, circles back to this point of departure: the subject as that which emerges in a point of contact, as a point of contact, and self awareness, between, the material and the social. The awareness of human exis-tence under both biological and social power has been joined since the beginning of civilization by the ques-tion of freedom: of human agency, of our capacity to resist power. This is also the question at the heart of psychoanalysis, aware and curious as it has been from its inception of the nature of this synaptic contact point. This paper takes inspiration from Foucault's formulation, and from the original impulse of psychoa-nalysis, to think through two contemporary body/social synaptic points: trans-gender, and the touch-screen. It looks at trans-gender and the touch-screen as emergent material/social thresholds, with an eye on both the danger and potential, of both new forms of submission and new spaces for resistance and trans-formation.



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1. Subjectivities Beyond: Trans-Subjectivity and the Inter-Subject-(Cont'd)

Speakers: Francisco Gonzalez, MD, USA and Eyal Rozmarin, PhD, USA

Discussant & Moderator: Victor Doñas, MD, Chile

Abstract:

Cancelling Psychoanalysis- Francisco Gonzalez

This paper continues a series of presentations with Eyal Rozmarin on the problematics of subjectivity. In previous work I emphasized “the collective of the individual” (groupal objects structured along the lines of one-to-many object relations) and “interstitial belonging” (the centrifugal forces placed on any subject by way of necessary belonging to multiple groups). Following Käes, I affirmed the inter-subject, and the idea that subjectivity arises only at the intersection of two registers of the unconscious: the so-called individual unconscious of conventional psychoanalysis which becomes legible only provisionally, only as it becomes subject to groups and their collective histories in a social unconscious. In this paper I apply these ideas to (generational) change in institutional psychoanalysis. The current (and urgent) emphasis on the social dimension in theorizing and in clinical practice, implicates and simultaneously threatens practitioners’ sense of belonging to the historical collective that is psychoanalysis. The convulsions of history demand revision (revolution?) in the structure of our institutions, in forms of practice and learning, curricula, and grounding theoretical concepts. What does this disruption mean for the transmission of psychoanalysis? Can psychoanalysis navigate the interrogation of whiteness, call-out/cancel culture, intersectionality, de-colonization — can it analyze itself at the level of the social unconscious — and remain psychoanalysis?

Learning Objectives:

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

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



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Paper/Panel Session 2

2. The Analyst's Presence in Intersubjective Relating

Speakers: Nicoletta Agostini, PhD, Italy; Alessia D'Alterio, PhD, Italy; Teresa Isabel Correa, PhD, Argentina

Interlocutor & Moderator: Mark Gerald, PhD, USA

Abstract:

What you couldn't tell yourself, and what I didn't tell you. The complex unfolding of a psychotherapeutic relationship- Nicoletta Agostini

The paper shows, through a clinical sketch and two different moments of a psychotherapeutic relationship, how what is said by the patient but not integrated into her experience or is unspoken and unspeakable is co-created and can subsequently be integrated.

The therapeutic couple specificity can provide important resources for the process of advancement through mutual recognition; this allows to overcome the enactment. The therapist's new availability to share aspects of her subjectivity at first concealed, restores emotional attunement and opens up new possibilities. The issue of the unspoken, unspeakable and the usefulness of the therapist's disclosure acquire a new light, as emerging properties of the co-created analytic field.

Learning Objectives:

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

1. Describe how what is unspeakable or not spoken changes during the psychotherapeutic process and is co-created
2. Assess the relevance of a particular sensitivity to timing of the psychotherapeutic process in using his or her own subjectivity as a tool for expanding the analytic field and overcome an impasse
3. Utilize the awareness of the therapeutic couple specificity as a powerful tool promoting emotional attunement, therapeutic alliance and a process of advancement.



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Teresa Isabel Correa, PhD, Argentina

Interlocutor & Moderator: Mark Gerald, PhD, USA

Abstract:

Thinking About Something Else While Talking- Alessia D'Alterio

Someone once told me: "my impression about psychoanalysis is... it is like if the analyst isn't there and he's thinking about something else while I am talking". The sentence hit me immediately, as I have always somehow thought the same thing. I also thought about how incredibly boring that same feeling felt for me as "that analyst". At the same time, I started wondering..."What am I doing to my life?". My work was made of patients that impacted me deeply and my life was constantly impacted by the work as well... Where this all starts and where it ends? I craved more freedom. Namely, to make mistakes as I felt anything anymore could happen otherwise. "Psychoanalytic thinking can be addictive as any other activity, as any activity, can come to serve a function of protecting against unbearable emotional pain and my need was to forget some of it" I read by Atwood with great relief. Was I feeling better than as I felt so caged? And how was psychoanalysis doing overall? Despite years of studies and research on non-verbal affective regulation (Beebe) and the meaning of a body-based approach that teaches us a lot about unpredictability and improvisation (Knoblauch), the way we as analyst enter our office is still full of worry, deriving mostly from a difficulty given by the need to cover a forcedly therapeutic role. We are frightened of our human fallible component and how it plays an unmanageable function in our profession. Yet it is something to treasure, observe and protect without an excessive need to capture it in a general schema to repeat. The similarity of the analytic scenario with improvisation in acting immediately came to mind and a lot about it has already present in psychoanalytic literature (Nebbiosi): more specifically in terms of mirroring, as it is something that happens also beyond our will to handle a circumstance in a specific way. So, how can we reclaim our humanity and authenticity responding to the challenges deriving from our new and more recent understanding of psychoanalysis? The use of silence and the ability to deconstruct themes that are offered in the stance of the implicit come here to save us this time, instead of just our patients, to give more space to collect ourselves and take a breathe to be present in a more genuine way instead of climbing thoughts. An old question was: what can be considered as psychoanalysis and what cannot? The new version of this question than would be what can be considered psychoanalysis in the next century? If we can be faithful to history anyway, the answer would be "a meeting of mind". That is two people trying to make sense of what's going on, or being there with their unfillable and precious differences but the same humanity and fallibility. A recognition here that cures both participants.



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Interlocutor & Moderator: Mark Gerald, PhD, USA

Learning Objectives:

Thinking About Something Else While Talking- Alessia D'Alterio (Cont'd)

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

1. Exercise the ability to be in the present moment
2. Observe a difference between implicit and explicit therapeutic action
3. Analyze the experience of psychoanalysis in the deepest personal meanings

Abstract:

Parental presence/Analyst's Presence; Creating ways of being present- Teresa Isabel Correa

This work exposes one part of the conclusions from a conceptual investigation about the parental presence in the relational and intersubjective psychoanalysis's perspective. It corresponds to a master's thesis in psychoanalysis. The relevance of this research extends from the optimal presence mother-son, father-son, to the dyad analyst-patient. From the parental physical presence consisting of "being there", "next to", it is possible to start the emergence or not of an experiential encounter between two subjectivities in relation that connect and can share moods in a constant discovery of the other. The intersubjectivity concepts of Stolorow, Atwood, Stern and Benjamin enrich the notion of presenceness. Intersubjectively, the possible appearance of an emotional parental presence of a responsive, authentic nature and of deep connection between parents and children, not only from the presence, but from an accessible, available and sensitive presence modality capable of responding to changing needs of children. The concept of parental/maternal/paternal presence, accounts in this intersubjective field, of presences, absences, connections and decomposes, of that other that contains a self, record of ruptures and discontinuities in the relationship. While parents are carriers of intersubjectivity and representations of presences / absences of their own parents, they exhibit their impact on the exchange with their children. The relationship's contents that are generated will be the mental states that, according to Stern, can be read, interpreted, aligned, or intoned. The proposal that this time arises, is to think how the presence that is contained in the intersubjective relationship between parents and children, can be transported to the clinical encounter, allowing to optimize the co-created content, based on the relational patterns of each protagonist of the analytical scenario and of the "new" built by the interaction. From the referenced clinic, vignettes will be exposed that review the communication, mutuality and tuning between analyst and patient, beyond the transfer. The existing modality of the analyst's presenceness will be enhanced, as long as "being there" facilitates a relational exchange that allows to sing from an emotional connection, where the implicit that



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Teresa Isabel Correa, PhD, Argentina

Interlocutor & Moderator: Mark Gerald, PhD, USA

Abstract:

Parental presence/Analyst's Presence; Creating ways of being present- Teresa Isabel Correa (Cont'd)

is generated in the meeting of looks, procedural actions and playful encounter, and allows the person being analyzed to look at the therapist's face and feel that it exists in his mind and in continuity until the next session. The opening to the possibility of experiencing transfers and innovative creations in a limited space and time, will draw built presences, absences with a taste of voids, shared pleasure spaces, mediated with sounds, looks and verbalizations co-built in the uniqueness and intimacy of the bond patient-analyst. The creative proposal of an analytical encounter constitutes a propitious ground to create ways of being present for both analyst and patient, which allows healing of relational absences.

Learning Objectives:

At the conclusion of this panel, attendees will:

1. Learn about the concept of “parental presence” from the relational psychoanalysis and intersubjective orientation
2. Be able to describe and apply the concept to the patient-analyst dyad in clinical practice, evaluating its scopes and benefits for the therapeutic alliance and the modification of the relational patterns exposed
3. Analyze the content of the relationship that emerged in the exchange between patient and analyst, as emerging from the co-created presence.



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Paper/Panel Session 2

3. Mind-Brain-Bodies in Treatment

Speakers: Steven Tublin, PhD, USA; Clara Mucci, PhD, Italy;
and Andrew Ntsowe, MD, MSc, Australia

Interlocutor & Moderator: Judith Pickles, PhD, PsyD, USA

Abstract:

Somatic Experience (SE) and Psychoanalytic Technique: The Not So Much Talking Cure- Steven Tublin
The Somatic Experience (SE) paradigm is one of a family of rapidly growing therapy approaches that place bodily sensations at the center of phenomenology and offer paths to rapid emotional change and symptom relief. Based upon a model organized around adaptations to threat and safety, SE technique varies considerably from accepted psychoanalytic practice. Utilizing clinical examples demonstrating a hybrid of psychoanalytic and SE approaches, this presentation will describe the active steps the SE clinician takes to address anxiety and dissociation and the surprising results observed.

Learning Objectives:

At the conclusion of this panel, attendees will:

1. Gain some familiarity with the nature of Somatic Experience interventions to address distress and dissociation.
2. Grasp features of the underlying body-oriented theory that drives these interventions.
3. See the precise decision points that distinguish psychoanalytic and Somatic Experience technical choices.



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3. Mind-Brain-Bodies in Treatment

Speakers: Steven Tublin, PhD, USA; Clara Mucci, PhD, Italy; and
Andrew Ntsowe, MD, MSc, Australia
Interlocutor & Moderator: Judith Pickles, PhD, PsyD, USA

Abstract:

Embodied Witnessing with borderline bodies- Clara Mucci

How do we use the mind-body-brain system in therapy with so called difficult patients? ? What are the bases for a functional diagnosis in the relational encounter with borderline personality disorders? How do the two bodies meet in the relational encounter and what elements have to be taken into account? Are the symptoms the major mechanisms of the communication between the two? are the dreams and the enactments of the two person field the major working process to analyze? How do we use the knowledge and the wisdom of the right brain processes in the course of therapy? The nonverbal, subsymbolic elements of two cases of borderline disorders (one a borderline proper and the second a narcissistic of the borderline level of severity) will be analyzed explaining what I mean with the practice of "embodied witnessing" (mucci 2018): a relational practice aimed at re-living and releasing in the present the traumatic affects attached to trauma of human agency, mostly shame and guilt on the side of the part identified with a victim, and the rage and anger and violence attached to the part identified with the persecutor. Both parts are enacted in the sessions and within one's body or one's close relationships and area linked to dissociated aspects of oneself.

Learning Objectives:

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

1. Analyze and assess the three levels of traumatizations of human agency with the neurobiological and somatic aspects that are at work in destructive ways in the so called difficult patients;
2. Use intersubjective practices of enactments and ways of listening to one's own somatic and subsymbolic responses in the complex and affect ridden setting of the therapy with the borderline patient (including some ways of using dreams even when they don't seem to be interpretable in a symbolic or metaphoric ways but are mere forms of retraumatizations and recurring nightmares or are "evacuatory" dreams):
3. Describe and apply what the concept of witnessing and witnessing through one's own and the other's body means, in order to provide the kind of acceptance and empathic response that highly traumatized patient require and need in order to heal.



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3. Mind-Brain-Bodies in Treatment

Speakers: Steven Tublin, PhD, USA; Clara Mucci, PhD, Italy; and Andrew Ntsowe, MD, MSc, Australia

Interlocutor & Moderator: Judith Pickles, PhD, PsyD, USA

Abstract:

The Neurosomatic Manifestation of Unspoken Trauma- Andrew Ntsowe

The brain develops together with the body in the embryonic stage of human development in utero. Later on, the mind becomes part of this complex to form a seamlessly connected system. This System often gets traumatized simultaneously so that clinical manifestations of trauma are propagated through body and mind language facilitated by the brain. Human experience is embodied from embryonic stages, and so is traumatic experience. However, trauma that occurs preverbally before language is fully developed becomes encoded as bodily experience without a verbal narrative; hence psychosomatic manifestations in the form of body symptoms such as conversion reactions, somatic symptom problems, pain disorders etc. The recognition of this notion Should take into account the role of somatic relational dynamics in therapy such a somatic transference and counter transference all of which carry the message of trauma. Although such experiences are not verbally available to our patients' consciousness in therapy the story of their trauma can be tracked through bodily manifestations. The body is capable of presenting unspoken and in some cases even unknown or forgotten trauma. This paper aims to demonstrate the importance of using the body as a tool or route to the unconscious in psychotherapy as well as recognizing the link between verbally spoken language and physical language. The paper emphasizes the role of the Internal homeostasis as coined by the seamless connection between the body, brain and mind, and cautions therapists that therapeutic work is more than about mind healing but includes body healing as well.

Learning Objectives:

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

1. Understand the seamless link between the brain, body and mind and its utility in psychotherapy.
2. Recognize the role of unspoken relational dynamics and their relevance in communicating trauma.
3. Understand the relevance of recognizing the body and the somatic unconscious in therapy.



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Paper/Panel Session 2

4. From the Inside Out: Three Approaches to Embodied Treatment with Children and Adolescents

Speakers: Seth Aronson, PsyD, USA; Susan Goodman, LCSW, USA; and
Francesca Schwartz, PhD, USA

Moderator: Ellyn Freedman, MSW, PsyD, USA

Abstract:

From the early days of Freud, analysts learned that the body speaks, but may not have known how to befriend it. “If his lips are silent, he chatters with his fingertips, betrayal oozes out of him at every pore”. (Freud, Dora, p.78). We now have an extensive literature on treatment strategies used for addressing traumatic memories alive in the body, principles shared by (Ogden, 2006; Levine, 1997; Solomon and Siegel, 2003; and Shore, 2003). The embodied parallel is most prominent when working with young children, seeing through a developmental lens; how feeling starts in the body and travels up to the brain where language is stored and processed. A preschool aged child may not yet know words to express his or her affect. But the child can feel “butterflies in the stomach” when scared or nervous. Ultimately, of course, enactments provide a rich source of information regarding such embodiments and when addressed as relational events, can be transformative.

This panel will move up the developmental ladder, describing treatments with children and adolescents. The first panelist will describe his work with enactments, starting with an incident where his young adult patient transmits his feelings in a literal sense by vomiting in the office. The next panelist will discuss the analytic process in which she and her patient created a bridge for dissociated self-states where dreams became the portal to speech for a 16-year-old boy whose body was in a state of hibernation after his brother jumped out a window. The last panelist will present work with an 11-year-old boy, raised in an extreme and repressive environment, who suffered with terrifying reoccurring nightmares. The last presenter will describe techniques used and consider the effectiveness of weaving psychoanalytic/developmental model with a somatic understanding of the synergistic relationship between mind and body.

These panelists will show, in their different approaches how they helped each patient move towards developing a more authentic self. As Winnicott noted: “Feeling real is more than existing: it is finding a way to exist as oneself, and to have a self into which to retreat for relaxation.” (1967) “Mirror-Role of Mother and Family in Child Development,” (p. 117).



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**4. From the Inside Out:
Three Approaches to Embodied Treatment with Children and Adolescents-
(Cont'd)**

Speakers: Seth Aronson, PsyD, USA; Susan Goodman, LCSW, USA; and
Francesca Schwartz, PhD, USA

Moderator: Ellyn Freedman, MSW, PsyD, USA

Learning Objectives:

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

1. Describe the principles of Somatic Experiencing, biopsychological model for treating trauma, and see how these techniques can be woven into a psychoanalytic treatment.
2. Assess the effectiveness of different psychoanalytic paradigms (Winnicottian, Relational) for reoccurring repetitive nightmares; looking at holding and containing techniques for dissociation and dysregulation.
3. Analyze different forms of enactment and assess how to bring about generative states rather than repetitive, dysregulated patterns of response.



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Paper/Panel Session 2

5. Therapeutic Change: Creative Relational Interventions

Speakers: Peter McKay, BA, Grad Dip Som Psych, Australia; Giancarlo Dimaggio, MD, Italy; Giuseppe Magistrale, PsyD, Italy; and Carol Mayhew, PhD, PsyD, USA

Moderator: Jane Jordan, PsyD, USA

Abstract:

A painful somatic cry from within, that beckons the unanswered cries outside- Peter McKay

The life of G has been burdened by an inability to ask for relief when in pain, the thought of being let down is just too much. For G, it is much better to suffer in silence, than to risk rejection, to be heard but then ignored. In this presentation I will invite you to witness part of the voyage (I use this word purposefully as it has been like we have been sailing in rough seas), of G (a mid-40s, professional woman) and I, as we dare to listen to the spoken, unspoken and the unspeakable as we lift the lid on a Pandora's box in which the lid was so tightly bound shut that the insides had to force their way out in a physically gnarly manner in order to make themselves heard...and that was only the beginning.

Learning objectives:

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

1. Identify the elements of a developmental trauma
2. List the resource layers of the Comprehensive Resource Model
3. Link somatic manifestations with traumatic experiences

Abstract:

Gaining relational closeness through in-session and in-between-sessions experiential change- Giancarlo Dimaggio & Giuseppe Magistrale

In this paper, we argue that action can enhance reflective awareness and at the same time be a driver of change. Clinicians first include in their formulation the action patterns enacted in the therapeutic relationship; they then invite clients to consider breaking such patterns and exploring new forms of relations in everyday life, what Mitchell (2001) named "getting down to business". This driver of therapeutic change is consistent with phenomenology, contemporary cognitive science and enactivist theories of mind, who argue that cognition arises when the organism interacts with its environment (Noe, 2009). One purpose of these experiments is helping patients explore their inner experience while trying to act consistently with new insights emerged during the therapy relationship. We then explore how, after these experiments, the therapy exchange may become richer and how the therapist and patient can feel closer and more attuned. We will illustrate these ideas through the story of the



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5. Therapeutic Change: Creative Relational Interventions- (*Cont'd*)

Speakers: Peter McKay, BA, Grad Dip Som Psych, Australia; Giancarlo Dimaggio, MD, Italy; Giuseppe Magistrale, PsyD, Italy; and Carol Mayhew, PhD, PsyD, USA

Moderator: Jane Jordan, PsyD, USA

Abstract:

Gaining relational closeness through in-session and in-between-sessions experiential change-
Giancarlo Dimaggio & Giuseppe Magistrale (*Cont'd*)

therapy of Nick, who entered therapy harboring grandiose fantasies, he was convinced he could read his dear ones' minds so to the forecast their actions and control them. During therapy he becomes convinced he could analyze persons the same way the analyst did with him, in order to predict their behavior. This tendency backfired, as he felt bored by relationships. Later in therapy, the therapist suggested he tried to stop to analyze people to explore how he felt in situations he was no longer trying to control. This allowed Nick to recognize how his ability to predict everything served to protect him from relational uncertainty and from the fear that he could be abandoned.

Learning objectives:

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

1. Assess the practical usefulness of embodied cognition and enactive theory in reading the therapeutic process.
2. Analyze the role of action in the form of behavioral experiments based on insights that emerged during the therapeutic process
3. Evaluate the possibility of the enrichment of therapeutic exchange through in-session and in-between-sessions experiential change.



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Speakers: Peter McKay, BA, Grad Dip Som Psych, Australia; Giancarlo Dimaggio, MD, Italy; Giuseppe Magistrale, PsyD, Italy; and Carol Mayhew, PhD, PsyD, USA

Moderator: Jane Jordan, PsyD, USA

Abstract:

Visiting the Death Star: An "Airless World" - Carol Mayhew

This paper describes analytic work with a patient who lives in a world dominated by self-hatred, in which there is an insistence that happiness can only come with achievement and success, an arena in which the patient believes herself to be constantly failing. Treatment progress is impeded by a powerful enactment in which the analyst's interventions are experienced as either helplessness or criticism. A further impediment is a paucity of childhood memories, in which the dominant feature is the parents' silence in regard to her extremely distressing physical deformity. In an effort to more deeply understand how this patient's "airless world" has come about, the analyst focuses more intently on her own experience of the patient and thereby begins to be in touch with a sense of the unspeakable.

Learning objectives:

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

1. Describe at least one way an enactment can both impede and promote progress in treatment.
2. Describe at least one way the therapist's attention to her own experience can enrich the therapeutic work
3. Describe at least one possible explanation for an intractable self-hating pattern of relating to oneself



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Paper/Panel Session 2

6. The Frame and the Setting: Innovative Approaches

Speakers: Olivia Mandelbaum, PhD, USA and Karen Perlman, PhD, LP, USA

Discussant: Anthony Bass, PhD, USA

Moderator: Van DeGolia, MD, USA

Abstract:

*Companioning Kate down the aisle: Unobtrusive relational psychotherapy in hospital-based practice- **Olivia Mandelbaum***

The author and trainee explores how Robert Grossmark's(2018) theoretical frameworks of "psychoanalytic companioning" and "enactive engagement" can expand the vision of relational psychoanalysis through application to hospital-based treatment. The paper provides an alternative for patients that might otherwise fail to benefit from the structured interventions now widely offered in hospital settings, as well as from classical approaches of relational psychoanalysis. The rationale behind implementing such an approach stems from the personality-related deficits with which many patients in the hospital system present, including difficulties in symbolization and a reliance upon "acting-out" as the primary means of communicating unformulated experience. Such deficits restrict the patient's ability to benefit from the "talking cure," suggesting that the implicit aspects of the treatment relationship may be what are most curative. The paper describes the writer's work as a postdoctoral fellow with a patient who had been previously unable to benefit from both private and institutionally-based treatment. The yearlong therapy was conducted at an intensive, structured, outpatient-based program for personality disorder in a major, urban hospital. It provides an example of how Grossmark's approach can be applied to patients necessitating higher levels of care as well as by training clinicians.

Learning objectives:

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

1. Describe how Robert Grossmark's (2018) framework is both related to but also expands upon relational psychoanalytic theory
2. Define the phrases "psychoanalytic companioning" and "enactive engagement" in terms of their clinical application
3. Identify how such Grossmark's (2018) framework might be employed in a hospital-based setting



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6. The Frame and the Setting: Innovative Approaches- (*Cont'd*)

Speakers: Olivia Mandelbaum, PhD, USA and Karen Perlman, PhD, LP, USA

Discussant: Anthony Bass, PhD, USA

Moderator: Van DeGolia, MD, USA

Abstract:

Family Secret: Working Relationally with Multiple Family Members- Karen Perlman

One of the fundamental rules of psychoanalysis has been that analysts do not work individually with more than one member of a family. If you are seeing a woman whose daughter subsequently needs treatment, you find a referral; likewise, with partners or spouses, for fear of violating the boundaries of treatment. Such a restriction may have been deemed necessary in the past, as it was for issues like self-disclosure and neutrality, but times have changed. In actual practice, many relational analysts see more than one member of a family, at least at one time or another, in child and adolescent analysis, as well as in couple therapy. Yet we often don't feel we can admit or explore this, as though we are committing some sort of analytic crime. Thinking in terms of the theme of this conference, why can't we speak of this more openly? We are accustomed to the idea of working simultaneously with family members, in other modalities like family therapy, as well as in psychoanalytic couple work (Ringstrom, 2014) and integrated psychodynamic family work (Gerson, 2009). We are also comfortable seeing family members at different times in relational child and adolescent analysis (Altman, et. al. 2010) and in parent work (Novick and Novick, 2011; Jacobs and Wachs, 2002), with a focus on one patient, the child. Can we expand our relational psychoanalytic frame to include the individual treatment of multiple family members, holding space in our minds for both the individual needs of each and the needs of the couple or family as a whole? My own experience—both personal and clinical—suggests that we can, and that doing so is therapeutically very effective. In this paper, I explore the idea of “relational family psychoanalysis” in detail: the basis of the taboo against seeing multiple family members in treatment and why it may longer hold; other psychoanalytic paradigms that provide a starting point for shifting our thinking about this issue; the circumstances under which such treatment might be appropriate; and, using clinical material, some ideas about structuring and grounding such a treatment. In a “relational family psychoanalysis,” as I am conceiving it, the analyst works individually and collaboratively with multiple family members, focusing on the intrapsychic and intersubjective experiences and attempting both to understand and modify unconscious individual patterns as well as intersubjective family dynamics. Holding the necessary boundaries, and with the intimate experiential knowledge of all parties, the analyst promotes development and mutual recognition, working to loosen and reorganize the negative self-representations of each family member in order to create a more benign cycle of projective and identificatory processes overall. Working psychoanalytically with families in this way raises a number of intriguing questions: Where and what are the treatment boundaries if we extend them to include multiple family members? How do we conceive the patient(s) in such treatments? The role of the analyst? What are some of the transference and counter



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6. The Frame and the Setting: Innovative Approaches- (*Cont'd*)

Speakers: Olivia Mandelbaum, PhD, USA and Karen Perlman, PhD, LP, USA

Discussant: Anthony Bass, PhD, USA

Moderator: Van DeGolia, MD, USA

Abstract:

Family Secret: Working Relationally with Multiple Family Members- Karen Perlman (Cont'd)

transference issues, and types of enactments, that may emerge? What might be occluded in the treatment, and what are the benefits of working this way? There is a burgeoning international interest in object relational couple and family psychoanalysis (Scharff and Scharff, 2014; Scharff and Palacios, 2017); relational psychoanalysis, with its explicit focus on the intrapsychic and the interpersonal, also seems ripe for advancement in this area. As part of the conference's invitation to listen more carefully and broadly to voices within the field, can we expand our theory and practice to create a paradigm for working individually with multiple members of a family?

Learning objectives:

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

1. Describe why a restrictive attitude toward working with multiple family members developed within psychoanalytic theory, and critique the continuing rationale for such restriction.
2. Assess when and how individual treatment of multiple family members may be useful, and conceptualize such treatment.
3. Understand transference and counter-transference issues and enactments that can arise in such treatments, and describe techniques that promote developmental growth and ensure integrity of the treatment.



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2:00 pm – 3:30 pm

Paper/Panel Session 2

7. Psychic Citizenship: Linking Self, Group and Society

Speakers: Andrew Samuels, UK; Billie Pivnick, PhD, USA; and Jane Hassinger, LCSW, DCSW, USA

Abstract:

Contemporary political and economic realities have challenged psychoanalysts to expand their scope of practice beyond the consulting room into community settings in which practitioners are citizens, collaborators, and consultants. Unprecedented levels of political polarization and catastrophic anxiety can penetrate our minds in ways that threaten psychic, community, and global equilibrium. These tensions regularly emerge in our patients' stories as they struggle with what it means to be a citizen. This panel will explore the experience and expression of citizenship through a relational psychoanalytic lens in order to extend our vision of the contributions of psychoanalytic work to community practice and to unpack the concept of psychic citizenship from individual, group, and community perspectives. Individual clients deploy characteristic modes of engagement with the political world. The first paper describes a typology for citizenship, as follows: 'heroic citizens', 'citizens-as siblings', 'apathetic citizens' and 'good-enough citizens.' This typology, developed while the author was working as a political consultant in Britain and the US, stems from individual familial experiences, as well as what is supported and valorized within any given political culture at a particular time. In the second and third papers, the authors describe a web-based seminar and facilitated group experience called The Collaboratory, which helps psychoanalytic practitioners manage the shift of identities from expert to collaborating citizen when they work outside the consulting room. The authors build on Eng and Han's concept of psychic citizenship, which is re-envisioned as a self-in-community self-state through which one faces and expresses complex, intersectional identities and regulates experiences of disillusionment and hope. Davids' formulation of internal racism further contributes to an understanding of pervasive processes of othering. We argue that effective community work involves what Layton describes as a selective de-identification from hegemonic values (e.g., white supremacy, xenophobia) and re-commitment to one's sub-group identities, thus enabling participation in the social world with renewed self-agency. Overall, this panel will offer theory and appropriate practices for analysts working in community-based settings while illustrating typical emergent dynamics in groups with stories from several decades of projects and training groups. A framework for praxis that emphasizes understanding group dynamics, managing challenges related to shifting roles and settings, and working with the effects of racism, intergenerational trauma, and community crises will be presented with implications for our field's expanding domains of practice.



Thursday, June 18th

2:00 pm – 3:30 pm

Paper/Panel Session 2

7. Psychic Citizenship: Linking Self, Group and Society- (*Cont'd*)

Speakers: Andrew Samuels, UK; Billie Pivnick, PhD, USA; and
Jane Hassinger, LCSW, DCSW, USA

Learning objectives:

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

1. Describe how political topics emerge in individual analysis as well as in group and community settings.
2. Describe the benefits and challenges of applying psychoanalytic concepts to work with individuals, groups, and communities whose concerns are focused on the future as well as the past.
3. Describe and utilize the concept of psychic citizenship in their work with individuals, groups, and communities as needed.



Thursday, June 18th

2:00 pm – 3:30 pm

Paper/Panel Session 2

8. Reckoning with Heteronormativity: Redressing the Maternal/Paternal Binary and Reworking Oedipal Theory for LGBTQ Couples, Families and Single Parents

Speakers: Shelley Nathans, PhD, USA and Emily Seidel, PsyD, USA

Discussant & Moderator: Julie Leavitt, MD, USA

Abstract:

Heteronormativity has been the silent surround of psychoanalysis. Its theories of psychic development have been confined within an outdated model of family life that is out of step with current reality. To move forward, we must examine and redress some bedrock concepts of psychoanalysis. This panel will include two papers and a facilitated discussion with the audience. In the first paper, the Oedipus Complex will be divorced from its heterosexist bias and revisited to emphasize how triadic structures may be used when working with all couple and family relationships, including LGBTQ and single parent households. In the second paper, the assumptions of rigid maternal/paternal binaries and one primary maternal/infant dyad being at the heart of the family triangle will be challenged and reworked to include a new geometrical perspective that captures increasing complexity and fluidity within all families. The discussant, who has written about lesbian sexuality, queer theory and reconceptualizing the "mother", will serve as interlocutor and bring in clinical vignettes to engage the audience in a discussion about the multiplicity of familial positions.

Learning objectives:

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

1. Describe the heterosexist bias of early Oedipal theory in psychoanalysis.
2. Describe and apply a contemporary view of the Oedipal triangle to LGBTQ couple, families and single parents.
3. Describe how the psychoanalytic theories of triangular structure do not adequately represent the fluidity within queer families that by design may not have traditional parental roles.
4. Recognize how, in the absence of pre-determined, socially inscribed, and gendered parental roles, the unconscious matrix of a family's relationships may have more room to shape the patterns of relational configurations.



Thursday, June 18th

2:00 pm – 3:30 pm

Paper/Panel Session 2

9. Trauma, Abuse, and Dissociation

Speakers: Rebecca Silvia Rossi, PhD, Italy; Mattia Ferro, PhD, Italy;
Koichi Yokoi, MD, Japan; and Alejandra Plaza Espinosa, PhD, Mexico

Moderator: Gerard Webster, PhD, PsyD, Australia

Abstract:

Expanding Our Clinical Experiences: The Spoken, Unspoken, and Unspeakable in Relational Psychoanalysis and Psychotherapy- Rebecca Silvia Rossi & Mattia Ferro

Aim of this paper is to evaluate the course of the therapy with a traumatized patient, focusing on dissociation as a defense mechanism. When Mary was 18, her boyfriend died due to a car accident. Many of Mary's current problems are related to this traumatic event, that she is still facing through the course of the therapy, while she is 32. In particular, she dissociates and splits, using logical thinking more than emotions. However, our opinion is that, even if Mary had not encountered this trauma, she would have had problems feeling emotions. In fact, we believe that many of her problems can be traced back to her childhood, spent with a dysfunctional family: her older sister is affected by borderline personality disorder and eating disorders; her mother has a psychotic functioning; her father is entirely subjugated by the mother. The only way she managed to save herself was to create a life of her own, isolated from the rest of the family, made of strict rules and rationalizations, suitable more from a professional than an emotional point of view. This hypothesis could be connected to early neuroscientific discoveries, such as that the amygdala appears to be hypo-activated in people repeatedly subjected to traumatic events, leading to a deactivation of the emotional system that may be reflected in her rationalizations and emotional detachment (Sierra et al, 2006). During the first encounter, Mary told the analyst about the traumatic event connected to the death of her boyfriend. She only hinted that she has been dating someone for a few months. After approximately a month of therapy, the analyst noticed some parallels between Michael (the living boyfriend) and Sean (the dead boyfriend). The actual, ongoing, therapeutic work only started when the analyst followed her instinct, pointing out the similarities between the two: this was the therapy's turning point. Thanks to this correct hypothesis, Mary is now processing the trauma of Sean's death. Would have she done the same if she had not known Michael? How? What if the analyst had not followed her instinct? How long would have it taken before arriving to that turning point? It is almost impossible to face trauma without experience dissociation. Mary's case shows us the possible effects of a trauma in an already dissociated patient. In fact, she does not start using dissociation as her major defense mechanism following Sean's death, but much earlier. In the paper, we will also point out some of Mary's dissociative mechanism, before and after her main trauma and how she is dealing with them now. We will do so pointing out some early neuroscientific discoveries, connected with dissociation. In fact, dissociation following a trauma can be considered as an adaptive defense mechanism that allows the harmed subject to avoid the stressful stimulus mentally moving away from it and from the physical and emotional damages that this could potentially cause (D'andrea, 2013). Some scientific evidence shows how dissociative



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2:00 pm – 3:30 pm

Paper/Panel Session 2

9. Trauma, Abuse, and Dissociation- (*Cont'd*)

Speakers: Rebecca Silvia Rossi, PhD, Italy; Mattia Ferro, PhD, Italy;
Koichi Yokoi, MD, Japan; and Alejandra Plaza Espinosa, PhD, Mexico

Moderator: Gerard Webster, PhD, PsyD, Australia

Abstract:

Expanding Our Clinical Experiences: The Spoken, Unspoken, and Unspeakable in Relational Psychoanalysis and Psychotherapy- Rebecca Silvia Rossi & Mattia Ferro (Cont'd)

trauma symptomatology would also increase the risk of incurring acute or chronic stress disorders, such as PTSD (Candel, 2004). According to this, we could see some of Mary's defense mechanisms also as PTSD symptoms, such as her attempts to avoid thoughts, emotions, people or situations connected to close relationships; her emotional anesthesia, her outbursts of anger and emotional crisis. Mary is a highly functioning woman who, nevertheless, uses dissociation as a primary defense mechanism in high stress situations. Through the paper, we will highlight several uses of dissociations in Mary, before the therapy and during the course of it. We will also try to speculate future scenarios.

Learning objectives:

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

1. Analyze how a traumatic event affects an already traumatized personality.
2. Describe the important role of the analyst in the patient's re-elaboration of trauma.
3. Assess the association of trauma and dissociation going beyond clinical thinking.



Thursday, June 18th

2:00 pm – 3:30 pm

Paper/Panel Session 2

9. Trauma, Abuse, and Dissociation- (*Cont'd*)

Speakers: Rebecca Silvia Rossi, PhD, Italy; Mattia Ferro, PhD, Italy;
Koichi Yokoi, MD, Japan; and Alejandra Plaza Espinosa, PhD, Mexico

Moderator: Gerard Webster, PhD, PsyD, Australia

Abstract:

From the unspeakable pain to the spoken experience: A therapeutic process of an adult survivor of childhood sexual abuse in Japan- Koichi Yokoi

The author experienced a psychoanalytic psychotherapy of a case of adult survivor of childhood sexual abuse in Japan. The case, a woman in her 30's, came to see me, being scared, and confused by unspeakable memories. The work with her made her to put the episodes into words and then get contact with her feelings. During the process of the treatment for 18 years, the patient sometimes had to be hospitalized shortly in the ward for crisis intervention in order to protect her and the psychotherapeutic setting. The author regards the environment such as the hospital ward, medical confines or even the therapist's body activity struggling to confine the patient's body is an important part of the psychoanalytic setting. The author also considers the patient's signification of protective environmental privation rather than the crucial invasive abuse might be related to the characteristics of the Japanese culture, in which there might not be appeared the other as the third who has alterity and heteronomy in itself.

Learning objectives:

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

1. Describe the characteristic therapeutic process of an adult survivor of sexual abuse in Japan.
2. Apply the notion of environmental privation to the implication of the impact of sexual abuse.
3. Analyze the cultural differences which affect the outcome of the treatment of sexually abused patients.



Thursday, June 18th

2:00 pm – 3:30 pm

Paper/Panel Session 2

9. Trauma, Abuse, and Dissociation- (*Cont'd*)

Speakers: Rebecca Silvia Rossi, PhD, Italy; Mattia Ferro, PhD, Italy;
Koichi Yokoi, MD, Japan; and Alejandra Plaza Espinosa, PhD, Mexico

Moderator: Gerard Webster, PhD, PsyD, Australia

Abstract:

The subtle dominance- submission relation between analyst and patient in the ocean of the unspoken. Can dissociation be a risk and/or a tool? - Alejandra Plaza Espinosa

From the moment the therapist places himself in front of the analysand, he develops and interacts with the whole of his own personality but is unable to see himself in its entirety because of dissociation (Bromberg, 2006). It may thus become a relation of dominance-submission, once the therapist is the one in charge of the treatment. Nevertheless the process of dissociation can be used in our favor, taking distance from the analytic relation and observing it “from outside” to turn ourselves into the Third (Ogden, 2004) who can understand what is going on during that process. Our allies will be the possibility of surrender (Ghent, 1990) through dialogue and the negotiation of differences. A case is presented to reflect if the relationship became into domination - submission.

Learning objectives:

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

1. Analyze that the dissociation acts on the therapist and the patient all the time, so that a part of their relationship is unconscious, which can become an abuse-submission situation.
2. Reflect on the importance of self-observation in the therapist, listen to the patient and be sensitive to what unfolds in the relationship, to understand the enactments.
3. Evaluate the possibility of using dissociation as a tool to take distance and become a Third that uses dialogue with the patient and can recognize him as someone different.



Thursday, June 18th

2:00 pm – 3:30 pm

Paper/Panel Session 2

10. Migrating Desire: Unspoken Pleasures, Prohibitions, and Possibilities

Speakers: Lauren Levine, PhD, USA; Sandra Silverman, LCSW, USA; and Janine de Peyer, LCSW, USA

Interlocutor & Moderator: Susan Mendenhall, MSW, PsyD, USA

Abstract:

This panel asks how both spoken and unspoken cultural restrictions, inhibitions, and traumas rising up from the legacy of previous generations close down the possibility of feeling fully authentic and alive. We examine how the relational analytic encounter can facilitate creative growth and forward movement when sociocultural, sexual, and gender identities clash, and dissociated trauma has become embodied, deadening creativity and desire.

Learning objectives:

At the conclusion of this panel, participants will:

1. Understand the influence of cultural gender stereotypes in the co-construction of erotic transference-countertransference.
2. Be able to use the concept of imposed cultural identities to assist patients in their search for authenticity.
3. Understand the destructive potential of unmourned migration trauma on aliveness and creativity.



Thursday, June 18th

2:00 pm – 3:30 pm

Paper/Panel Session 2

11. Becoming a Self in One's Own Right

Speakers: Carolyn Schaefer, LCSW-R, USA; Joan Friedman, PhD, USA; and
Darren Haber, PsyD, MFT, USA

Interlocutor & Moderator: Celeste Birkhofer, PhD, PsyD, USA

Abstract:

Therapeutic Action of At-One-Ment- Carolyn Schaefer

This paper will highlight, from a developmental affective perspective (Demos, 2019), aspects of the therapeutic action of at-one-ment (Citaverese, 2019, Bion, 1965) in work with Victoria that seem conducive to a self that Victoria is able to hold internally as real, alive and embodied through the experience in the work of mutual identification (Aron, 1996). I propose that the experience of mutual identification and empathy create an opportunity for dramatization, recognition and being seen, aspects of which, offer the patient an experience of affective connection, at-one-ment, between therapist and patient which feels authentic and thus becomes an opportunity for internal and interpersonal growth that can be spoken.

Learning objectives:

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

1. Describe at-one-ment.
2. Identify aspects of therapeutic action of at-one-ment.
3. Utilize a developmental affective perspective conducive to therapeutic action.



Thursday, June 18th

2:00 pm – 3:30 pm

Paper/Panel Session 2

11. Becoming a Self in One's Own Right- (*Cont'd*)

Speakers: Carolyn Schaefer, LCSW-R, USA; Joan Friedman, PhD, USA; and Darren Haber, PsyD, MFT, USA

Interlocutor & Moderator: Celeste Birkhofer, PhD, PsyD, USA

Abstract:

A Twin's Dilemma: Being Noticed, Known, and Recognized- Joan Friedman

Unfortunately, most twins do not feel they have permission to express what they authentically feel about being or having a twin. Many fear that to do so would mean jeopardizing a relationship that is often valued even more highly than a marriage. Whether one's twinship is superficially compatible or outwardly combative, neither extreme can reflect the spectrum of one's authentic feelings. Every close relationship involves ambivalence, and this is especially true of twins.

Children cannot be parented by a same-age sibling; nevertheless, some twin pairs are raised this way because parents often find caring for and managing twins so understandably taxing. Unfortunately, some parents feel that the twin connection is more important than the parent-child connection and thus abdicate their parental role to the twinship. This usually results in the twins growing up excessively dependent upon and possessive of one another.

Twins who have not had ample opportunities to develop a singular sense of self will be delayed in terms of feeling as if they can manage adult life challenges such as going to college alone or living apart from one's twin. Moreover, the triadic system of mother/baby/baby organically engenders competition and comparison. Each child competes for parental love and attention while also being labeled and compared to his same age sibling.

Learning objectives:

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

1. Describe three characteristics unique to twin relationships
2. Identify distinct childhood developmental differences that impact twin maturity
3. Define three goals for the patient to help manage the twin connection



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2:00 pm – 3:30 pm

Paper/Panel Session 2

11. Becoming a Self in One's Own Right- (*Cont'd*)

Speakers: Carolyn Schaefer, LCSW-R, USA; Joan Friedman, PhD, USA; and Darren Haber, PsyD, MFT, USA

Interlocutor & Moderator: Celeste Birkhofer, PhD, PsyD, USA

Abstract:

Lost in Reflection: Addiction, accommodation, and the collapse of potential space- Darren Haber

Though not traditionally categorized as a relational analyst, I find the profoundly influential D.W. Winnicott leaning, in his later work especially, towards an increasingly relational orientation. In my paper, “Lost in Reflection: Addiction, Accommodation, and the Collapse of Potential Space,” I examine two clinically useful ideas from Winnicott’s seminal *Playing and Reality* (1971), that of transitional or potential space, and its link to the mirror-role of the environment. An early environmental failure to mirror the infant’s primitive being-there, undermines its tenderly nascent sense of presence, agency and incipient relatedness. It can also collapse its Winnicottian omnipotence, deflating its centralizing sense of self, in omnisciently demanding the infant’s attunement to caregivers. I find resonance with these metaphorical seedlings of false-self organizations, a kind of “sibling” to Brandchaft’s pathological accommodation, the latter richly expanded via Winnicott’s imagery, especially in regard to a caregiver failure to holistically recognize or see the newly arrived being, and its gradually emergent agency. Such non-reflection can lead to the traumatizing collapse of potential space, as happened analogously in an enactment with my middle-aged patient, Jean—a patient who both yearned for and feared being seen (or abandoned yet again). Jean struggled with a severe depression resulting, in part, from the toxic verbal abuse of her alcoholic husband. Yether depression, like her very existence, was seen as thing-like, to be looked at rather than into (paraphrasing Winnicott), and discarded. Her fraught compliance with her family’s unyielding demands for a rapid depression “cure” amplified my uncertainty, confusion, and concern for her, especially when she began randomly missing sessions to provide for others. I had to confront my own apparent non-presence or invisibility with the patient, finding her relational system mirrored some of my own archaic abandonments; this untangling freed me to confront her absences with playfulness and humor. Tension eased, as both of us recognized each other in a potentially reflective rather than tightly concretizing space. Thus a new environment emerged: asymmetrically expansive, rather than strictly deflating or invalidating.



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2:00 pm – 3:30 pm

Paper/Panel Session 2

11. Becoming a Self in One's Own Right- (*Cont'd*)

Speakers: Carolyn Schaefer, LCSW-R, USA; Joan Friedman, PhD, USA; and Darren Haber, PsyD, MFT, USA

Interlocutor & Moderator: Celeste Birkhofer, PhD, PsyD, USA

Learning objectives:

Lost in Reflection: Addiction, accommodation, and the collapse of potential space- Darren Haber (Cont'd)

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

1. Assess the relational overview, regarding Winnicott's mirror-role of the caregiver/environment, and the relational implications of a lack of such fundamental "seen-ness" upon the infant's own embodied presence, agency, and agentic creativity or autonomy.
2. Describe parallels between the potential space of the nursery and the consulting room.
3. List ways in which Winnicott's concepts and metaphors might help us communicate with, or better understand, patients entrapped in inflexibly compliant or false-self personality organizations and/or contexts.
4. Assess ways in which such patients' rigid affective aversions, dissociations, or accommodation to rigid systems, past and present, might provoke analysts' co-transference, or possibly lead to enactment, impasse, or entanglements.



Thursday, June 18th

2:00 pm – 3:30 pm

Paper/Panel Session 2

12. Aspects of Supervision

Speakers: Ayushi Madan, MA, India; Janna Sandmeyer, PhD, USA; and Dana Charatan, PsyD, USA

Interlocutor & Moderator: Barbara Pizer, EdD, ABPP, USA

Abstract:

*Hovering, Mooring and the In-Between: The 'Said' and 'Unsaid' in Psychoanalytic Training-
Ayushi Madan*

How to convey what is dreamed? We are familiar with this experience. Words often evade us. As psychotherapists in training, one is only too familiar with being tongue-tied in moments when dreaming is as if orchestrated in the clinical hour. For the present paper, a supervisor and supervisee assemble to form an interface, and open up a dialogue about relational processes via the 'other' presence in the clinic, thus touching upon the unsayable territory in much conventional pedagogy. Relational Psychoanalysis speaks to us as a floating dragonfly in the room, friendly, sometimes whizzing past, and yet sometimes teasingly making shorter, crisp visible movements. The "drift" could bob up and down, like the flying insect right in front of you, yet pose a challenge in being "caught". We dreamt the image of a dragonfly, as it is a symbol of change and transformation in many cultures. In this paper, we look at the internal process of a therapist's growth, in developing an intuiting relational stance. We would focus on the transitions from unsayables to sayables, in the growing process of training. How do therapists cultivate an inner ear, an inner sight, and an open palm, for these dragonflies to rest, and show themselves in the clinic? As a beginner, a therapist undergoes self-doubt, and it may seem the most natural and inevitable feeling that time will take its due course, on. Yet, in this paper, we reflect on the hiccups that release, and that remain stuck inside the therapist, at her beginnings. We would offer thoughts on – How do we carry thinkers, anecdotes, and sometimes how do the thinkers evade us leaving us in a frozen-limb position of no theory, no words, no story. Yet in other moments, an-other presence clouds the mind. Who is S/he? The supervisory other, tweaking my questions? The clinical anecdote shared in last week's seminar? A colleague's way of carrying out therapeutic interpretations? In this paper, we take a closer look at the wish to imbibe, and the challenges to developing an idiosyncratic relationality, in the process. Additionally, we will explore how this manifests and colours the writing part of the clinical process. In these murky waters of process of Psychoanalytic training we have found refuge in ideas and works of Thomas Ogden. He enables us to rediscover Psychoanalysis (Ogden, 2009) through the explorations of a third space co-created by the therapist and patient (Ogden, 1994) and through his reflections on psychoanalytic supervisory process, psychoanalytic teaching (Ogden, 2009) and psychoanalytic writing (Ogden, 2005). We explore the faculties needed to dream the other, in presence of 'thirdness' in the clinic. What are the unsayables that hover in this space, and how are



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2:00 pm – 3:30 pm

Paper/Panel Session 2

12. Aspects of Supervision- (*Cont'd*)

Speakers: Ayushi Madan, MA, India; Janna Sandmeyer, PhD, USA; and Dana Charatan, PsyD, USA

Interlocutor & Moderator: Barbara Pizer, EdD, ABPP, USA

Abstract:

Hovering, Mooring and the In-Between: The 'Said' and 'Unsaid' in Psychoanalytic Training- Ayushi Madan (Cont'd)

said words chosen in the clinic? Additionally, we will explore how the third is shaded specifically in the Indian context. The trainee therapist's relationship with a supervisor or Guru will be reflected upon in a bid to understand how the Guru is related to when dreaming is foreclosed at times, while at other times the Guru's internal presence gently nudges one to the free space of dreaming and becoming.

Learning objectives:

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

1. Understand the guru-shishya tradition (teacher-disciple) and its links with supervisor-supervisee dynamic, in the analytic space, in the Indian context.
2. Describe the analytical third-ness between the supervisor-supervisee, and the implicit aspects of pedagogies of psychoanalytic training.
3. To analyze psychoanalytical pedagogy by engaging with the challenges of developing an idiosyncratic relational stance for a trainee therapist.



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2:00 pm – 3:30 pm

Paper/Panel Session 2

12. Aspects of Supervision- (*Cont'd*)

Speakers: Ayushi Madan, MA, India; Janna Sandmeyer, PhD, USA; and Dana Charatan, PsyD, USA

Interlocutor & Moderator: Barbara Pizer, EdD, ABPP, USA

Abstract:

On the Therapeutic Action of Supervision- Janna Sandmeyer

This paper addresses the therapeutic aspects of Relational supervision from my vantage point as both supervisee and supervisor. I will draw on my experience as a supervisee in an intensive Relational supervision, in which the therapeutic impact was unanticipated but deeply meaningful both personally and professionally. I will illustrate how this experience translated into my own practice as a supervisor, and how it benefitted my supervisees. In doing so, I will explore a theory of therapeutic action within the supervisory process that centers on the relationship shared by supervisor and supervisee.

Learning objectives:

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

1. Describe the historical controversies surrounding the teach/treat dilemma in supervision.
2. List aspects of supervision that contribute to its therapeutic impact.
3. Describe how the supervisory relationship can be, in and of itself, therapeutic.



Thursday, June 18th

2:00 pm – 3:30 pm

Paper/Panel Session 2

12. Aspects of Supervision- (*Cont'd*)

Speakers: Ayushi Madan, MA, India; Janna Sandmeyer, PhD, USA; and Dana Charatan, PsyD, USA

Interlocutor & Moderator: Barbara Pizer, EdD, ABPP, USA

Abstract:

Analytic Ancestors and Idealizations: A Second Look- Dana Charatan

Entering mid-career, I am struck by the dearth of modeling I have for clinical missteps and failure, as if all analytic work comprises solely of enlightenment via enactment. Sanitized presentations of analytic work occlude the inevitable ways we all fail, leaving young clinicians believing that psychoanalysis is a mystical, magical process. I will discuss how I have been shaped by having been “raised” on my elders’ depictions of clinical psychoanalytic fairy tales, and encourage the audience to reckon with the ways our ancestors have impacted us by their tendency toward idealization and grandiosity in the literature.

Learning objectives:

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

1. Describe the ways in which clinical failures are both inevitable and can provide important data for analysts to utilize in their ongoing work.
2. Assess how shame and grandiosity create a "file drawer effect," negatively influencing the literature by avoiding exploration of clinical mistakes and failures.
3. Discuss what attendees’ own experiences of clinical failures have been and what they have learned as a result.