Thursday, June 18th **12:00 pm – 1:30 pm** **Paper/Panel Session 1**

1. Speaking the Unspeakable; Confronting Our Professional Destructiveness

Speakers: Joyce Slochower, PhD, ABPP, USA and Stephen Hartman, PhD, USA

Discussant: Sue Grand, PhD, USA
Moderator: Jamie Rodin, LCSW, PsyD, USA

Abstract:
This panel takes up the problem of intra-psychoanalytic destructiveness—its antecedents, implications for us as a field and as individuals, and on how we train our candidates. Three papers each focus on a different dimension of the problem: 1) how this kind of destructiveness has played out and is softened by a shift toward a more inclusive and less destructive psychoanalytic sensibility; 2) the impact of this dynamic on the training process; and 3) the role of psychoanalytic myths in perpetuating theoretical destructiveness. Our discussant will pull out relevant themes with the aim of opening a broad audience discussion.
Learning Objectives:

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

1. Describe the history of intra-psychoanalytic destructiveness since Freud and explain how this dynamic has changed over time.
2. Describe the effects (positive and negative) of professional competition on analytic candidates and what can be done to mitigate it.
3. Identify how psychoanalytic myths both aid and hinder the expansion of psychoanalytic idea.

Thursday, June 18th **12:00 pm – 1:30 pm** **Paper/Panel Session 1**

2. The Analyst's Experience of Love, Loss, Regret, and Gender

Speakers: Marc Rehm, PhD, USA; David Braucher, LCSW, PhD, USA; and Tarun Vohra, MA, India
Moderator: Larry Brooks, PhD, USA

Abstract:

Refusal, Regret, and Reflection- ***Marc Rehm***

While not the most egregious of errors in a practice spanning several decades, this clinical moment haunts me. I had been treating 30-year-old Kevin for two years during which time I frequently had cause to fear that he was dead. Recently arrived in New York from Ireland, where his priest abused him when he was a child and where his family's business went from thriving to barely surviving, he worked long hours and struggled to deal with past trauma. He sometimes smoked crack and disappeared for weeks at a time, reappearing to confess the shameful things he did to get the drug, and the unspeakable things he did once he had it. It was mortifying for him to tell me these things and painful for me to hear them. I worked hard to help him address all of this and Kevin's life improved a bit. But then I blew it. It was a warm spring evening when he arrived carrying two cups of ice cream, one for each of us. Oblivious to the dynamics of the moment, I became caught up in its concretes: Anticipating dinner with my family in a few hours, I saw the ice cream as interference in my routine. Instead of either thanking him or inquiring about the meaning of his gift, or explaining that I hadn't yet had dinner, I simply and flatly said, "No, thank you." Kevin dropped my cup into the trash and, as I heard the thud of its landing, I felt appalled at my refusal of his gift but was unable to summon up my therapeutic self and address the moment with him. How could I have been so unfeeling and unreflective? How did I not hear an invitation from him for something much more than a chance to eat some ice cream? Why didn't I open the moment? How could I have been so concrete? My thoughts go to Lew Aron, as they often do and to his (1996,p. 136)citing Fairbairn (1952) who wrote "the greatest need of a child is to obtain conclusive assurance (a) that he is genuinely loved as a person by his parents, (b) that his parents genuinely accept his love(p.39)." I can't fully retrieve my conscious intent in that moment, let alone gain access to my unconscious process from so long ago. But I hope that considering it as openly as I can now will help transform that haunting ghost of a moment into an ancestor (Loewald, 1960) from whom I might learn. When I was in graduate school 40 years ago I was instructed not to accept gifts from patients. Though I was not then familiar with Ricoeur's(1970) writing on "the hermeneutics of suspicion," that phrase certainly captures an essential feature of psychoanalysis, as I then understood it. So much human behavior was seen as a cover for deeper, more sinister, and almost always more aggressive and sexual, impulses.

Thursday, June 18th 12:00 pm – 1:30 pm Paper/Panel Session 1

2. The Analyst's Experience of Love, Loss, Regret, and Gender- *(Cont'd)*

Speakers: Marc Rehm, PhD, USA; David Braucher, LCSW, PhD, USA; and Tarun Vohra, India
Moderator: Larry Brooks, PhD, USA

Abstract:
Refusal, Regret, and Reflection- ***Marc Rehm (cont'd)***
An offer of ice cream was "really" a seduction or a proffer of poison. It was hardfor me, even 20 years after graduate school, to question all that. While not dismissing the possibility that Kevin may have been seducing or disguising a desire to murder me, I so wish I had could have heard him telling me that he was hungry for connection, for an opportunity to give and receive some kind of love. This paper looks at this clinical moment using the writings of Aron, Searles, Winnicott and others to better understand, and finally speak about, this regretted clinical moment.

Learning Objectives:

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

1. Describe ways in which taking is a form of giving and cite psychoanalytic theories supporting that proposition.
2. Discuss ways in which the "hermeneutics of suspicion" can both enrich our understanding of our patients and ourselves and sometimes limit our understanding our patients and ourselves.
3. Consider moments from their own clinical work that they regret and better understand how to integrate lessons from those moments into their ongoing work.

Thursday, June 18th **12:00 pm – 1:30 pm** **Paper/Panel Session 1**

2. The Analyst's Experience of Love, Loss, Regret, and Gender- *(Cont'd)*

Speakers: Marc Rehm, PhD, USA; David Braucher, LCSW, PhD, USA; and Tarun Vohra, MA, India
Moderator: Larry Brooks, PhD, USA

Abstract:
The Analyst's Loss of Self-Experience- ***David Braucher***
Sullivan conceptualized the self-system as being formed through our interpersonal interactions—ourselves are revealed to us through our interactions with the other. From this it follows that the loss of any relationship necessarily entails not only the loss of our ongoing experience of the other, but also the loss of the unique self-experience we had with that individual. Wolstein explains that every patient is unique, every analyst is unique and every dyad is unique. Given the intimacy of our relationships with our patients, what happens when a patient leaves treatment? Or more subtly, what happens when a patient makes a change in their way of being that deprives us of an accompanying self-experience to which we have grown attached? What defensive illusions do we employ to protect ourselves from being aware of these unique self-experiences of love and loss? Although this loss can be discussed in supervision, in consultation with colleagues or even written about and presented at a conference, in a deep and visceral way our self-experiences with patients remain forever in the isolation of the consulting room—unspoken.

Learning Objectives:

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

1. What is the single most important influence impacting one's self-experience according to Sullivan?
2. Describe what is meant by "analogic experience" according to Levenson.
3. List two defensive illusions analysts might employ to protect themselves from the awareness of lost unique self-experiences with patients.

Thursday, June 18th 12:00 pm – 1:30 pm Paper/Panel Session 1

2. The Analyst's Experience of Love, Loss, Regret, and Gender- *(Cont'd)*

Speakers: Marc Rehm, PhD, USA; David Braucher, LCSW, PhD, USA; and Tarun Vohra, MA, India
Moderator: Larry Brooks, PhD, USA

Abstract:

Walking the Analytic Tightrope: Reflection on the Male – Female Dyad in the Clinic – ***Tarun Vohra***

Recently, my patient ended the session saying she wants a female therapist. Then she messaged me to say that she was "okay with working" with me. In the time period between, I was anxious and guilty. I wondered whether she hates me, as I must have done something wrong. How did I shift from being rejected to being "good-enough"? In my period of training, I have been rejected due to being a male therapist. Questions like "can I have a female therapist", quickly remind me of my gender. While gender cannot be taken out of the clinic, this experience brings it to the forefront. Outside the clinic, these anxieties escalate, when I experience comments like, "you are getting a taste of what women have experienced all this while" or that the world would become gender equal if "more men were raped." In my experience as a beginning therapist, these encounters castrate and demotivate me. I receive many referrals who on knowing that I am a male, ask to be assigned to someone else. Perhaps someone who would be better equipped to understand them? In the present paper, I attempt to make this rejection think-able, situating myself as a beginning therapist, in the contemporary discourse of the #Metoo movement, in India. I think about how the male therapist relates with a female patient. With the advent of the #Metoo movement, the definitions and understanding of words like Trauma, harassment and discrimination are being rethought. How does this flux, play a part in the clinic? In this paper, I ask, what are the faculties needed in a male therapist who can listen, and relate intuitively and spontaneously? What are its implications on the boundaries which remain unspeakable, yet felt with patients? How does dreaming and linking happen in this socio-political backdrop? In my questions, and anxieties, I am helped by Dr. Adrienne Harris (2018) who deconstructs the concept of "witch hunt" and parallels the same to Freud's castration anxiety with respect to the present changing times. She invites us to take a pause in this hour of frenzy. In this work, I engage with the unsayable apprehensions of opening a dialogue regarding overstepping thresholds, which are currently, shifting and forming in the Indian social fabric. How does a male therapist work, and think in the clinical hour, in so far as castration and its anxiety loom large in the work? How does a male therapist dream and forge links with a female patient, when anxiety forecloses dreaming? As a male therapist it has become difficult to be spontaneous in a session. I stop myself in my tracks, as I am confronted by un-sayables, in the clinical hour. Will I cause a rupture? Will my spoken words constitute a failure in the analytic dyad? Will I cause her to leave? Could I be more present to the experience of the feminine as I listen? Thus, for the present paper, I look at the unspeakable transference between masculine-feminine in the clinic, as I walk the analytic tightrope, situating myself in contemporary discourse.

Thursday, June 18th 12:00 pm – 1:30 pm Paper/Panel Session 1

2. The Analyst's Experience of Love, Loss, Regret, and Gender- *(Cont'd)*

Speakers: Marc Rehm, PhD, USA; David Braucher, LCSW, PhD, USA; and Tarun Vohra, MA, India
Moderator: Larry Brooks, PhD, USA

Learning objectives:
Walking the Analytic Tightrope: Reflection on the Male – Female Dyad in the Clinic – ***Tarun Vohra***

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

1. Understand how the Metoo movement is taking shape in India
2. Analyze how the Metoo discourse impacts the clinical interaction and transference relationship
3. Apply relational psychoanalysis to make sense of the challenges of the male therapist located in present atmosphere as mentioned in the paper.

Thursday, June 18th 12:00 pm – 1:30 pm Paper/Panel Session 1

3. Autism, Difference and Disability

Speakers: Manuela Tosti, PsyD, Italy; Daniel Posner, MD, USA; and German Cheung, PsyD, USA
Moderator: Richard Inglis, MBBS, MA, Australia

Abstract:
Please, Don't Touch My Hand, Don't Speak My Name. Story of a Metamorphosis- ***Manuela Tosti***
This presentation would like to illustrate the clinical encounter with a severely disabled and physically impaired patient - a bright, warmhearted and funny young guy who seemed to be locked into the body of an old man. For several hours of this encounter the developing analytical process was filled with countless lamentations about anxiety, depression, narrations about rejection and multiple, bizarre physical complaints. This was the „spoken" content - what could be felt, told and showed to the therapist. Nothing of the spoken narrative seemed to be connected to what would later be discovered as the deeper and central topic - the „unspoken", which nevertheless showed itself clearly from the very first handshake, causing strong and nearly unbearable contratransferal feelings of shame, enormous embarrassment and deep alienation in the analyst. Those feelings had to be dissociated and emerged in form of an extended enactment, experienced by the analyst as a severe prohibition to look at the patient's body, to see what did not have to be seen, his being broken, wrong, unacceptable, unwatchable and as a strong constraint not to dare to speak about the „unspeakable"- the desperate struggle with the cruelty of his fate, his physical deformities and all sorts of limitations he had never been able to connect with and to recognize as being parts of himself. This „unspoken" but both by the analyst and the patient implicitly deeply felt material brought the analytic dyad to an inevitable and extended impasse, a mutual dissociation, a keeping silent together about an „unspeakable" secret, known both by the patient and the analyst but not yet ready to be faced and spoken. Only after being able to access her own dissociation and realizing her incapacity to fully sense and see the evident disability of her patient, ignoring it the same way his parents had done before and moreover discovering that in three years she had never called him by first name, the analyst was finally able to recognize the patient and to speak his unspoken name. This way the „unspeakable"could be experienced and repaired, and the dissociated could be integrated into the analytic space. Through self disclosure the analyst exposed her hidden and dissociated limitations and her own vulnerability, this helped the patient to speak and open up about his own fragility. The gentle insistence of warmly shaking the patient's deformed hand at the beginning and the end of every session was another way of unspoken therapeutic action, a welcoming the "unspeakable" and an embracing the dissociated, meeting the patient without having to speak.

Thursday, June 18th 12:00 pm – 1:30 pm Paper/Panel Session 1

3. Autism, Difference and Disability- *(Cont'd)*

Speakers: Manuela Tosti, PsyD, Italy; Daniel Posner, MD, USA; and German Cheung, PsyD, USA
Moderator: Richard Inglis, MBBS, MA, Australia

Learning objectives:
Please, Don't Touch My Hand, Don't Speak My Name. Story of a Metamorphosis- ***Manuela Tosti (Cont'd)***

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

1. Enrich their sensibility for "unspeakable" contents in the analytic dyad, such as enactments and mutual dissociation and could get new ideas about how to repair and solve them.
2. Reflect about the implicit effects of rituals such as handshaking and calling their patients by their first name.

Abstract:
"Moving Through and Being Moved By the Autistic Other"- Toward a Unifying Relational Framework for ASDs- ***Daniel Posner***

In this article I put autism under the "social microscope" (Beebe, 2014) of video microanalytic research to argue that by "seeing movement" (Amos, 2018) --and attending to its impact on the local level of dyadic interaction both in real and developmental time—we can create a more coherent relational framework for the autism field and a renewed relevance for relational therapies. Under the social microscope we appreciate that sustained engagement is dynamic—it unfolds in real-time, and is maintained by the exchange of dynamic vitality forms which are analogic split-second *felt* experiences of intentions-in-movement. It is via the moment-to-moment exchange of vitality forms that "the first relationship" (Stern, 1977) is co-created and maintained. The hallmarks of infant-caregiver interaction--imitation, affect attunement, primary empathy are mediatedby the dyad's capacity to move together in time—a capacity that, in typical development, is fine-tuned by countless hours of practice coordinating "routines" in infancy and, later, in everyday life, e.g. pull-to-sit, pick-me-up, I'm gonna getcha. If, as recent research indicates (Pickles, et. al, 2016), the ASD field is indeed ready to re-consider the role of parent–child interaction, I argue that it should proceed from the same assumptions about how the dance of relationships evolves in typical development while accommodating the dynamic forms of vitality and sense-making strategies peculiar to autistics. When we "see movement"—when we slow the tape down, the intention-emerging process comes into high relief. We see intentions not as static telegraphs from one isolated mind to another but as mutually

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3. Autism, Difference and Disability- *(Cont'd)*

Speakers: Manuela Tosti, PsyD, Italy; Daniel Posner, MD, USA; and German Cheung, PsyD, USA
Moderator: Richard Inglis, MBBS, MA, Australia

Abstract:
"Moving Through and Being Moved By the Autistic Other"- Toward a Unifying Relational Framework for ASDs- ***Daniel Posner (Cont'd)***
co-ordinated ways of doing things together. Relational approaches to ASD consider the contribution of both partners: the danger of a disrupted dance of relationship is that the child and/or the caregiver will get stuck in complementarities (Aron, 2006) of one sort or another. An embodied relational approach takes the view that this is remediable at the level of implicit relational learning—and that effective therapies would have to support each member of the dyad's capacity for "moving through and being moved by the other." (BCPSG, 2018)

Learning objectives:

At the conclusion of this panel, participants will appreciate/discuss:

1. Autism as a disturbance in the implicit realm of "interpersonal sympathy" (Muratori, 2007) rather than cognitive empathy.
2. The role of dynamic vitality forms in autism pathogenesis--and treatment.
3. Clinical applications to treatment of older children, e.g. applying a "movement perspective" to Life, Animated by Ron Suskind.

Thursday, June 18th **12:00 pm – 1:30 pm** **Paper/Panel Session 1**

3. Autism, Difference and Disability- *(Cont'd)*

Speakers: Manuela Tosti, PsyD, Italy; Daniel Posner, MD, USA; and German Cheung, PsyD, USA
Moderator: Richard Inglis, MBBS, MA, Australia

Abstract:
From Preoccupation of Dates to Fascinate with Roast Duck: How the Sensory Skin and the Therapeutic Frame Revived a Severely Autistic Teen in Relational Treatment- ***German Cheung***
This paper details a 9-year-long therapeutic work with a severely Autistic teen in a community mental health clinic, where the repetitive verbal responses - and the voice, pitch, word sequence embedded in the responses - to the teen's preoccupation with dates gradually formed a non-verbal and yet stabilizing and enlivening "sensory skin" — to expand on Esther Bick's idea of "second skin" — for this teenager who struggled mightily from a lack of internal continuity and cohesion on a moment-by-moment basis. This author will also discuss how ruptures in the therapeutic frame, and thus its holding function as proposed by Winnicott, highlighted the cruciality of the "sensory skin" for this teen's establishment of a sense of internal continuity as well as affect regulation. Lastly this author will explore and translate his countertransferences and reverie into palpable words to further understand this teenager's unspoken and unspeakable yearnings for growth throughout the course of treatment, from the beginning of self-other distinction, curiosity to his surroundings, acknowledgement of the subjective presence of his therapist, and later fascination with his therapist's vacation with a heart-warming, projected indulgence on roast duck and chow mein in the therapist's homeland.

Learning objectives:

At the conclusion of this panel, attendees will:

1. Learn at least one key element from Esther Bick's concept of "second skin" and D. W. Winnicott's idea on holding in treating individuals who are on the Autistic spectrum.
2. Describe how self-other distinction, curiosity to surroundings, and projective capacity were developed through the use of the consistent sensory skin and therapeutic frame as sustained by the therapist.
3. Learn how the analyses of the therapist's countertransference and reverie responded to the Autistic patient's unspoken and unspeakable yearnings in his developmental trajectory.

Thursday, June 18th 12:00 pm – 1:30 pm Paper/Panel Session 1

4. The Tango of Eros and Thanatos on the Relational Dancefloor

Speakers: Faidra Grammenou, PgDip, MSc, Greece; Matina Kaidantzi, PgDip, Greece; and Kostas Mathioudis, MA, Greece
Discussant and Moderator: Deborah Dowd, LICSW, USA

Abstract:
Tango is a widespread partner dance, which combines multicultural influences around South America, Africa and Europe. It was invented in the 1880s from Rio de la Plata. Two styles are mostly danced, such as the open hold, where the lead and follow have short gap between their bodies and the close hold, where the lead and follow interact either chest-to-chest (Argentine style tango) or in the higher thigh, hip zone (American and International style tango). Similarly, in relational psychotherapy, the therapist and the patient connect in multiple ways. The therapist invites the patient to join a tet-a-tet dance. The patient responds to the "therapeutic tango" either through language or silence, through gaps or closeness. The relational dancefloor fills with enactments, defences, ruptures separations and losses. However, performance is a never-ending (e)motion. In the current panel, three therapists share three different styles of tango based on their personalities, experiences and clinical skills. Three different clinical case illustrations swinging from love to death, reveal unspoken existential issues, buried secrets, and impermissible wishes. The moves between Eros and Thanatos interconnect their therapeutic diversity. At points, the pairs come up against frustration, fear, disconnection, sorrow and distance. However, quitting dancing is not a desired option. Passion and energy diminish for a while, but soon enough are reignited. Both partners realize that the clinical work requires two persons in order to reach insight and growth. Eros and Thanatos swap all the time, and contribute to the relational motto that "it takes two to tango".

Learning objectives:

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

1. Discuss about the swap between Eros and Thanatos in the dance of relational psychotherapy.
2. Understand the way in which different styles of therapeutic tango can enhance ones understanding of the dynamic, one's clinical skills and the ability to tailor their approach to match the patients unique needs.
3. Analyze the difficulties encountered by both patient and analyst when swinging between permissible and impermissible in relational psychoanalysis.

Thursday, June 18th **12:00 pm – 1:30 pm** **Paper/Panel Session 1**

5. Varieties of Play and Playfulness in the Clinical Setting

Speakers: Giselle Gos, PhD, Dip TIRP, RP, Canada; Sean Meggeson, MA, RP, Canada; Judi Kobrick, PhD, Canada; and Sam Guzzardi, LCSW, USA
Moderator: Sona DeLurgio, PsyD, LMFT, USA

Abstract:
May the Force be with Us: Using Superheroes in Relational Psychotherapy- ***Giselli Gos & Sean Meggeson***
In the last two decades, a preponderance of superheroes and villains has only grown stronger as a cultural force. This mainstreaming of what used to be a niche or sub-culture phenomenon has had an impact on psychotherapy, where geek culture has become established as a fully formed clinical structure for psychotherapy. This paper will discuss the nature and clinical application of superheroes within adult individual relational psychotherapy, with a specific emphasis on the effectiveness of the figure of the hero as a resource when language fails. The first part of the paper will ground superhero/geek therapy in the theoretical context of relational psychotherapy through key relational concepts, including self-objects (Kohut), a way to find and discuss a Third (Benjamin), play and transitional objects (Winnicott), as well as building the therapeutic alliance. Consideration will also be given to the position of parasocial relationships in relational work, including how they can unconsciously symbolize relationality and model intersubjectivity as a lived phenomenological experience. The second part of the paper puts the theory into practice via analysis of two adult case studies from the authors' clinical practices.

Learning objectives:

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

1. Describe how geek culture and superheroes have been used in other modalities and the clinical applications to relational psychotherapy.
2. Use relational theory and theory of parasocial relationships to understand the significance of a client's relationship to a fictional hero.
3. Envision ways of engaging the client's interest in a hero figure to facilitate client self-understanding, growth, and healing, as well as supporting the therapeutic alliance.

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5. Varieties of Play and Playfulness in the Clinical Setting- *(Cont'd)*

Speakers: Giselle Gos, PhD, Dip. TIRP, RP, Canada; Sean Meggeson, MA, RP, Canada; Judi Kobrick, PhD, Canada; and Sam Guzzardi, LCSW, USA
Moderator: Sona DeLurgio, PsyD, LMFT, USA

Abstract:
The Juggler and the Unicyclist: The Performance of the Spoken, Unspoken and Unspeakable- ***Judi Kobrick***
Ferro (1999,2009) highlighted the narrative journey and engagement shared by the analytic dyad as it unfolds and evokes emotional transformation and alleviates psychic suffering. The places visited and the language spoken invite the analyst to enter the interiors of self, other and self with other. What happens when the analysand enacts a performance, awaits applause and recognition and sequesters trauma to the depths of the unspoken and unspeakable? The words that have the capacity to liberate, empower, imagine and heal can potentially create a protective barrier from the cruelty and loss that renders suffering mute. My musings led to the evocative images of two patients jostling in their analytic treatment for recognition and searching to come alive. I queried … what was the link between them when considering writing about "the spoken, unspoken and unspeakable". Brian "the juggler" and Herman "the unicyclist" had backgrounds in performance art and both had been obsessional collectors of objects that memorialized their youth. Those very tangible objects as well as their performances encompassed and barricaded their pain and suffering giving them distance from living and touching what was dangerous and precarious. The memorabilia filled a void that could not be expressed in words and was emblematic of a sense of being incomplete. Their performances were engaging and masked the strain of relating and dissociative states, including my own. The threads of unconscious communication between the perceived world, self-created world and co-created world were embalmed in objects that held dissociative states and affects.

Learning objectives:

At the conclusion of this panel, participants will gain:

1. Knowledge of relational psychoanalysis and its application to clinical material.
2. Knowledge of the clinical implications of complex facets of dissociation and enactment in the relational matrix.
3. An understanding and the contribution of the spoken, unspoken and unspeakable both by the analysand and analyst in the analytic encounter.

Thursday, June 18th **12:00 pm – 1:30 pm** **Paper/Panel Session 1**

5. Varieties of Play and Playfulness in the Clinical Setting- *(Cont'd)*

Speakers: Giselle Gos, PhD, Dip. TIRP, RP, Canada; Sean Meggeson, MA, RP, Canada; Judi Kobrick, PhD, Canada; and Sam Guzzardi, LCSW, USA
Moderator: Sona DeLurgio, PsyD, LMFT, USA

Abstract:
Nicki, Nicholas, Nicole: Play as Relational Therapeutic Action on the Transgender Edge- ***Sam Guzzardi***
In alignment with the theme of the 2020 IARP Conference, this paper will describe one driver of psychoanalytic therapeutic action that goes beyond the traditional "talking cure": play. Following a reading of Winnicott's definition of play that conceptualizes play as a fundamentally intersubjective phenomenon, this paper links the therapeutic potential of play with adult patients to its relationality. It will be argued that in this model of play, where two distinct subjects play together, each brining independent histories and psychic structures to an interpersonal engagement, possibilities for relational therapeutic action expand. In addition to questions of play and therapeutic action, this paper also addresses the expanding understanding of gender within the psychoanalytic community, paying particular attention to Hansbury's (2017) work on the "transgender edge." Through the close examination of verbatim process material, the utility of play in making psychoanalytic meaning of softly assembled gender states—both with regard to masculinity and femininity as well as with regard to cisness and transness—will be explored.

Learning objectives:

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

1. Explicate the ways in which adult psychoanalytic play may be conceptualized as an intersubjective phenomenon, and make links between this conceptualization and play'sutility as a driver of relational therapeutic action.
2. Define the term "transgender edge"; describe the ways in which adult psychoanalytic play may be an intervention with specific utility for patients whose gender experience may be described as existing on the transgender edge.
3. Contrast between, one the one hand, gender as polarly constructed around the masculine and feminine and cisness and transness, and, on the other hand, gender as softly assembled with constructions of masculine, feminine, cisness, and transness fluidly co-ocurring.

Thursday, June 18th **12:00 pm – 1:30 pm** **Paper/Panel Session 1**

6. From Meaningless Words to Meaningful Actions: Sleeping, Stitching, and Packing Heat

Speakers: Hilary Offman, MD, FRCPC, Canada; Matt Aibel, LCSW-R, USA; and Laura D'Angelo, MDiv, LP, USA
Moderator: D. Bradley Jones, PsyD, LCSW, USA

Abstract:
Relational psychoanalysis encourages us to challenge traditional approaches to the "talking cure," emphasizing dialectical relationships between patient and analyst, between restraint and responsiveness (Hoffman, 1998; Slochower, 2017), between what we should or shouldn't say. Our theories grant us wide leeway in how we choose to engage with our patients—but when nothing meaningful is being said in a treatment, how might we best use this freedom? This panel explores three different approaches to the question of how to decide what can or can't be spoken when, despite our best efforts, authentic human discourse remains absent from a therapeutic relationship (Bromberg, 2012). One pathway closes down, giving way to a countertransferential sleepiness; another opens wide, well beyond the traditional frame; a third pathway grinds into gridlock and is cleared by a surprising revelation and spontaneous play. All three give consideration to the ways different therapeutic strategies generate different opportunities to language-unarticulated experience (Stern, 2013).

Learning objectives:

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

1. Describe 3 reasons an analyst may feel unable to speak meaningfully to her patient.
2. Assess advantages and limitations of a receptive, enactive clinical strategy as opposed to a more traditional explicit articulation of transference/countertransference dynamics.
3. Understand how to responsibly consider and implement a radical frame departure.

Thursday, June 18th 12:00 pm – 1:30 pm Paper/Panel Session 1

7. Immigration and Asylum: The Ethical Response

Speakers: Margy Sperry, PsyD, USA and Paula Rampulla, PhD, USA

Interlocutor & Moderator: Bettina von Lieres, MA, DPhil, Canada

Abstract:
Unspeakable Horror and Restorative Shame: Reflections from the Mexico-US Border- ***Margy Sperry***
In this paper,I draw upon my experience of conducting interviews of displaced persons seeking asylum and residency in the United States. I will describe a particular form of shame that involves seeing ourselves through the experience of an "other." I will differentiate this type of shame from the more toxic, debilitating forms of shame that we often see in our consulting rooms.Sue Grand (2018) suggests that this form of shame "encodes the voice of this other" and thus "can be a call to conscience, an awakening to social pathologies" (p. 86). I add to this description the notion that restorative shame also preserves our awareness of our human interdependence and intersubjective vulnerability, even as it calls us to respond in ways that support dignity in the other person. I illustrate specific ways that Relational psychoanalytic theory is especially well-suited to this type of advocacy work, including how it can support us in the evaluation process of undocumented migrants, and how it enables us to help these migrants to speak the unspeakable. I conclude that shame can function in a restorative way, especially when coupled with ethical response-ability, and can propel us towards restorative justice (Casey and Watkins, 2014).

Learning objectives:

At the conclusion of this panel, participants will:

1. Be able to distinguish restorative shame from the more toxic forms of shame that we are accustomed to working with in clinical practice.
2. Understand the link between restorative shame and restorative justice.
3. Understand how relational psychoanalytic theory can be used in asylum psycho-social interviews.

Thursday, June 18th **12:00 pm – 1:30 pm** **Paper/Panel Session 1**

7. Immigration and Asylum: The Ethical Response- *(Cont'd)*

Speakers: Margy Sperry, PsyD, USA and Paula Rampulla, PhD, USA

Interlocutor & Moderator: Bettina von Lieres, MA, DPhil, Canada

Abstract:
"Traumatic separations and reunions: Stories of immigrant children" Challenges and opportunities of psychotherapy in a community setting- ***Paula Rampulla***
The purpose of this paper is to share with the relational psychoanalytical colleagues my clinical experience working as a bilingual counselor for the Latino community in a Mental Health Center. I serve patients from all ages (children, adolescents and adults). The majority of them have suffered complex trauma (for example: they have been victims of domestic violence, physical assault, gang persecution, kidnapping, bullying among other tragedies). I present clinical material from two different families that have a similar history of separation and reunion. Stories of two children, a 10 years old girl and a 13 years old boy, who for different reasons had lived in their countries of origin separated from their mother and father respectively for over 7 years. In both cases, the parent had immigrated to the United States. They now reunite after years apart. Finally, I'd like to bring the discussion of what is our role as a relational psychoanalytical therapist in a community mental health center. What are the challenges we face, the difficulties we encounter but also the large opportunities we discover in our consulting room.

Learning objectives:

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

1. Analyze the role that a relational psychoanalytical psychotherapist can have in a community counseling center.
2. Describe the challenges that this role brings to the clinical work from a relational psychoanalytical point of view.
3. Recognize in the clinical vignettes the difficulties and possibilities of the clinical work.

Thursday, June 18th **12:00 pm – 1:30 pm** **Paper/Panel Session 1**

8. Unsilencing Unspeakable Socio-historical Trauma in Individual, Social, and Institutional Contexts

Speakers: Ruth Lijtmaer, PhD, USA; George Bermudez, PhD, PsyD, USA; and Victoria Gutierrez-Kovner, PsyD, LCSW, USA

Interlocutor & Moderator: Mary Walters, LCSW, PsyD, USA

Abstract:
This panel will feature three approaches to addressing silenced and unspeakable socio-historical trauma: the first paper presentation addresses the individual and familial silencing of culturally imposed and intergenerationally transmitted trauma; the second, focuses on contemporary American immigration policies regarding refugees which inflict unspeakable trauma on future generations; and the third, and final paper, will present a promising approach (the social dreaming paradigm) for training psychoanalysts with regard to social justice and covert, silenced socially oppressive arrangements.

Learning objectives:

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

1. Understand how silence and secrets can create as much trauma as verbalized shared experiences and how the unknown remnants of a trauma can reverberate through generations
2. Describe the differences between the traditional focus for psychoanalytic dreamwork and the 'social dreaming' paradigm.
3. Acquire knowledge regarding the Neurorelational framework and how the toxic stress refugees experience manifests physiologically and relationally under conditions of challenge and threat, creating lasting adverse effects on future generations.

Thursday, June 18th **12:00 pm – 1:30 pm** **Paper/Panel Session 1**

9. Dimensions of Pain and Suicide

Speakers: Joye Weisel-Barth, PhD, PsyD, USA; Kristen Melnyk, MD, USA; and Laura Molet Estaper, Spain
Moderator: Mark Winitsky, PsyD, USA

Abstract:
Severe, Malignant Loneliness and its Clinical Implications- ***Joye Weisel-Barth***
The paper draws from and expands on Frieda Fromm-Reichmann's 1959 description of "the deep threat of the uncommunicable, private emotional experience of severe loneliness"(Fromm-Reichmann, Contemp Psych, 1990). It seeks to differentiate the life-threatening pain of severe, malignant loneliness from other forms of solitude, aloneness, alienation, and various bearable forms of loneliness, states that are often painful but are fairly common to human experience. Unlike malignant loneliness, these latter states—which may derive from family, political, or cultural experience and which particularly touch introverted natures, minority groups, artistic and creative workers, and spiritual seekers--may feel subjectively painful but are open to verbal expression and reflection. Malignant loneliness, on the other hand, is unutterable, silenced by its intense pain and shame. Using a case from my early practice, I'll describe a severely lonely patient, who tragically committed suicide a year after our termination, and then I'll discuss the special needs for continuing connection with these patients. This is a radical challenge to traditional ideas of analytic termination. The paper will include references to depictions of severe loneliness in analytic literature as well as in literature and films.

Learning objectives:

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

1. Describe different forms of loneliness and differentiate them from the malignant, life-threatening kind.
2. Use an understanding of malignant loneliness in diagnosing and treating patients.
3. Assess the continuing clinical needs of the malignantly lonely person over long periods of time.

Thursday, June 18th **12:00 pm – 1:30 pm** **Paper/Panel Session 1**

9. Dimensions of Pain and Suicide- *(Cont'd)*

Speakers: Joye Weisel-Barth, PhD, PsyD, USA; Kristen Melnyk, MD, USA; and Laura Molet Estaper, Spain
Moderator: Mark Winitsky, PsyD, USA

Abstract:
Intimacy and Dissociation in the Analytic Relationship with a Suicidal Patient- ***Kristen Melnyk***
Clinicians experienced in treating suicidal patients emphasize that the relationship with the therapist is crucial. The suicidal state of mind is constricted in a way that the cessation of consciousness becomes the only solution to mitigate intense psychic distress. The relationship with the analyst optimally will allow the patient to discuss their intense emotional distress as well as current and past relational contexts which shape their subjective experience. Fear and dread is often experienced by the analyst when exploring suicidal states of mind. This paper discusses an analytic treatment with a suicidal patient. As the treatment unfolds, emotional closeness develops between analyst and patient and the patient improves. Nevertheless, intergenerational trauma in the patient and dissociated trauma regarding suicide in the analyst limit the development of an ongoing analytic process.

Learning objectives:

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

1. List common countertransference responses while working analytically with a suicidal patient
2. Analyze the influence of intergenerational trauma on a suicidal patient
3. Describe how dissociation of past experiences with suicide in the analyst may impact the treatment with a suicidal patient

Thursday, June 18th **12:00 pm – 1:30 pm** **Paper/Panel Session 1**

9. Dimensions of Pain and Suicide- *(Cont'd)*

Speakers: Joye Weisel-Barth, PhD, PsyD, USA; Kristen Melnyk, MD, USA; and Laura Molet Estaper, Spain
Moderator: Mark Winitsky, PsyD, USA

Abstract:
The Sound of Silence- ***Laura Molet Estaper***
Pain is deaf and deafening, but when pain surfaces, it ceases to be deaf, invisible and mute. The sound of silence and the voice of pain makes so much noise because it is so loud. It is necessary to try to transform it. People think that is better not to speak about experiences that they think are unspeakable; the weight of shame, guilty and humiliation is harder than to dare to share them. But the power of the unspoken is inimaginable, because the spoken speaks in other ways, like a symptom. The law of silence is a non verbal law, but implicitly appears. What nobody has explained us is that silence does not protect us, and that silence grows as a cancer, and it whispers in the sound of silence. In the relational home that you can co -create with our patients, is possible to learn to dare be yourself without trying to construct a false self. Without the emotional participation of the therapist, there's no emotional connection. Painful experiences lived in early childhood are recorded in neural networks and neurons and never disappears completely. But we know that the brain has the capacity to create new circuits and networks according to the new interactions that are co-created with the therapist within a dyadic relationship patient and therapist; that's why the main focus of interest is the relationship, the interaction. We are relational beings; we regulate emotions through relationships. It's important to have the courage to give pain a voice. What cannot be said, cannot be silenced. The way in which trauma is unconsciously transmitted, the inevitable presence that emerges from words that are unsaid: The sound of silence. The power of the unspoken, the power of silence is harder than our vulnerability. In the serie"13 reasons why" Hannah, like most of our adolescents patients, cause as their insecure attachment, couldn't have the chance of speak, to share her pain, couldn't dignify her own pain and gave it a place, a space put into words; if we don't name the pain, it's as if didn't exist! And that was Hanna's way of life, till she committed suicide. Nobody can live without feeling felt by the others. She didn't want to disturb the sound of silence.

Learning objectives:

At the conclusion of this panel, participants will:

1. Understand how important is to speak what your patients think that it is unspeakable. When shame and guilt are identified, registered and transformed.
2. The sound of silence has a great voice in our patient's symptoms and pain.
3. Know that the process of change is possible when you create a relational home with your patient.

Thursday, June 18th **12:00 pm – 1:30 pm** **Paper/Panel Session 1**

10. Power and Envy in Individual and Group Practice

Speakers: Alkinoi Lala, MSc, Greece; Konstantinos Mouchalos, PgD, Greece; and Dimitrios Geranios, BSc, Greece

Moderator: Gita Zarnegar, PhD, PsyD, LMFT, USA

Abstract:

Envy's Executioners: Unspeakable envious dynamics in psychoanalytic encounters of duad and a group- ***Alkinoi Lala & Mouchalos Konstantinos***

Envy is sometimes spoken, many times unspoken and most times unspeakable feeling. Envy is the angry feeling that another person possesses and enjoys something desirable—the envious impulse being to take it away or to spoil it" as Melanie Klein defined(Klein, 1957) or the fig-leaf of the desire to be the same.(Gerhardt, 2009). It is considered to be a negative state of self or a negative emotional state which emerge negative thoughts and-or behavioral patterns that sometimes maybe harmful to others and self. The aim of this panel is to finally speak the unspoken and reveal the difficulties therapists' have faced in a dyad as well in group therapy. Envious patterns will be identified. Those patterns that are often very well hidden and may be easily overpassed or passed unnoticed in the therapy room. Thus it is important, specific aspects of envious feeling and its different levels to be clarified and explained. In a dyad and in group therapy is often difficult for the analyst to observed and differentiated envy from other feelings of the relational bonds. But the most unspeakable matter in therapy is often the analyst's unconscious countertransference. In group therapy the envy feeling is dissipating throughout the behavioral patterns of the members and although it can be difficult to be identified it is more difficult to be analysed. How challenging is for a novice therapist to survive those envious attacks. In the first paper the therapist will demonstrate how his own envious feelings meet the analysant's and how they could co-create a space between, so the envious feelings could be exposed and become analyze. In the second one, a sequence of enactments in group therapy will be presented, enactments that opened up the space to finally speak about the unspeakable. The challenge with envy in psychoanalysis, in its origins, is that analyst and analysand are "codependent". They both need each other. (Mitrani, 1993).

Learning objectives:

At the conclusion of this panel, participants will:

1. Be able to identified and acknowledge the envious feelings in transference and countertransference
2. Be able to explore how unconscious identification between analyst and analysant co create unconscious envy.
3. Be more familiar, to extend, to talk and provoke patients to speak the unspoken- envy-.

Thursday, June 18th 12:00 pm – 1:30 pm Paper/Panel Session 1

10. Power and Envy in Individual and Group Practice- *(Cont'd)*

Speakers: Alkinoi Lala, MSc, Greece; Konstantinos Mouchalos, PgD, Greece; and Dimitrios Geranios, BSc, Greece
Moderator: Gita Zarnegar, PhD, PsyD, LMFT, USA

Abstract:
Power Play and Unspoken Imbalance: The Unspeakable Pain of a novice psychotherapist that met an experienced dominatrix patient- ***Dimitrios Geranios***
My paper will try to cast light upon an issue which I face as a psychoanalyst trainee. What happens when the patient is much more experienced in psychotherapy than the analyst? How did I face the fact that the former analyst is my institute's head of studies? I will analyze how the unexperienced trainee manages to exceed the multiple power imbalance. Moreover, a clinical vignette will be offered, which will illustrate the concept. It is about a female patient who managed to escape from a strict religious cult and encountered her bisexuality and the BDSM world. When she came to see me, she was trying to fix her relationship with her boyfriend, because they never had sex during the three years of their relationship. She decided to start at a 15-day basis, moved to one session per week and finally left her group therapy to devote to our sessions. What was happening? Was it an enactment? Was I just too good? I was surely not experienced on technical issues. What I did was to companion her in her darkest hours. I cast away the sophistication and just stayed next to her. I was given access in an area nobody managed to enter before, and we made some steps towards a deeper mutuality. In fact, she became more determined and managed to claim space in her life and her relationship. She also became demanding towards me. One of my goals is to describe the factors that moved further our relationship. These were my secret pain concerning her strict demands to lower the price and my fear about bargaining with the head of studies, all a result of a powerful project identification which occurred between us and will be stated clearly.

Learning objectives:

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

1. Analyze how the unexperienced trainee manages to exceed the multiple power imbalance and the unspoken but powerful dynamics it creates.
2. Utilize the existing literature and my personal experience to contribute to the dialogue for the analyst's efforts to achieve contact with the unspeakable. Specifically, it will be shown how I used my subjectivity to cooperate with the patient's inner world.
3. Describe clearly the factors that affected analyst's subjectivity and how the quality of our therapeutic relationship changed.

Thursday, June 18th **12:00 pm – 1:30 pm** **Paper/Panel Session 1**

11. The Unspoken and Unspeakable in Psychotherapy as Reflecting Social Unconscious Un-discussed Issues

Speakers: Emi Ibi, MA, Japan; and Piyali Chakrabarti, PsyD, MPhil, Singapore

Discussant & Moderator: Haim Weinberg, PhD, USA

Abstract:
Sometimes our patients cannot speak about certain issues in therapy because they are flooded, overwhelmed, or terrorized. Other times what they try to say cannot be expressed in words and might reflect an unformulated experience. However, sometimes the topic that they cannot speak about reflects an unspoken or unspeakable SOCIAL issue. An issue that is not or cannot be discussed in the public discourse due to a mechanism of social repression or dissociation. We can say that these issues belong to the social unconscious.
In the panel, we will introduce the idea of the social unconscious, connect it to the relational unconscious, discuss social unspoken and unspeakable issues and bring clinical examples from the Chinese, Japanese and Israeli cultures.

Learning objectives:

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

1. Define the social unconscious
2. Discuss the impact of unconscious social issues in different cultures
3. Apply the relational unconscious to social issues

Thursday, June 18th **12:00 pm – 1:30 pm** **Paper/Panel Session 1**

12. Individuality and the Transcendence of Categorization

Speakers: Susana Martinez, PhD, LP, USA; Luis Raimundo Guerra Cid, PhD, Spain; and Floriana Irtelli, PhD, Italy
Moderator: Debra Myers, MD, USA

Abstract:
A Requiem for Narcissism: Expanding our Clinical Range- ***Susana Martinez***
Ever since Sigmund Freud's seminal paper "On Narcissism: An Introduction" (1914), psychoanalysts of different schools have found the term narcissism useful for describing certain clinical phenomena. Nevertheless, findings from attachment and infant research challenge the notion of narcissism as a tenable theoretical and clinical concept. In this presentation, the speaker will briefly analyze Freud's paper "On Narcissism" and consider Heinz Kohut's original contributions to this topic. Then, with the aid of audiovisual material, she will discuss how attachment and infant research provide critical evidence of the ultra-social nature of infants, the dyadic nature of the human mind, and the co-construction of interactions, and argue that these findings render the notion of narcissism problematic for psychoanalysts. Finally, she will present clinical material to provide an alternative clinical and conceptual approach to patients traditionally described as narcissistic.

Learning objectives:

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

1. Describe classical and self psychological notions of narcissism.
2. Describe how contributions from attachment theory and infant research challenge the notion of narcissism in infants and adults.
3. Discuss a different way of thinking about patients traditionally described as narcissistic.

Thursday, June 18th **12:00 pm – 1:30 pm** **Paper/Panel Session 1**

12. Individuality and the Transcendence of Categorization

Speakers: Susana Martinez, PhD, LP, USA; Luis Raimundo Guerra Cid, PhD, Spain; and Floriana Irtelli, PhD, Italy
Moderator: Debra Myers, MD, USA

Abstract:
James's Synthom (How Complexity Proves that Any Action can be Traumathic)- ***Luis Raimundo Guerra Cid***
From contemporary psychotherapy becomes clearer every day that in order to successfully finish any treatment, we must have a wide approach treating the different variables that intervene and its interactions. We could do this task approaching it from the complexity and non-lineal dynamic systems perspective (NDLS), as other authors from psychology and the intersubjective and relational field, have pointed out. Through the exposition of a clinical case (James's) we aim to study how the different symptoms showed by the patients, can have a very different relevance depending on their objective experience, their context and their multiple interactions with other variables. We will also explain how symptoms firstly seen as harmless can be really influential while others that have a strong historical tradition may have less impact. From the characteristics of the NDLS (as the emergency, the butterfly effect, the fractability, etc.) we can understand the influence of the lived experience in the construction of James's self as well as its consequences within his personality maladjustment.

Learning objectives:

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

1. Describe some fundamental NDLS characteristics through James's case, in order to understand the self's dynamic and the trauma constitution
2. Applicate concepts extracted from the complexity theory and bring them to the case, illustrating the connotations that these maladjustments have in James's personality.
3. Analyze the trauma as a relational and contextual element providing the assistant public with a theoretical-practical support for the understanding of the cases where trauma and its different variants are present.

Thursday, June 18th **12:00 pm – 1:30 pm** **Paper/Panel Session 1**

12. Individuality and the Transcendence of Categorization

Speakers: Susana Martinez, PhD, LP, USA; Luis Raimundo Guerra Cid, PhD, Spain; and Floriana Irtelli, PhD, Italy
Moderator: Debra Myers, MD, USA

Abstract:
Rehabilitation of psychiatric patients after the Italian psychiatric reform- ***Floriana Irtelli***
This paper presents a study that investigates how, during the decades after the Italian psychiatric reform (that took place with the Law number 180 of 1978 [Basaglia Law]) has been triggered a process that nowadays leads to a cure and rehabilitation of psychiatric patients who sees them more active and protagonist, and less like "segregated people". The therapy and rehabilitation of the psychiatric patient is now aiming to support the evolution of the person and the active management of their critical experiences of life. This study is focused on the consideration that today the psychiatric community structure is not conceived as a permanent place of residence, but as a temporary solution. Many diaries filled out by psychiatric operators, and transcribed, has been examined; these diaries were written into a specific format that can be analyzed with the software t-Lab. The diaries that have been analyzed refer to three specific year periods: 1900-1991, 2000-2001, 2010-2011, in order to observe an evolution in the decades of various important aspects concerning patient care, capturing the cultural and social changes that have taken place during these decades.

Learning objectives:

At the conclusion of this panel, participants will be able to understand the importance of some goals:

1. The prevention of dropout and suicide
2. The involvement of social reality
3. The creation of personalized rehabilitation-therapeutic plans,
4. The implementation of individualized therapies
5. The focus on the uniqueness of the person and the relationship