B-1: The Phenomenon of the “In-Crowd” in the History of Psychoanalysis:  
The Disparate Cases of Lou Andreas-Salome and D. W. Winnicott

Speakers: Michael Clifford, PhD and Theresa Aiello, PhD  
Discussant & Moderator: Hans-Peter Hartmann, MD, PhD

Abstract:
The authors employ Lichtenberg’s (1989) observations that affiliation is a central motivation, and apply it to two disparate cases—Lou Andreas Salome and D. W. Winnicott—and their experience with what is colloquially known as the “in-crowd.” We suggest that although this is a colloquial expression, it is clearly understood and can be seen clearly in the history of psychoanalysis. Lou Andreas Salome is an example of one facet of this phenomenon, namely the prominent outsider who is brought into the inner circle of the “in crowd” by its leader (in her case, Freud), whereas D. W. Winnicott is offered as an instance of an outsider whose status is maintained by the leader of another “in crowd” (in his case, Melanie Klein). Lou Andreas Salome’s influence on Freud’s work is examined, and Winnicott’s creativity is seen as released by Clare Britton, his second wife, who literally tells him “to be a man” and act on his attraction to her, as well as to separate himself from Klein’s influence.

Educational Objectives:
1. At the conclusion of our presentation, participants will be able to describe the phenomenon of the “in crowd” and its impact on the history of psychoanalytic theory.
2. At the conclusion of our presentation, participants will be able to describe the relationship between Winnicott and Melanie Klein and its impact on the development of psychoanalytic theory.
3. At the conclusion of our presentation, participants will be able to describe the relationship between Freud and Lou Andreas Salome and its impact on the development of psychoanalytic theory.
B-2: Is There Such A Psychic Constellation As A "Negative Therapeutic Reaction?"

**Speaker:** Paul Ornstein, MD  
**Discussant:** Lester Lenoff, MSW  
**Moderator:** Ranaan Kulka, MA

**Abstract:**  
This essay examines the concept of the “Negative Therapeutic Reaction” from a self psychological and a traditional (ego psychological) perspective.

Three analytic episodes (from the same analysis) are reported by the analyst, who presented these episodes to a group of colleagues for heir assessment. Their conclusion was unanimous: the analyst was confronted in all three episodes with a negative therapeutic reaction. The analyst concluded that the concept could not be validated in these instances from a self psychological perspective. In each episode it was the analyst failure to understand and focus on the patient’s subjective experience that resulted in what his colleagues called a negative therapeutic reaction, rather than a temporary stalemate resulting from a lack of understanding the patient’s inner experience.

**EDUCATIONAL OBJECTIVES:**
1. Participants will understand the difference between a “Negative Therapeutic Reaction” and the patient’s response to a lack understanding of his/her subjective experience.
2. Participants will recognize the reasons for the patient’s negative reaction to the analyst’s interventions rather than attributing it to a defensive, or pathological response.
3. Participants should be able to assess for themselves the validity of the conclusions presented to them in this essay.
B-3: Patient and Analyst in Crises: A Mutual Transformation Reflected in a Clinical Narrative and St. Exupery's "The Little Prince"

Speaker: Phyllis DiAmbrosio, PhD  
Discussant: Ruth Burtman, PhD  
Moderator: Maria Tammone, PhD

Abstract: In this paper I will describe and illustrate how personal crises of patient and analyst, in contrast to the more commonly recognized detrimental effect, can actually facilitate a mutually transformative process. While I was in the throes of my own personal crisis, a very challenging patient arrived for treatment. How that analysis evolved over the course of 12 years to become a mutually transformative selfobject experience and healing process for both the patient and myself is the focus of this paper. To augment delineation of this process, I will use St. Exupery's The Little Prince as a literary depiction of what I believe to be the essential healing elements involved, poignantly illustrated through presenting a film clip from the cinematic version of the book.

At the conclusion of my presentation the participant will:
1. Be able to identify paths toward healing and transformation that may be fostered in the midst of crises of patient and analyst.
2. Be able to utilize an understanding of mutual selfobject experiences that can serve to facilitate the analytic process.
3. Be able to assess the types of responses and self-disclosures that can be facilitative in intense treatment situations.
Linking The Processes of Normal Development and Psychoanalytic Treatment

Speaker: Shelley Doctors, PhD
Discussant: Mauricio Cortina, MD
Moderator: Peter Perault, MD

Abstract:
An early paper written by Marian Tolpin (Corrective Emotional Experience: A Self Psychological Reevaluation [1983]) will be utilized to demonstrate Dr. Tolpin’s prescient view of the relationship between psychoanalytic treatment and developmental experience. She coined the term “Corrective Developmental Dialogue” to capture her appreciation of normal developmental processes which were part of many psychoanalyses and which contributed to their therapeutic action. A vignette of a normal mother child exchange and a clinical example illustrates Dr. Tolpin’s remarkable recognition of the impact of lived interaction long before interactive concepts such as “co-construction” or “implicit relational knowing” came into being.

Educational Objectives
1. At the conclusion of my presentation, the participant will be able to define a “corrective developmental dialogue.”
2. At the conclusion of my presentation, the participant will be able to explain features of the psychoanalytic process which further psychological development and contribute to its therapeutic action.
Saturday, October 20th  
2:15 pm–3:45 pm

**Paper Session B**

**B-5: Endings and Beginnings:**  
**Surviving Suicide from a Self Psychological Perspective**

**Speaker:** Martha Blechar Gibbons, PhD, APRN  
**Discussant:** Peter Kaufmann, PhD  
**Moderator:** Nina Pelikan-Straus, PhD

**Abstract:**  
Instinctively we know the definition of suicide as the taking of one’s life, but there is much more to the human drama of self-destruction than is contained in this simple view of it. The author, a nurse psychotherapist employing a self psychological orientation, offers a personal vignette describing her relationship with her brother and the experience of surviving her brother’s suicide. In an effort to understand the tragedy she explores the issues potentially contributing to the devastating ending of a man’s life. Following her brother’s death she confronts the fact that in earlier treatment she has failed to respond effectively to a suicidal teenage patient who contacts her for help. Given a second chance, driven by the experience of surviving one suicide and in an attempt to prevent another, she re-examines her failed attempt in psychotherapy and strives to provide the crucial components necessary to sustain and enhance the life of her patient, and in a sense to offer her patient a new beginning.

**Educational Objectives**

1. At the conclusion of my presentation, the participants will be able to identify psychological factors that may predispose an individual to being more vulnerable to the act of committing suicide.
2. At the conclusion of my presentation, the participants will be able to describe the potential effect of empathic attunement in the intervention with an at-risk patient.
3. At the conclusion of my presentation, the participants will be able to discuss the ways in which individuals cope when the parental relationships cannot be relied upon.
Every therapeutic encounter is comprised of a series of clinical choice points. But how does the clinician decide what to do, and when and how to respond at any given moment? Complicating this quandary is the intermingling of the therapist’s and the patient’s subjectivities. In the context of a clinical vignette, this paper explores the myriad variables that come into play at a particular crossroads in an ongoing treatment. Various factors, such as authenticity, developmental needs, empathic immersion, and responsiveness are considered.

Educational Objectives
1. At the conclusion of my presentation, participants will be able to describe several factors to consider in clinical choice points.
2. At the conclusion of my presentation, participants will be able to discuss ways in which their own clinical choice points are informed by their subjective experience.
Saturday, October 20th
2:15 pm–3:45 pm

Paper Session B

B-7: Concepts of Self

Speakers:            Jade McGleughlin, LICSW and Martin Gossmann, MD
Discussion & Moderator:  Susana Martinez, LP, MPhil

Abstract:
The self: A Necessary Illusion?, Jade McGleughlin
Analysts from within and outside the relational tradition have raised questions about the degree to which patients who are more severely disturbed can integrate and make use of the analyst’s subjectivity yet use of the analyst's subjectivity is a frequent occurrence and sometimes a technical intervention with difficult to reach patients.

1. To examine the concept of psychoanalytic reach and to evaluate whether reach is about the analyst’s counter-transference or a necessary therapeutic technique.
2. To elaborate underlying concepts in relational psychoanalysis/self psychology that may be iatrogenic to work with very disturbed patients while simultaneously valuing the significance of the analyst's authenticity with the same group of patients.
3. Through close case examination recognize technical implications for the use of expressive countertransference for patients with extremely undeveloped self-object differentiation or massive levels of dissociation.

The Self: A Clinically Helpful Illusion, Martin Gossmann
This paper responds to Bob Stolorow’s claim that to speak of „a self” is clinically irrelevant or even misleading and wrong because it does not appreciate the contextual nature of psychological functioning. Recognizing the philosophical background of Stolorow’s position the author places his response in a declaredly clinical context - underscoring that the adequacy of a treatment approach lies in its clinical achievements. Three cases are presented in order to discuss the question if the concept of a self is helpful for the treatment progress. Furthermore, the influences of Western (Greek) and Eastern (Chinese) thinking, as expressed in modern science on the one hand and the philosophy of Tao on the other, on our basic (contextual or non-contextual) concepts is discussed. The notion of other-referential versus self-referential observations as the basis for different mental processes contributing to different modes of consciousness and representations is introduced.

Objective: this presentation is meant to put the question whether there „is” a self in the context of its clinical usefulness. At the end of my presentation the participant will be able to recognize a number of criteria which speak for or against the use of the clinical concept of the self in the concrete context of treatment.
Saturday, October 20th                          Paper Session B
2:15 pm–3:45 pm

B-8: Free Association in the Width of the Square:
Building a Community Model for Developmental Change from Recognition and
Responsivity

Speaker:    Ann Marie Sacramone, MDEd, LP
Discussant: Mark Smaller, PhD
Moderator:  Rosalind Chaplin Kindler, MFA

Abstract:
The Square Width Model was created in 2011 at the Lincoln Square Neighborhood Center in NYC. It is a model which helps community center members to focus on secure, constructive ways in which they can recognize and respond to each other and build afterschool programing (staff development programs, parent groups, children’s schedules, room arrangements, activity choices, discipline policies, classroom management, supervision, etc.) from that recognition and responsivity. Square Width is a psychoanalytically based model adapted for community members to implement for their own personal development, the development of the children in the afterschool program and the development of the community itself. It has a “freestyle” quality and works on a variety of levels as part of the community system. As a model which focuses on recognition and responsivity rather than the hard lenses of professional roles or diagnosis, the events that happen and the roles that participants take on are changeable and not predictable. The nature of activities and the use of space also respond and adapt to the attention of the participants. Since it is a community center model for use by the community center, it focuses on things that community center members can do with each other and not on what transferences mean. It creates changes in individuals and groups through a focus on community relationship process.

Educational Objectives
1. At the conclusion of this presentation participants will understand how one community based psychoanalytic model was created and implemented and how it affected participants.
2. At the conclusion of this presentation participants will understand some of the ways psychoanalytic ideas can be used by a community for developmental purposes.
3. At the conclusion of this presentation participants will understand one process by which a community based psychoanalytic model can be designed.
Saturday, October 20th
2:15 pm–3:45 pm

**B-9: Trauma and the Holocaust**

**Speakers:** Annette Furst, MD and Mildred Antonelli, PhD  
**Discussant & Moderator:** Johanna Tiemann, PhD

**Abstract:**  
*Holocaust Memories and their Transmission, Annette Furst*  
The paper addresses issues around the transgenerational transmission of memory. As a child of Holocaust survivors, I explore how the second generation can be deeply affected by something that did not directly happen to them. How can memories that are barely assimilated by one generation impact the next so profoundly? Freud believed that unprocessed thoughts get transmitted from generation to generation. If trauma both defies and demands our witness, what is actually being remembered and what is being transmitted in the telling? The issue at stake in intergenerational transmission of trauma is indeed the relationship with the "other." One hears and assimilates the stories. How one then relates to the person sharing the memories and how one experiences one's self in relation to the other during the transmission all impact the process. My parents' Holocaust memories shaped my life profoundly through memories that I did not possess. I explore how attachment theory, the relationship of agency and trauma as well as the neurosciences can help shed light on the complexities of the intergenerational transmission of memory.

**Learning Objectives**
1. To understand the complex nature of memory and how it operates normally and in trauma  
2. To understand looking through the lens of the attachment how the next generation is impacted by trauma  
3. To understand how the unknown remnants of a trauma can reverberate through generations

*Intergenerational Transmission of the Trauma of a Pogrom, Mildred Antonelli*  
In tsarist Russia, and in the Soviet Union, in the Civil War that followed the October Revolution, genocide against Jews took the form of pogroms. One of the worst of those pogroms occurred in Proscurov in February 1919. My mother was a survivor of that pogrom. In this paper I describe the effect of this event on her personality, her life, her children (my brother and me), and our relationship with her. I describe how I perceived my mother when I was a child, how I view her now and how I came to an understanding of her trauma, my view of myself as seen through the lens of her trauma, my view of how her traumatic experience expressed itself in her fear of attack, fear of loss, and inability to mourn the loss of the future she had planned, imagined, and expected for herself. I will relate my mother’s story to Stolorow’s reflections on the shattering of absolutes, Atwood’s ideas about ghosts and epistemological trauma, and the intergenerational generational transmission of trauma through patterns of pathological accommodation, as described by Brandshaft.

**Educational Objectives**
1. At the conclusion of my presentation the participant will be able to describe some of the effects of trauma from a genocidal event on the life of the traumatized individual.  
2. At the conclusion of my presentation the participant will be able to describe some of the effects of trauma on the children of those who have survived a genocidal event.