Saturday, October 19th        Paper Session B
2:15 – 3:45 PM

B-1: Cultural Inheritance and Adolescent Development

Speaker: Anna Ornstein, MD
Discussant: Amy Joelson, LCSW
Moderator: Christa Paulinz, MA, MEd

Abstract:
This paper offers a clinical/theoretical rational for the inclusion of cultural factors into the treatment of symptomatic adolescents of immigrant families. The paper puts special emphasis on the importance of transmission of values and ideals from generation to generation. Possible problems related to this transmission is most clearly seen in immigrant families where values of the old country are repeatedly challenged by a very different value system in the new country. A clinical example is included to highlight these clinical propositions.

At the conclusion of this presentation, participants will be able to:
1. Consider those cultural and societal issues that may be responsible for creating symptoms in the adolescent members of an immigrant family.
2. Explain the theory that supports the transmission of values and ideals from generation to generation.
B-2: The Irreducible Selfobject, Thoughts on Treating Artists

Speaker: Neurine Wiggin, PsyD
Discussant: Howard Baker, MD
Moderator: Peter Kaufmann, PhD

Abstract:
With the widening acceptance of Heinz Kohut’s theory of the formation of the Self and the important role narcissism plays in that formation, many theorists and clinicians, including Kohut himself, have applied his ideas to artistic creativity. They have proposed that the artist needs an important selfobject relationship to hold him/her as he reaches into himself during the isolated process of creative activity. To the clinician, this suggests the main need of the artist/patient is for an empathic holding environment—not substantially different from the demands of all therapeutic relationships. The author believes that more is needed, however, in the treatment of artists who often ask that their work be looked at, and responded to, by the analyst. Such a demand can cause countertransference anxiety for an analyst trained to interpret through words to the interior self of the patient. The analyst can experience a loss of control and familiarity, causing a corresponding retreat from the patient’s offerings. To prevent this, it is suggested that the analyst view the work as an irreducible aspect of the patient’s self. In doing so, the analyst’s experience may be “held” by an understanding of the transitional object in the environment of play, as described in the work of D.W. Winnicott. The transitional object is created by the patient and represents an alive, spontaneous connection with the world. When the analyst can allow the artist/patient to lead the “play” by being responsive to the art, not judgmental or interpretive, a relationship will develop which permits the patient to be accepted, consider the psychological aspects of the work, and gain “a sense of a deep and lively participation in the world.” (Kohut 1971) (17).

Learning Objectives
1. Understand the unconscious meaning of art brought into the consulting room.
2. Understand countertransference experiences of art in the consulting room.
3. Relate selfobject experiences to Winnicott’s concept of the transitional object.
B-3: Empathic Alertness: Forward Movement in Child Psychotherapy

**Speaker:** Lynn Bornstein, LCSW, MSW  
**Discussant:** William Gieseke, PhD  
**Moderator:** Jane Jordan, PsyD

**Abstract:**
This workshop uses clinical experiences with child patients to illustrate the concept of empathic alertness and its three components: therapeutic stance, attention to process, and authentic connection. Empathic alertness is discussed as the means by which the therapy process progresses, enabling the child patient to move forward with enhanced capacities to play, relate and work.

**Participants will:**
1. Explore the concept of empathic alertness, with attention to the three components of stance, process and connection.
2. Participants will be sensitized to their styles of working with children and the use of self in interventions.
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**B-4: Reaching Out and Reaching In: Seeking Connectedness Within**

**Speaker:** Maria Slowiaczek, PhD  
**Discussant:** Jacqueline Gotthold, PsyD  
**Moderator:** Raanan Kulka, MA

**Abstract:**
In a successful treatment, the therapist and patient form a meaningful connection to one another that brings them into each other’s worlds and can potentially transform both of their lives. How do these connections develop? As Self Psychologists, we focus on empathic attunement to the patient’s experience, but our contemporary version of this includes using our own subjective experience and letting the patient know us in ways that deepen our emotional bond to each other. The purpose of this paper is to begin to explore the nature of the initial connections that are formed at the beginning of a treatment and to consider how these connections are transformed as the treatment develops. The paper describes two clinical examples where a process of reaching out to the patient and also reaching in to oneself is used to understand the developing relationship and to transform early superficial connections into deeper therapeutic ones.

At the conclusion of this presentation, the participant will be able to:
1. Describe different types of connections with an appreciation for the ways that some connections can be limiting.
2. Discuss the ways that the subjective experience of the analyst can be used within a self psychological treatment to deepen the developing relationship.
3. Assess the value of the analyst’s self exploration in understanding the dynamics of the therapeutic relationship.
Abstract:
In trying to understand some of the difficulties and vulnerabilities inherent in conducting a relational psychoanalysis, this paper examines the disastrous end of my analytic relationship with Patient J. I offer one framework for understanding why relational work can be emotionally challenging and unpredictable. Borrowing from Winnicott’s idea of transitional space as provisional and illusionary, I suggest that co-created relational space has its own particular contexts, boundaries, and endemic problems. A place to identify new emotional experience and to practice and organize new patterns and expectations for relationships, relational play space provides an arena for unconscious enactments and intense feelings. The analyst is as vulnerable to the lures and emotional confusions of the analytic space as the patient. While emotions and interactive patterns engendered in the play space feel “real,” they may conflict with other “reality” contexts outside the analysis, contexts that sometimes intrude on the dyad in hurtful ways. It often seems impossible for an analyst simultaneously to engage in the dyad in affectively open and authentic ways while also maintaining professional clarity and containing and protecting the analysis.

At the end of the presentation, participants should:
1. Understand the nature of the analytic space that analyst and analysand create.
2. Learn to identify and work with some boundary problems that are endemic to the therapeutic relationship.
3. Appreciate the multiple perspectives that analysts must simultaneously consider.
B-6: The Suffering Stranger and The Suffering Therapist

**Speaker:** Robert Benedetti, PhD  
**Discussant:** R Dennis Shelby, PhD, MSW  
**Moderator:** Karen Martin, MA, LCSW

**Abstract:**
A case study of a five year treatment relationship occurring during the height of the AIDS epidemic examines salient self psychological and relational psychoanalytic topics such as mutual recognition, intersubjectivity, the role of self disclosure, identification, and Brandshaft’s structures of pathological accommodation. The author/therapist and the patient have both suffered tremendous losses that take center stage in the therapy. An analysis of how these losses may have influenced the progress of the therapy is discussed. Questions are raised concerning the complications that can arise when significant identification has occurred.

At the conclusion of the presentation the participant will:
1. Gain a familiarity with the concept of pathological accommodation and how it can influence the treatment relationship.
2. Have an opportunity to discuss the promise and peril of mutual recognition between therapist and patient.
3. Become familiarized with the ongoing debate in psychoanalytic self psychology concerning the importance of analyst/therapist empathy vs the importance of recognizing the analyst/therapist’s subjectivity.
B-7: Agency Lost (and Found): Outwitting Loss and Mortality in Psychoanalysis

Speaker: Stacy Novack, PsyD
Discussant: Judith Pickles, PhD
Moderator: David Solomon, MD

Abstract:
The construct of personal agency has been regarded in starkly contrasting ways by various psychoanalytic traditions. Many have located the development of a sense of personal agency as the therapeutic action of psychoanalysis. Others have emphasized the way in which narratives of personal agency elevate the isolated individual and obscure our embeddedness in an intersubjective context. Through an elaborated case discussion, this paper attempts to grapple with the clinical problem of the effort to locate a real and usable form of agency when we are up against loss and mortality, which are, from this perspective, representations of the ultimate limit to our personal power and control. The case discussion will describe a portion of a psychoanalytic psychotherapy with a young man grieving the end of a love relationship, and for whom a form of psychoanalytic zeal for agency becomes jointly mobilized by patient and therapist in order to circumvent the realities of inevitable loss and mortality. The motivations on the part of the patient and therapist are each explored and framed in terms of the need to feel agentic. A turning point occurs when the treatment shifts away from explanatory framings designed to make the world “make sense again” and the therapist makes an effort to lean toward the shared human realities of loss and mortality. Finally, an argument is made that true agency can only be located once its outer limits—what lies beyond our control-- are delineated and faced together.

At the conclusion of the presentation, the participant will be able to:

1. Compare and critique several psychoanalytic perspectives on personal agency
2. Identify explicit and implicit theories of agency in the clinical example and in their own work
3. Describe the clinical and human challenge of accepting inevitable loss and mortality while sustaining a sense of personal meaning and well-being.