Thursday, October 20th
7:15 pm – 9:30 pm

Opening Panel Session: Keynote Address

Videotaping the therapist’s face: Video feedback consultation with a patient who does not look

Welcome: Shelley Doctors, PhD
Introduction: Nancy Bridges, LICSW
Presentation and Film: Beatrice Beebe, PhD
Audience Discussion: Frank Lachmann, PhD

Abstract:
The face and bodily gestures of the therapist, and the patient’s experience of them, remain a relatively unexplored but powerful avenue of therapeutic action in adult treatment. Processes of nonverbal communication in adult treatment will be explored through an ongoing 7-year project, “Videotaping the therapist’s face: Video feedback consultations with a patient who does not look.” The patient continues in an intensive face-to-face psychoanalytic psychotherapy with Dr. S, who referred the patient 7 years ago because of ongoing persistent gaze aversion across a decade of treatment. I began a concurrent bimonthly treatment in which I videotaped my face only; the patient did not want to be videotaped. Following each one-hour session, we watched the videotape together for the second hour. A series of consultations with this patient will be presented, including videotaped sessions, the patient’s responses to watching the videotapes together, and my own comments to the patient about her responses. Lyons-Ruth (1999) argues that much remains to be learned about how implicit modes of intimate relating are transformed, and about the therapist’s specific collaborative participation as a new kind of relational partner. The use of the video allows a unique opportunity to learn more about implicit and explicit dimensions of these topics. We explore nuances of the therapist’s facial expression, vocal tone, self-touch, hand movements and postural orientation as avenues of understanding the co-construction of the dialogue. To harness the power of nonverbal communication we need to bring it into the awareness of the therapist. The therapist’s own nonverbal communication is a pivotal feature of therapeutic action. This work expands the playing field of psychoanalysis.

Learning Objectives:
At the conclusion of this presentation, participants will be able to:
1. Recognize subtle vocal rhythms and intonations, and their coordination between therapist and patient.
2. Identify subtle nuances of adult nonverbal communication, such as hand rhythms, self-touch patterns, head orientation shifts, and facial expressions.
3. Observe nonverbal modes of entering the state of the other, particularly distressed states.
4. Observe a demonstration of video feedback with patients who cannot look, and its use as an adjunct to ongoing psychoanalysis.
Dolph and Gus: The War of the Worlds

Speakers: James Herzog, MD
Moderator: Jill Gardner, PhD
Discussants: Richard Geist, EdD and Janna Sandmeyer, PhD

Abstract:
This case presentation illustrates how empathic processes assume a pivotal importance in evoking healing interactions. The paper describes a young man who as a child was deprived of the opportunity to merge with an idealized father’s strength and tension modulating capacities. As a result we witness the rage and sexualization that is inevitable when a life sustaining selfobject need goes repetitively unmet. The therapist describes how he participates in essentially painful, highly charged, and often eroticized aspects of the sustaining and derailing transference in a way that safeguards the patient’s play space while not reducing it to a too sterile operating theater. The case illustrates how the therapist patient relationship facilitates the rekindling of early selfobject needs that allows the patient to resume his developmental growth, modify some of his self protective defensiveness, and ultimately strengthen his sense of self.

Learning Objectives:

At the conclusion of this presentation, participants will be able to:
1. Summarize basic self-psychology theory and technique.
2. Demonstrate how early developmental needs are revised in the transference.
3. Discuss how to handle erotic transference.
4. Utilize self-psychology principles to inform interpretative formulations.
Panel Session II  
2:45 PM – 4:30 PM

**Transforming Traumatic Intensity: Loosening the Ties of Autoerotic Asphyxiation**

**Speaker:** Denise Davis, LCSW  
**Moderator:** Elizabeth Carr, MSN, BC  
**Discussants:** David Terman, MD and Elizabeth Corpt, LICSW

**Abstract:**
Severe traumatic experiences in childhood, especially in the lives of previously relationally traumatized individuals can overwhelm the patient’s sleeping and waking life, resulting in life-threatening and interpersonally destructive symptoms. This case presentation of a victim of severe childhood physical and sexual abuse highlights the therapist’s attempts to manage affective flooding expressed in dreams, flashbacks, sexual acting out and autoerotic asphyxiation. The therapist tries to facilitate the patient’s growth while attending to the patient’s internal experience, pressing threatening external realities and her own anxiety regarding his life-threatening symptom.

**Learning Objectives:**

At the conclusion of this presentation, participants will be able to:
1. Identify traumatic intensity.
2. Discuss the impact of traumatic dreams on waking life.
3. Discuss the tensions involved in achieving a balance between responding directly to pressing external realities of a patient’s life and an interpretive self-psychological approach.
4. Recognize the importance of remaining empathically immersed in the patient’s experience despite the patient’s destructive, anxiety-provoking behaviors.
Saturday, October 22nds
8:15 AM – 10:00 AM

Panel Session III

Join the Conversation- Moments in Child Treatment: Spontaneity and Dialogue

Speaker: Jacqueline Gotthold, PsyD
Moderator: Ronald Bodansky, PhD
Discussants: Rosalind Kindler, MFA and Sandra Hershberg, MD

Abstract:
A child treatment case will be presented that highlights pivotal clinical moments in a 5-year treatment. The clinical highlights will include moments from the very beginning, the middle and the abrupt premature termination of the treatment. This panel will be unique in that the case presentation will enable a conversation among the plenary panelists centering on questions of:
1) Theory driven clinical decision-making
2) The bidirectional/multidirectional system of self and self with other regulation in a child treatment case that by definition includes the entirety of the ‘child system’
3) ‘Moments’ and their impact on the therapist

Learning Objectives:

At the conclusion of this presentation, participants will be able to;
1. Summarize self-psychological and intersubjectivity system theory approaches to child psychoanalytic psychotherapy.
2. Articulate the merger of theoretical positions and the clinical decision making process.
Kohut’s Reluctance to Pathologize: Replacing Objective Authority With Innovative Compassion

Presenter: Bruce Herzog, MD, FRCPC
Introduction: Richard Geist, EdD

Abstract:
When self psychologists speak of empathy and vitality, it recalls a shift in the mindset of psychoanalysts that was nothing short of revolutionary. Earlier in the last century analysts were objective authorities patients consulted about something “wrong” with themselves. The therapist was motivated to pathologize – diagnosing what was unhealthy and uncovering the origins of this “wrongness”, which readily placed the analyst in a position of knowledge and “rightness”.

Kohut played a pivotal role in the movement away from that kind of authoritarianism, toward a warmer psychoanalytic approach that resonated with our patients, and ourselves. He embraced what was “right” in the patient, replacing “objective” authority with an empathic approach that he grounded in theory – innovative for its time. His innovative compassion generated further innovation. It allowed analysts to treat patients who were previously deemed “untreatable”, leading to the development of new concepts and techniques.

The innovations of Kohut and other self psychologists have had a far-reaching influence on my work and person over many decades. For example, disciplining myself to understand people empathically from their own vantage point has taught me to reconsider “pathological” behavior, as potentially representing adaptive responses to earlier circumstances. I will present clinical vignettes demonstrating this: how a refusal to pathologize can provide novel, deeper insights into the genesis of some apparently dysfunctional choices. An unpublished excerpt from Kohut’s personal correspondence will be examined to confirm his respectful recognition of resilience in patients, a subtext I’ve admiringly noted in much of his work.

We are the lucky beneficiaries of a critical social evolution spanning the past fifty years, of which Kohut was a principal contributor. Discussion of this communal transformation will include my observations of respectful collaborations seen in various settings: psychoanalytic practice, supervision, modern fathering, and the music master class. Kohut was a significant force in establishing and encouraging progressive positive thinking and authentic inquiry in our clinical work and personal lives. He continues to inspire me, to remain unfettered by professional self-absorption or concrete determinism, and to openly use myself clinically and personally in the service of caring, sharing, and yes, vitality.

Learning Objectives:

At the conclusion of this presentation, participants will be able to:
1. Apply the principle of “refusal to pathologize” to hypothesize about the adaptive function of patient behavior that had previously been viewed as pathological.
2. Discuss how Kohut’s private letter demonstrated his respect for the resilience of patients.
3. Explain why the introduction of innovative compassion in analytic theory and practice was revolutionary.
4. Describe the influence Kohut’s approach had on modern fatherhood in North American culture, where the father has become more a source of delight than fear.
5. Discuss how Kohut contributed to an atmosphere of collaborative teaching that crossed disciplines in art and science, encouraging innovative ideas and new insights.
Saturday, October 22<sup>nd</sup>  Panel Session IV
3:05 PM – 5:20 PM

**Beyond the Clinical Moment: Searching for Realness and Reciprocity In a Long-Term Analytic Relationship**

**Speaker:** Malcolm Slavin, PhD  
**Moderator:** Sarah Mendelsohn, LCSW  
**Discussants:** Hazel Ipp, PhD and Annette Richard, MPs

**Abstract:**
I’ll tell the story of my therapeutic work over many years of cumulative clinical moments with my patient, Adam—a young man who seems to probe actively in order to assess my capacity for realness, reciprocity and presence. The meaning of my empathy seems to depend, in good part, on how Adam reads my inner experience of myself and of him; and how, in the process of fostering inner change in him, we both engage around the same basic set of universal, human, existential issues. My aim is to show what treatments like this one mean to me, as well as to provide an opportunity for my discussants to “read me” and my work in their own terms—as well as how it relates to self psychology, intersubjective systems, and contemporary relational theory.

**Learning Objectives:**

At the conclusion of this presentation, participants will be able to:
1. Identify the ways patients *probe* their therapists to deepen their sense of how the patient is being experienced by the therapist.
2. Recognize how, cumulatively, over many clinical moments, the reciprocity and mutual influence in the therapeutic relationship enhance the patient’s openness to the therapist’s understanding and outlook.
3. Discuss how both patient and therapist inevitably deal with their own versions of the same human existential challenges.
The Analyst’s Affect: The Way Back from Gridlock, Blindspots and Loss of Vitality

Clinical Presenters: Maria Slowiaczek, PhD; Heather Ferguson, LCSW, MS and Doris Brothers, PhD
Discussant: Judy Teicholz, EdD

Abstract:
In our world of contemporary psychoanalysis, where we value the relationship as a vehicle for change, we enter into authentic, intimate relationships with our patients. But how do we manage our own feelings so that whatever we are feeling can be used in the service of the treatment, not inadvertently in the service of our own needs or self protection? In Self Psychology, we have focused on how the analyst’s affective participation can create a feeling of connectedness and mutual empathy. Connection to the analyst’s well-regulated affect provides stability and creates an emotional environment that allows the patient to develop ways to soothe and regulate their own overwhelming feelings. While it is recognized that the therapist can get drawn into emotional enactments, we expect these experiences to follow the course of a rupture that can lead to repair, bringing the participants onto more solid ground with each other. In this panel, we will present three clinical vignettes that focus on more long term, pervasive aspects of the analyst’s affect that have affected the course of the treatment. In each vignette, the analyst’s own vulnerabilities interact unconsciously with a particular patient contributing to gridlocks, blindspots or loss of vitality. We will describe the process of discovering these unconscious aspects of ourselves that were negatively affecting the treatment, as well as the ways that we used our own affect to find other aspects of the patient that we were previously unable to see.

Learning Objectives:
At the conclusion of this presentation, participants will be able to:
1. Identify the role of the analyst’s affect in contributing to stalemates and roadblocks in treatment.
2. Recognize their own emotional convictions or emotional triggers which impinge on the ongoing process in treatment.
3. Discuss how to use their own affect to understand previously unrecognized parts of the patient’s experience.
4. Identify shifts in their own affect states or emotional reactions that help vitalize stalled treatments.