1. A Reflection on the Boston Change Process Study Group's Work on Enactments

Presenter: Daniel Goldin, MA
Discussant: Joseph Lichtenberg, MD
Moderator: Estelle Shane, PhD

Abstract:
Psychoanalysts have become increasingly preoccupied by enactments, a phenomenon as difficult to attend to in the moment as it is to define theoretically. Many recent analytic authors, particularly from the relational school, see enactments as arising out of dissociation (Stern, 2004). The Boston Change Process Study Group (2013) criticizes this approach as too quickly “moving to another scene.” The group believes that enactments are best understood as happening entirely between the two participants in the here-and-now. Incremental shifts in how therapist and patient interact reach a certain threshold that brings the two seemingly of a sudden to a different level of relational organization. I propose that these two views are just that, views placed at different angles and distances from their subject. The dissociation model provides a view from within an historically situated, holistic individual. The systems model provides a view from above of interacting influences. Although it may not be possible to hold both views simultaneously, I believe it is clinically useful to go back and forth between them and to understand them as always coexisting, albeit on separate dimensions.

Learning Objectives:

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

1. Define the difference between two models of an enactment, the first having to do with dissociation, the second having to do with process shifts “on the local level.”
2. Identify the narrative strategy of diegesis and the narrative strategy of mimesis praxis.
3. Explain how the experience of making this shift in strategy during the clinical engagement signifies an enactment.
2. Dimensions of (Non) Space and the Autistic State

Presenter: Edna Lahav, MA  
Discussant: Christina Emanuel, MA  
Moderator: Steven Knoblauch, PhD

Abstract:  
I look at the relationship between actual and psychic pace from the vantage point of primary mental states and self-psychoanalytic psychotherapy in autism in particular. The autistic state has its unique modes of space where no distance is allowed between points of inner reference, thus life and growth are avoided. I suggest a role for the analyst as a livening space, a 'space-object' which is solid yet flexible enough and allowing movement within. This role is fundamental for the formation of an admittedly rudimentary psychic space. The use of the actual space of the therapy room from that perspective enables change to a three-dimensional, deeper perception. Clinical vignette alongside reading of works of art and literature help illustrate this idea.

Learning Objectives:

At the conclusion of this presentation, participants will be able to:
1. Use the concept of self-object with different patients, autistic and others.
2. Describe their perception and use of physical surrounding.
3. Explain how the physical surrounding is related to their mental growth.
3. “Relational Annihilation:” Patient and Psychotherapist Meeting Each Other in Shared Intergeneration Transmission of Genocidal Trauma

Presenter: Irit Felsen, PhD
Discussant: Judith Rustin, MSW
Moderator: Ruth Gruenthal, MSS, LCSW

Abstract: This presentation describes the encounter between a patient and therapist who are both children of survivors of Genocide. The patient was plagued by his experience of his Holocaust survivor parents whom he loved, as victims, and his by hate towards his Holocaust legacy and his Jewish identity which he experienced as saturated with horror, helplessness, shame and guilt. Self-experiences associated with such feelings, as well as the defenses mobilized against them, had been dissociated and the patient’s relational life was replete with aggressive and over-reactive acting out which left him feeling destructive and alone. Focusing on a particular “now moment” in the therapy, this paper presents an interaction between us which threatened to end the relationship. We each responded to the threatened connection between us with our implicit, personal defenses against the relational annihilation associated with the imprint of trauma and posttraumatic reactions in family interactions. When the “now moment” was followed by a “moment of meeting”, the conscious sharing of meanings illuminated our intersubjective experience, making it a pivotal moment that allowed a new relationship schema to emerge, powerfully destabilizing an old implicit model in the patient’s internal landscape. The implicit emergence and the explicit elaboration of this intersubjective exchange was embedded in the unique sensitivity to each other’s mind that had been experienced between the participants prior to it.

Learning Objectives:

At the conclusion of this presentation, participants will be able to:
1. Describe the ways in which sharing the same (historical-personal) trauma legacy is helpful in creating a unique sense of intersubjective attunement and “mutual fittedness” in psychoanalytic psychotherapy with a son of Holocaust survivor parents.
2. Demonstrate the “telescoping” of parental trauma through unconscious processes, manifested in dissociated identifications and split-off self-states in the children of trauma survivors.
3. Explain how disavowed self states associated with vulnerability, shame and voicelessness are enacted and come into focus at significant moments in the psychotherapeutic encounter.
4. Describe moments in which personal co-constructions of trauma-associated relational patterns between patient and in therapist were powerfully activated and intersected.
4. From Repetition to Renewal: Fear and Longing in the Psychoanalytic Relationship

Presenters: George Hagman, MSW and Susanne Weil, PhD
Discussant: James Fisch, MD
Moderator: Marcia D-S Dobson, PhD

Abstract:
There comes a point for some patients in psychoanalytic therapy when they experience the treatment as a threat. Often this occurs early on when the vulnerability so necessary to the process feels dangerous to them. Rather than risk a relationship with the analyst they demur, disengage and assume a “resistant” stance. The analyst may be disoriented, frustrated and perhaps even despairing. A protracted impasse may result. This paper explores this form of transference and countertransference that is characterized by the interaction of the patient’s and the analyst’s fears of failure and longings for success. With the aide of a dramatic case illustration, the authors show how these reciprocally interacting needs and dreads contribute to the development of treatment impasses as well as opportunities for effective interpretation and therapeutic change.

Learning Objectives:

At the conclusion of this presentation, participants will be able to:
1. Recite his or her skills in assessing the patient’s fears which affect motivation for treatment.
2. Critique cases where analyst’s attitudes effect the patient’s level of anxiety.
3. Develop more effective treatment plans targeting patient resistances.
5. Beyond Kohut: From Empathy to Affection

Presenter: Daniel Perlitz, MD  
Discussant: Richard Geist, EdD  
Moderator: Karen Martin, MA, LCSW

Abstract:  
The phenomenology of the author’s experience with his own analyst and with his patients is the catalyst for writing this paper on the analyst’s affection for her/his patient and its importance in therapeutic process. The analyst’s affection, when available, acts as a vitalizing foundation for the ongoing foreground interaction between analyst and patient. The dearth of discourse in psychoanalytic literature on the analyst’s affection and the reluctance to overtly declare its importance is noted. The author postulates that the analyst’s ongoing empathy, in the context of a hermeneutics of trust, is not only the optimal psychoanalytic path to understanding the patient but leads to changes in the emotional organization of the analyst so as to facilitate the possible emergence of the analyst’s affection. As well the good-enough satisfaction of the analyst’s self-object needs facilitates the development of the analyst’s affection. Given its importance it is advisable to monitor the state of our affection for our patients and determine how to proceed if our affection is not possible.

Learning Objectives:

At the conclusion of this presentation, the participants will be able to:
1. Discuss the interaction between analyst and patient, and in particular the presence or absence of the analyst’s affection for his/her patient.
2. Describe the factors, which facilitate the emergence of the analyst’s affection.
3. Assess his/her own state of affection for a particular patient and consider what to do if it is absent.
6. Changing the physical Aspects of the Analytic Setting: The Impact on the Analyst and the Patient

Presenter: Sandra Hershberg, MD
Discussant: Peter Maduro, JD, PsyD
Moderator: Gary Perrin, PhD

Abstract:
The impact of re-modeling my consulting room was a reflection of my personal development and maturation. My patients demonstrated a range of clinical responses to this change that included themes of pleasure in the new and loss of the familiar. Common to all was the facilitation of a move from a position of static possibility to one of evolving possibility. The influence of atmosphere/aesthetics on my patients, myself, and the work is demonstrated with clinical examples. In addition, I examine the conceptualization of consulting room as nest, holding environment and selfobject experience. The various objects within the office are seen as personal, evocative, and transitional objects, which change with the life cycle, reflecting both tradition and continuity, as well as letting go and adaptation towards the future.

Learning Objectives:

At the conclusion of this presentation, participants will be able to:
1. Describe ways in which changing a therapist’s office is a reflection of the developmental trajectory of the therapist.
2. Describe a range of patients’ responses to the therapist changing her office.
3. Discuss ways of viewing a therapist’s office as nest, holding environment and providing a selfobject experience.
7. Silencing of Sadness: Finding the Story in the Body

Presenter: Lorraine Cates, PhD  
Discussant: Ruth Burtman, PhD  
Moderator: Hilary Hoge, MD

Abstract: The silencing of sadness, embedded in our cultural zeitgeist, is often linked to a radical form of dissociation that bypasses lived bodily emotion. “It is through my body that I understand other people” (Merleau-Ponty, 1945). Sadly, radical dissociation separates us from the knowledge our bodies contain and from the stories that are yet to be heard and told. This work continues my journey into the therapeutic significance of bodily emotion by extending my earlier formulation of a primordial sense of being I have called core affective experience (2011) with a consideration of bringing an end to the silencing of sadness. Clinical vignettes depict salient theoretical points: (a) the importance of an emotional phenomenological perspective in investigating extralinguistic structures that prereflectively organize emotional experience; (b) the efficacy of extralinguistic affectivity as a form of mutual interchange (previously termed “body cotransference,” 2016 in press) in guiding the unfolding treatment; and (c) how traumatic shame, as a consequence of overwhelming feelings that result in affect destabilization, bypasses lived emotional experience. The work includes an in-depth study of the case of Sasha that describes how problems associated with the body as a symbolic object are transmuted into problems associated with the body as lived emotional experience, thereby making the silencing of sadness, perceptible and sayable.

Learning Objectives:

At the conclusion of this presentation, participants will be able to:
1. Discuss the therapeutic significance of extralinguistic affectivity, a way of knowing expressed as “… the articulation of feelings, desires and needs through the body” (Frie, 1997).
2. Explain the difference between problems involving “being a body” [as an extralinguistic lived experience] from “having a body” [as a symbolic object] and its significance in the treatment of those suffering from radical dissociation.
3. Apply clinical understanding of those affect states that do not threaten the continuity of selfhood [such as those associated with self-blame] from those states that put the continuity of selfhood at stake [such as sadness and loss].