

Sunday, October 22nd
8:00 am – 9:30 am

Paper Session C

1. A Therapist's Fallibility and the Hermeneutics of Trust

Presenter: Joshua Burg, MA, PsyD
Discussant: Lucy Freund, PhD
Moderator: Phyllis DiAmbrosio, PhD

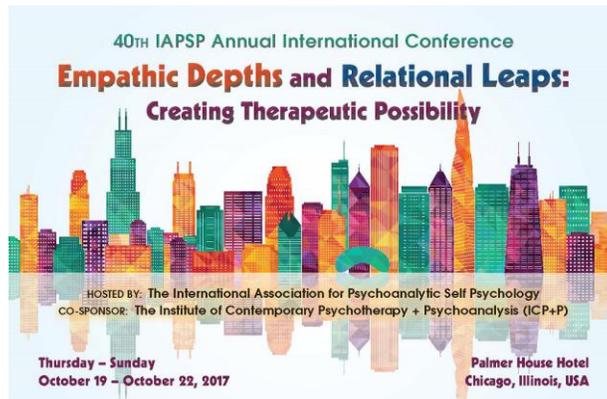
Abstract:

Using case material from a three-year psychotherapy treatment, this paper illustrates the process undergone by a beginning psychotherapist in integrating a fallibilistic sensibility into his clinical practice. The theoretical concepts of fallibility, the hermeneutics of trust, and pathological structures of accommodation are briefly reviewed to provide context and support for the development of this clinician's dedication to fallibility. Case material then focuses on the historical development of the patient's pathological structures of accommodation and a critical clinical moment that was transformative for the trajectory of the overall treatment. Through this critical clinical moment, the therapist's process of becoming more consciously aware of the utility of fallibility will be illuminated. The outcomes of the treatment will be presented, specifically related to the patient's development of a stronger sense of self and an increased capacity to tolerate and integrate experiences of failure into his subjectivity. Ideas related to the repetitive and selfobject dimensions of the transference will also be briefly considered.

Learning Objectives:

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

1. Describe the concepts of fallibility, hermeneutics of trust, and pathological structures of accommodation and their utility in Self Psychological & Intersubjective treatments.
2. Compare their understanding of these concepts with the presenter's experience of developing a fallibilistic sensibility.
3. Explain the difference between the repetitive and selfobject dimensions of the transference.



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Paper Session C

2. The Implicit Analyst: Principles of Salience

Presenter: Daniel Perlitz, MD
Discussant: Frank Lachmann, PhD
Moderator: Sheldon Meyers, MD

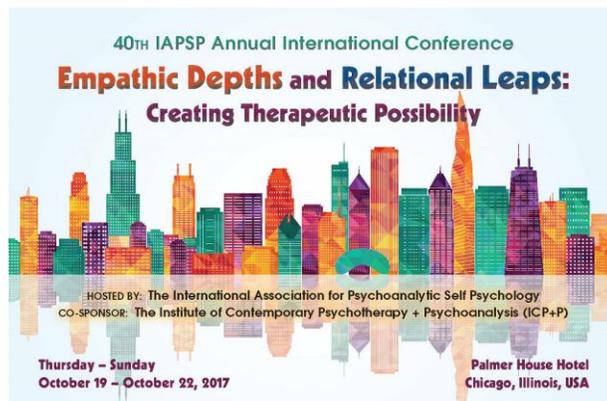
Abstract:

“The essential role of implicit affective process in psychotherapeutic change” --- in which “the implicit self” of the patient is vitally engaged, (Schore, 2011, P.75) has been widely recognized. This engagement also involves the implicit self of the analyst, the “implicit analyst.” This article focuses on the salient qualities of the analyst’s implicit self which contribute to therapeutic process. The analyst’s affective participation has generally been viewed through the lens of countertransference but here, in contrast, my focus is the underlying, core qualities of the analyst which infuse and undergird the entire therapeutic process. These qualities form what is commonly referred to as the character or personality of a person. I set out five salient qualities of the implicit analyst which I have arrived at through the phenomenology of my experience as analyst, supervisor, supervisee, and most importantly analysand. These may vary based on each analyst’s life experience but I believe, given that we are all members of the phylogenetic human species, that there will be much overlap. Two clinical stories illustrate my thesis.

Learning Objectives:

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

1. Discuss the interaction between analyst and patient, and in particular the effect of the analyst’s core, implicit qualities conducive to therapeutic process are reviewed.
2. Assess her/his own implicit qualities.



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Paper Session C

3. Transcending the Empathic Failures of our Forefathers: Rethinking ‘How Kohut Actually Worked’

Presenter: Janna Sandmeyer, PhD
Discussant: Charles Finlon, LCSW
Moderator: Jane Lewis, LCSW

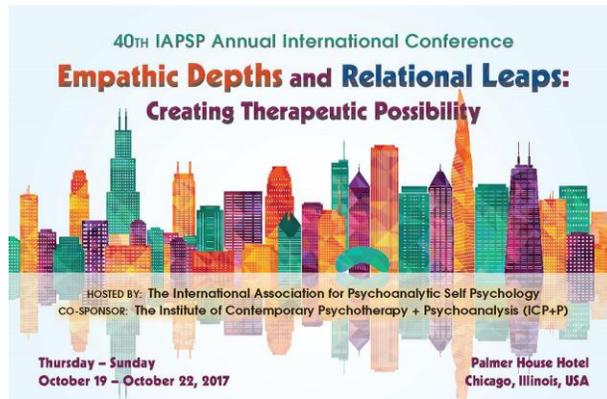
Abstract:

Jule Miller’s (1985) seminal article entitled “How Kohut Actually Worked,” remains to this day an invaluable window into Kohut’s clinical perspective toward the end of his life, as it clearly demarcates his Self Psychology from a classical analytic approach. However, one disturbing element in the article is Kohut and Miller’s heterosexist and homophobic approach to the homosexual material as described by the patient in the patient’s experience of self. The purpose of this paper is: to highlight the clinical principles that exemplified Kohut’s way of thinking toward the end of his life, as communicated by Jule Miller, and to apply these same principles in a way that broadens exploration of the clinical material; to maintain the relevance of Miller’s classical article in the Self Psychology canon by offering a corrective for the damaging nature of the homophobic and heterosexist aspects of the article; and to combat psychoanalysis’ historic antipathy toward homosexuality, in an effort to make psychoanalysis accessible and appealing to people of diverse sexual identity. The author suggests three intricately entwined factors contributed to Kohut and Miller’s perspectives on the patient’s homosexual fantasy and desire: The context of the time period in which the supervision occurred, a conjunction in the supervision, and Kohut and Miller’s personal reactions to the patient’s homosexual desires and behavior.

Learning Objectives:

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

1. Describe the clinical principles that exemplified Kohut’s way of thinking toward the end of his life.
2. Identify the heterosexist and homophobic aspects of Jule Miller’s (1985) article, ‘How Kohut Actually Worked’.
3. Describe correctives for the heterosexist and homophobic aspects of Jule Miller’s (1985) article, ‘How Kohut Actually Worked.’



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Paper Session C

4. Swimming with the Riptide: A Developmental Approach for Using Countertransference

Presenter: Dale Gody, PhD

Discussant & Moderator: Lynn Preston, MA, MS and Ellen Shumsky, MSW

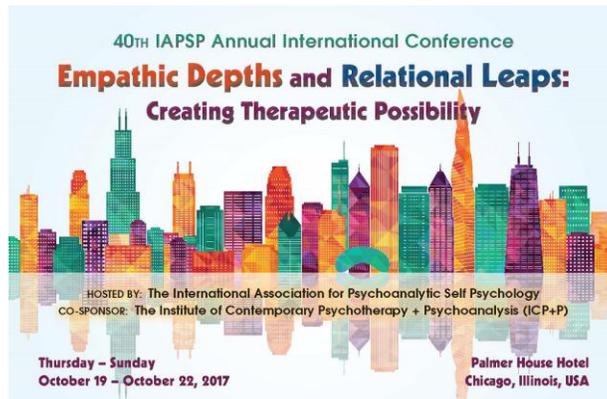
Abstract:

Matching interventions to the developmental mode of the patient in the moment, and with patients who are prone to action, both acting out and misbehavior, is often a challenge for the therapist. We privilege words above action, yet many patients cannot communicate their emotional experience with words, nor use interpretation readily. This paper explores the role of countertransference affect in selecting an intervention, the challenges of managing the intense affects of both patient and analyst, and of retaining the ability to think under the press to occupy a role in the patient's relational schema. A careful exploration of countertransference experience often provides the best understanding of the patient's unconscious experience and a route for promoting growth forward.

Learning Objectives:

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

1. Discuss a methodology for understanding developmental modes of psychological functioning and the fluidity of those modes in the patient and self.
2. Explain how countertransference affects can inform their choices of therapeutic interventions.
3. Describe the forms of action including acting out and misbehavior, particularly with regard to the kinds of challenges they create in the analytic dyad.



**Sunday, October 22nd
8:00 am – 9:30 am**

Paper Session C

5. Building Shelter in a Chaotic World: The Role of Empathic Imagination in Recovery From Trauma

Presenter: Sally Howard, PhD, PsyD

Discussant: Denise Davis, LCSW

Moderator: Carol Levin, MD

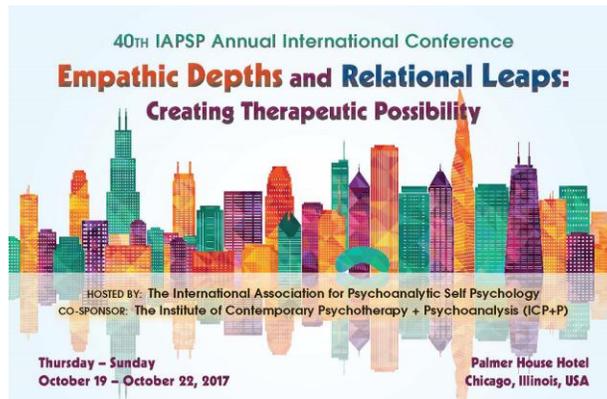
Abstract:

As a sequela of trauma, dissociative processes often diminish the ability to integrate traumatic experience and imagine an enriched future. This paper explores the use of the analyst's empathic imagination to facilitate integration of traumatic experiences. By creating "felicitous space"(Bachelard), new meanings and a more positive sense of self and future can emerge. Case examples are presented.

Learning Objectives:

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

1. List the effects of trauma on imagination.
2. Explain the use of empathic imagination to clinical work.
3. Describe the role of imagination in the creation of emotional dwelling.



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Paper Session C

6. Mutual Empathy: Imagined Symbol and Realization in the Treatment of Trauma

Presenter: Sarah Pillsbury, PhD
Discussant: Doris Brothers, PhD
Moderator: Annette Richard, MPs

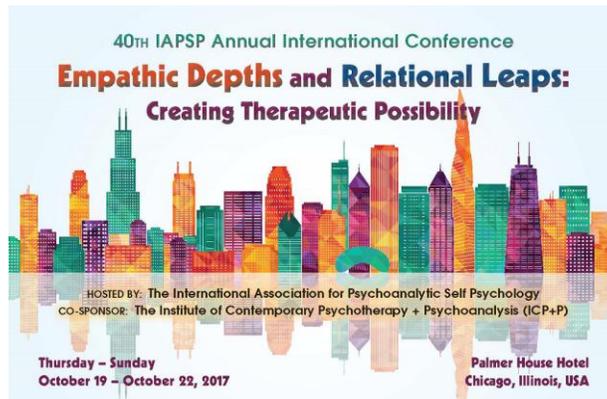
Abstract:

My work with Laura, the daughter of Holocaust survivors, was challenging, since I am not Jewish. She didn't think I could understand her, as her previous Jewish therapist had. At the beginning of treatment she had difficulty understanding her parents' trauma and its impact on her inner world. She could relate their stories, but kept them at a distance from herself, disavowing their affect and the ever-present specter of death. Even though she was frequently guarded and bristly with me, I could sense her strong need for connection. One day the connection was challenged when I wore a tiny cross because of my serious concern about a close family member. The cross had been discreetly hidden but accidentally became visible. We managed to work through this empathic disruption, and Laura began gradually to trust me, by educating me about Jewish life and the Shoah. A deeper sense of connection was made when Laura was especially vulnerable, lying on my couch in a fetal position, legs flaying, and screaming. I risked moving closer to sit beside her on the couch. Her sad, bony hand reached for mine, a hand I associated with her grandmother who died in the death camps. Our lightly holding hands calmed her and marked a crucial moment in the treatment, a turning point that opened the way for her to reach out to me later in a moment of my vulnerability that I had tried to hide. Empathy comes full circle, engendering mutual empathy between Laura and me, fully capturing the longed for and powerful empathy that I had first experienced between my analyst and me. Importantly, writing this paper allowed me to continue where that analysis had left off, to take in the trauma of my father's tragic death, find my own voice, and write about my clinical work with Laura.

Learning Objectives:

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

1. Define and discuss the concept of mutual empathy in the treatment of trauma.
2. Understand and explain how mutual empathy is generated between patient and analyst, promoting significant growth and healing in the treatment of trauma.
3. Write about the establishment of mutual empathy in treatment between patient and analyst and how it can have the unexpected benefit of healing developmental trauma, not only for the patient, but indirectly also for the analyst.



**Sunday, October 22nd
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Paper Session C

7. A Universe Between My Hat and Boots: Whitman's Self as a Model for Empathic Connection

Presenter: David Shaddock, PhD
Discussant: George Northrup, PhD
Moderator: John Riker, PhD

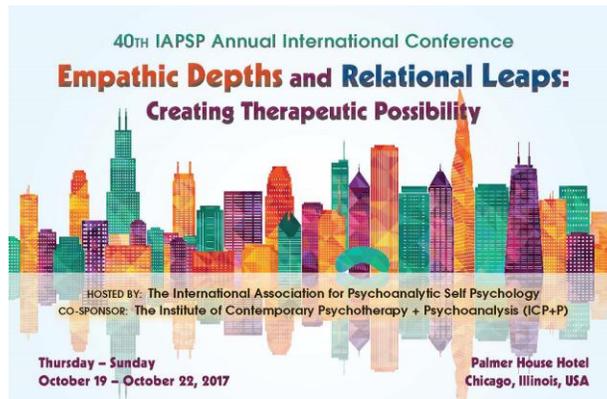
Abstract:

The Poems of the great American poet Walt Whitman are herein considered as a guide to psychoanalytic treatment. Whitman's expanded sense of self is described and compared to other, modern and postmodern views. The exquisite intimacy Whitman shows to everything in the world is compared to contemporary relational perspectives. Whitman's empathy, in which he becomes the people he is describing, is viewed as a model for psychotherapy. His view of the body as the seat of the soul is compared to contemporary views of "embodied psychoanalysis." Whitman's view of trauma and loss, especially as it pertained to the Civil War, is described. A case vignette of a couple in which a Whitmanesque view of an expanded view of each partners' self guided the therapist's response concludes the paper.

Learning Objectives:

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

1. Critique the way Whitman's expansive, merging sense of self can be applied to psychotherapy.
2. Assess the way Whitman's view of empathy as embodying the other person can apply to psychotherapy.
3. Explain Whitman's technique of alternating between his own subjective experiences of trauma and a description of the traumatized other can be a model for treatment.



Sunday, October 22nd
8:00 am – 9:30 am

Paper Session C

8. Meet-the-Author: Needed Relationships and Psychoanalytic Healing: A Holistic Relational Perspective on the Therapeutic Process

Presenter: Steven Stern, PsyD

Moderator: Judith Guss Teicholz, EdD

Abstract:

Needed Relationships and Psychoanalytic Healing is a broad multi-theoretical synthesis covering many dimensions of the therapeutic process and its conceptual underpinnings. At its core there are strong contemporary self-psychological influences, especially Marian Tolpin's thinking about "forward edge" transferences and therapeutic processes; significant contributions from mother-infant research, especially Louis Sander's process concepts of relational fittedness, moments of meeting, and specificity of recognition and connection; major influences from Relational theory; and an overarching non-linear-dynamic systems theory orientation, especially as articulated in the work of Robert Galatzer-Levy and William Coburn. In this meet-the-author session, I will focus on the application of Sander's concept of progressive relational fittedness to adult analytic therapy dyads. The analytic process is understood as an ongoing effort to "meet" developmentally traumatized patients "*in spaces where being met is an alien, distrusted experience, which patients may misread, avoid, negate, or attack even as they unconsciously long for and seek it.*" Underwriting this complex process of meeting the patient is an assumption that there is always a forward edge dimension of the patient's communications (conscious and unconscious), and, if so-trained, a complementary intention on the part of the therapist (both conscious and unconscious) to recognize and meet this forward edge striving. Taken together, these two tendencies constitute *the forward edge of the relational unconscious* and represent an *intersubjective tendency toward progressive fittedness* on behalf of the patient's implicit therapeutic needs and aims.

Learning Objectives:

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

1. Describe Louis Sander's process principles (relational fittedness, moments of meeting, specificity of recognition and connection) in the adult treatment context.
2. Demonstrate increased capacities to "meet" developmentally traumatized patients in therapeutically transformative ways.
3. Explain the therapeutic use of "the forward edge of the relational unconscious".