Friday, October 18th
10:45 am – 12:15 pm

A-1. PART TWO*: Clinical Workshops with Howard Bacal: Enhancing Therapeutic Possibility by Focusing on the Specificity and Uniqueness of Emergent Process in the Psychoanalytic Dyad

*THIS SESSION IS A TWO PART PROGRAM WITH THE FIRST SESSION ON THURSDAY AFTERNOON. ENROLLMENT FOR BOTH IS SUGGESTED BUT OPTIONAL.

Presenters: Howard Bacal, MD and Rebecca Harrington, DSW

Abstract:
In this second session, registrants will have the opportunity to observe, and interact with, the members of a small working group who will explore how privileging the uniqueness of emergent process in the psychoanalytic dyad enhances therapeutic possibility.

Learning Objectives:

At the conclusion of these workshops, participants will be able to:
1. Describe the particularity of emergent process between themselves and their patients.
2. Respond more effectively to their patients by attending more closely to the specifically reciprocal nature of dyadic process.
3. Utilize their awareness of the capacities and limitations of that particular dyad when offering responses that may regard as optimal for that patient.
A-2. Looking for Love in All the Same Places: Accessibility, Shame, and Digital Collisions

Presenter: Samuel Guzzardi, MSW
Discussant: Marie Hellinger, MSW
Moderator: Katherine Weissbourd, PhD

Abstract:
As the digital age presents a bevy of new possibilities for screen-based interaction, analysts are faced with new dilemmas related to sharing digital space with patients. This paper addresses one such dilemma: analytic work with a patient who encountered his analyst’s profile on an online dating site. The author describes decentering from feelings of violation and shame and entering into an empathic mode of observation of the patient’s experience which, over time, allowed a growth-facilitating twinship transference to emerge and drive the treatment forward. The process through which the author engages in this decentering is detailed, and the working through of the author’s feelings of impropriety, anxiety, and shame at having been accessible and “found” are discussed. The paper underscores a need for increased scholarship on how analysts and patients can best work through moments when their digital lives collide.

Learning Objectives:
At the conclusion of this presentation, participants will be able to:
1. Assess the degree to which patients may be engaged in a twinship transference with their therapist, and elaborate on the potential utility of such a transference configuration.
2. Analyze the various dilemmas that are likely to occur when patients and therapists are both members of the same digital communities, and proactively consider how to handle potential therapist/patient digital collisions.
3. Utilize a model wherein sameness, connectedness, and overlap in the lives of patients and therapists are all seen as potential fertile ground for therapeutic growth and transformation.

Presenter: Darren Haber, MA, MFT
Discussant: Harry Paul, PhD
Moderator: Arthur Gray, PhD

Abstract:
Addiction is notoriously difficult to treat. In this paper, I argue for the efficacy of a relationally analytic approach to treatment, as addictions often operate within malattuned contexts, and provide the fleeting albeit vitalizing or soothing self-restoration often missing from such contexts. Such experiences are almost always derived from unacknowledged relational trauma, within a context that demands Brandchaftian accommodation or aversion of affective authenticity. Addictions are derivative of and in some ways echo relationally traumatic contexts—allowing us, with perseverance, experimentation, and perhaps some luck, to provide a “second chance” for patients’ relational expansiveness. I present a case study that highlights such hard-won understanding via an intersubjective-systems perspective. Here, obstacles arose from both the addicted patient’s compulsive aversions to vulnerability, or any trace of “dependence” on a caregiver (actual or symbolic)—and, just as pertinently, from my own transferentially provoked self-protections. My own introspection revealed a fraught discomfort with the patient’s rigid yet chaotic aversions against vulnerability, and a subtle disapproval of his insistence that reliance on marijuana was completely his mother’s fault. Meanwhile, he and his mother struggled within an enmeshed or mutually enslaving system, which sought the compulsive riddance of vulnerable emotionality, with accompanying demands for validation and recognition from others—including the increasingly beleaguered analyst. Eventually the patient’s family context was seen to mirror the analyst’s childhood, where caregivers had also “hijacked” his authentic selfhood. The difficult but crucial stretching of the analyst’s own reflectivity, and associations to similarities between his archaic world and the patient’s, together with his own experience with addiction and sobriety, led to a dyadic loosening, a reinforcement of the analytic frame, and a deeper understanding of the patient. This freed the patient to self-initiate steps towards expansiveness, easing his compulsive reliance on antidotal self-protections.
A-3. Simulated Selfhood, Authentic Dialogue: 
An Intersubjective-Systems Look at Treating Addiction (Cont.)

Presenter: Darren Haber, MA, MFT  
Discussant: Harry Paul, PhD  
Moderator: Arthur Gray, PhD  

Learning Objectives:

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

1. Describe ways in which addictive processes are derived from or parallel emotional processes within patients’ archaic relational systems, leading to a “virtual” selfhood.
2. Discuss ways in which the analyst’s understanding his or her own subjective transference, or organization of dyadic process, becomes essential to “loosening” or enhancing authentic dialogue, and clinical creativity.
3. Explain the benefits of a relational analytic theory to treating addictive patients—and what “defines” an analytic process, even when a variety of interventions (such as behavioral or “practical” suggestions) are incorporated into the treatment.
A-4. Deconstructing Racism:
Claudia Rankine’s Citizen as a Window into the Experience of Otherness

Presenter: David Shaddock, PhD, MFT
Discussant: Gudrun Prinz, PhD
Moderator: Astrid Davidson, PsyD

Abstract:
This paper uses a close examination of Claudia Rankine’s book length poem Citizen to help clinicians understand and work with the experiences of patients of color who have experienced the aggression of racism. The poem documents many interests of seemingly benign interactions with strangers and colleagues are actually microaggressions. For example a fellow faculty member saying on the elevator, “You’re always going on sabbatical.” The poem documents the author’s response to these aggressions at the self level: she expands her sense of self to include all oppressed people. As part of this expanded sense of self, the poem presents a confusion of pronouns. Two other healthy responses to racism are documented: the poem’s lyricism, and the poem’s overwhelming indictment of the genteel and violent ways racism permeates our world. The paper concludes with a case vignette in which the therapist’s experience as a Jew and the African American patient’s espousal of the views of Louis Farrakhan lead to a crisis and eventually to a profound therapeutic alliance that has lasted many years.

Learning Objectives:
At the conclusion of this presentation, participants will be able to:
1. Identify the microaggressions that people of color endure in their lives.
2. Discuss the elaborations of self experience, including an expanded sense of self, that people of color often develop.
3. Utilize their own subjective experience as a model for working with patients of color.
A-5. Cushman and Kohut:
Constructing Identities vs. Developing Selves in the Context of Modern American Life

Presenter: John Riker, PhD
Discussant: Amy Eldridge, PhD, MSW
Moderator: Scott Davis, MD

Abstract:
In this paper I address Phillip Cushman’s critique of psychoanalytic psychotherapy as being both naïve about how sociopolitical forces generate persons in America and are complicit in reproducing the deficient form of self generated in America, the “masterful, bounded, empty self,” a kind of self he finds particularly validated in the theories of Winnicott and Kohut. I show how these critiques are misguided and I provide a different narrative for why psychodynamic therapy arose, one that sees it not as a pawn of sociodiscursive forces, but as an important source of rebellion, one offering an alternative way of being human from the regnant forms dominating modern life. I further show how Kohut’s self psychology can ground a robust ethical life and help us negotiate the difficult problem of Difference. In the end, I bring Cushman and Kohut together by seeing Cushman’s work as exploring how identities are constructed, while Kohut is articulating a theory of how selves are developed. The crucial conceptual point is to differentiate ego identities from nuclear selves and understand their psychological interdependence. I end by asking how Cushman’s theory of the social construction of ego identities might be useful in the clinical setting.

Learning Objectives:
At the conclusion of this presentation, participants will be able to:
1. Explain how the social construction of identities and the psychological development of a core self are different psychological processes that are interconnected.
2. Explain why social constructivism is inconsistent both with itself and with traditional psychoanalytic theory.
3. Explain how and why self psychology can both ground ethics and help negotiate the problem of Difference.
A-6. The Complexity (or) Sameness and Difference in Needed Relationship

Presenter: Robert Benedetti, PhD
Discussant: Steven Stern, PsyD
Moderator: Leslie Smith, MSW

Abstract:
Questions such as, “What does the patient need from me? (S. Stern 2017) and “What’s going on around here?” (E. Levenson 1985) may be more or less emphasized depending on one’s approach to the psychoanalytic situation. These questions become even more nuanced when the lives of patient and analyst intersect. Through clinical material from two psychotherapeutic relationships, one during the height of the AIDS crisis in the United States during the early to middle 1990’s and the other ongoing, these crossings or meetings may be viewed through the lens of twinship phenomenon. Whether this sameness is life situation or sexual orientation, professional identification, while potentially vitalizing to the analytic couple, can also be fraught. The first clinical story is one of forced sameness in that during the treatment, both therapist and patient suffered traumatizing losses of partners and family members to AIDS. This devastating mutuality resulted in powerful transference/countertransference dynamics through the loss and survival of each participant. The ways in which both therapist and patient identified with one another and the complexity of the identification that ensued is developed.

The second clinical narrative concerns the challenges present in an analytic relationship currently in its sixth year in which both members of the analytic couple are close in age, mental health professionals, and gay white males who are also cradle/lapsed Catholics. Louis Sander and Steven Stern’s use of “fittedness,” among other clinical/theoretical constructs, will be applied throughout the discussions.

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

1. Describe and discuss the transference/countertransference aspects within the functioning of an analytic couple when twinship dynamics are salient.
2. Explain how sameness can be both vitalizing as well as fraught for an analytic relationship.
3. Describe Steven Stern’s application of Louis Sander’s work on “fittedness” to parental or therapeutic relationships.

Presenter: Michael Reison, PhD
Discussant: Shelley Doctors, PhD
Moderator: Joshua Burg, PsyD

Abstract:
This paper is an expansion of Branda’s notion of pathological accommodation. In pathological accommodation a child is exposed to immutable primary caretakers unable to perceive the child’s subjectivity while at the same time demanding that the child meet the needs of the caretakers. As a result, the child abandons much of their desires and striving in order to maintain the needed ties to the caretakers. I am introducing both the idea of pathological non-accommodation and the subjective importance of both accommodation and non-accommodation in their non-pathological forms. In pathological non-accommodation the child attempts a precocious self-sufficiency overplaying their separateness and distinctness at the expense of taking in the emotionally organized help, information, and nurturance they need to thrive in the world. Healthy accommodation and non-accommodation entail having good enough caretakers promoting a child’s developing emotionally organized judgments regarding their comforts and discomforts around the vast array of playful and worked-on interactions within the child’s emotional surround. Examples of early healthy accommodations are turn taking, imitation, and other forms of learning such as altering frustration. Examples of early healthy non-accommodation are averting one’s gaze, crying, displaying displeasure, learning to say “no,” and more complex oppositional behavior as development proceeds. A case example will be given of a patient who combines both pathological non-accommodation and pathological accommodation along with the therapeutic work done to “free the spirit from his cell”.

Learning Objectives:
At the conclusion of this presentation, participants will be able to:
1. Describe what a non-pathological accommodation is and how to deal with it in the clinical process.
2. Compare the differences between a pathological accommodation and a pathological non-accommodation.
3. Demonstrate how accommodation and non-accommodation are used in normal development and help their patients deal with the differing ways they use accommodation and non-accommodation in productive and non-productive ways.
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Paper Session A

A-8. Race, Melancholia, and the Fantasy of Whiteness

Presenter: Cherian Verghese, PhD
Discussant: Joshua White, MBBS, MPH, MPM
Moderator: Philip Graham, MBBS, Psych Med

Abstract:
Critical pedagogy teaches us that our knowledge of who we are, and have been, as nations is profoundly influenced by the specific narratives surrounding our collective history. Such narratives enshrine a view of American history that valorizes a White male perspective, where women and people of color exist mostly as supporting casts or are entirely absent, erased. Inculcated in us during our formative years, these narratives are reaffirmed through various social, educational, religious, and mass media exposures. They impact our lives, patients’ and therapists’, and do so differentially, depending on our individual situatedness, racially, culturally, nationally, and historically. One of our cultural narratives involves Asian Americans who are held up as “model minorities” whose exceptional levels of academic and financial success, highly misattributed and collapsed across disparate subgroups, are often used to justify the continued denigration of African Americans who are then blamed for their own communities’ lack of relative success in the US. Given their “honorary White” status, a silencing political strategy, Asian Americans struggle to attain the American dream, “Whiteness,” which repeatedly slips through their hands--close but not good enough. Unfortunately, Whites are too often kept unaware of their own roles in this racialized cultural/political process because of the nature of power and privilege. In such a context, the challenge for contemporary psychoanalytic therapists is to recognize our own racialized situatedness, to create a necessary ‘cultural third’ space, when that has been made difficult, at times even dangerous. Privilege is often conditioned on our complacency, even collusion, unconsciously or otherwise, making it uncomfortable for us to recognize racialized dynamics, including in the therapeutic space. This paper examines some of these racial/cultural/social/political constructs and attempts to identify them within the context of a clinical vignette.

Learning Objectives:
At the conclusion of this presentation, participants will be able to:
1. Identify at least two specific concepts related to cultural/racial dynamics that would be beneficial for therapists/analysts to recognize in themselves.
2. Articulate how at least two of the cultural processes, such as “White privilege,” “aversive racism,” “racial melancholia,” etc. can impede recognizing their own and/or their patients’ situatedness within society.
3. Demonstrate the value of critical pedagogy as a model in the teaching and clinical work of psychoanalytic theory and therapy.
A-9. Orange is (Not) the New White: Defensive Grandiosity and the Rise of Trump

Presenter:  David Schreiber, MPT, PsyD
Discussant:  Ellyn Freedman, PsyD, LCSW
Moderator:  Maria Slowiaczek, PhD

Abstract:
This paper is an unapologetically subjective account of the author’s attempts to understand the psychology of the Trump supporter, as well as the interplay between Trump’s defensive system and those of his supporters. In this age of relationality and intersubjectivity in psychoanalysis, we as clinicians must ask ourselves how we make our choices about who we treat in our practices, and whether we can treat patients in the absence of empathy.

Learning Objectives:
At the conclusion of this presentation, participants will be able to:
1. List possible societal causes for a rise in the use of grandiosity as a defense.
2. Describe the interplay between an individual’s defensive grandiosity and larger groups’ displays of similar defenses.
3. Analyze questions clinicians must ask themselves regarding choices in who to take on as patients.
Abstract:
My aim in this lecture is to present the concept of immanentism in order to understand the process of totalitarianism, not only in the governmental sense, but also as a process of closing in on an individual or society namely, possess to oneself fix identities and representations, and to expose the danger it presents to otherness and pluralism because of its ethics, which I refer to as the ethics of the sameness. Contrary to immanentism and totalitarianism, I will also present the poetic gesture and singularity, and suggest that the clinical space is a poetic one, wherein singularity is revealed. I will demonstrate how these principles work in a case study from my clinical work with Hadar, who grew up in the unique community of the kibbutz.

Learning Objectives:
At the conclusion of this presentation, participants will be able to:
1. Explain the phenomenon of immanentism versus the poetic gesture and singularity.
2. Discuss empathy and near-experience-observation through an inter-disciplinary perspective, involving Eastern and Western philosophies.
3. Apply at least one of these concepts to their clinical work.