B-1. Are We All Refugees?

Presenters: Koichi Togashi, PhD, LP and Doris Brothers, PhD
Discussant: Alioscia Boschirol, PhD
Moderator: Michael Williamson, MMed

Abstract:
This paper examines the refugee experience as a loss of home. When home is viewed as much more than simply a place but is understood as a concept that signifies how human beings locate themselves among other human beings in the world, the loss of home is seen as almost always traumatic. The paper begins with the psychoanalytic literature on the refugee experience. Then with reference to a study of the refugees of the Fukushima earthquake, tsunami and nuclear reactor explosions, it discusses the societal traumas that drive people out of their homes. It is suggest that all humans share a sense of radical anxiety upon being disconnected from or unstably bonded to home. The paper concludes with an illustrative clinical vignette.

Learning Objectives:

At the conclusion of this presentation, participants will be able to:
1. Describe the societal traumas that drive people from their homes.
2. Explain how home may be understood as more than a place but as standing for the way human beings locate themselves among other humans in the world.
3. Explain how refugees of the Fukushima earthquake, tsunami and nuclear reactor explosions experienced themselves as refugees.
B-2. Interpretation as Carrier of Selfobject Functions: Catalyzing Inborn Potential

Presenter: Richard Geist, EdD
Discussant: Jill Gardner, PhD
Moderator: Franziska DeGeorge, PhD, PsyD

Abstract:
This paper highlights importance of verbally articulated interpretations as uniquely important because inherent in interpretations are selfobject functions. In other words, interpretations are the carriers of selfobject functions, the internalization of which are needed to concurrently strengthen one’s sense of self and to modify defensive structures. When an interpretation or genetic reconstruction that carries selfobject functions is experienced as accurate, it can be almost instantly structure building for a patient as long as patient and therapist share a sense of connectedness and permeable boundaries. The paper discusses three verbatim interactions with three different patients that illustrates how interpretations catalyze inborn potentials to become sustained abiding psychological capacities. I then discuss a verbatim interaction with a fourth patient to suggest how we might work with a patient who is not as yet open to interpretative work.

Learning Objectives:
At the conclusion of this presentation, participants will be able to:
1. Describe what is meant by interpretation is the carrier of selfobject functions.
2. Explain a different method of internalization.
3. Utilize the information on interpretation to include selfobject functions in one’s interpretative work with patients.
B-3. Narrative as a Mode of Knowing

Presenter: Daniel Goldin, MFT, PsyD
Discussant: Deborrah Dunne, PhD
Moderator: Lester Lenoff, MSW

Abstract:
Thinkers over the millennium have detected two styles or modes of knowing, although they have used different words to categorize these modes. Medieval Christian scholastics distinguished between knowing by reason and knowing by faith or revelation. Kohut distinguished between knowing by empirical observation and knowing by empathic immersion. Similarly, the cognitive psychologist Jerome Bruner (1986) proposed two ways of knowing: a paradigmatic mode of knowing and a narrative mode of knowing. The paradigmatic mode we know well from the natural sciences. It involves creating predictive models or laws. The narrative mode concerns itself with the motivated reasons for exceptional occurrences and involves “an immersion in minds and human intentions and the use of the faculty of empathy” (Collingwood, 1946, p. 112). This paper jumps off of Bruner’s distinction between these two ways of knowing and argues that narrative is the preeminent mode in psychoanalysis. In the process, I make a distinction between narrative and empathy. The narrative mode requires empathy but it isn’t the same as empathy. Stories transcend our individual subjectivities by connecting different minds, different places and different times. We put ourselves in the grip of a story in order to know more than we can know when we are not in its grip.

Learning Objectives:

At the conclusion of this presentation, participants will be able to:
1. Distinguish between the faculty and empathy and the mode of narrative.
2. Identify the portal to a story in breaks in what we believe to be canonical in our lives.
3. Analyze the emotional states of patients by tacking back and forth between “inner” and “outer” experience and putting together an integrating story.
B-4. Gasping For Air: Working With a Suicidal Patient

Presenter: Laura D’Angelo, MDiv, LP  
Discussant: Carol Levin, MD  
Moderator: Catherine Mahoney, PhD

Abstract:
A spike in suicides is an unfolding crisis in our times. According to the Center for Disease Control, the national suicide rate has jumped 33 percent between 1999 and 2017. American suicides are now at their highest point in 50 years. Suicide is the second leading cause of death for Americans under the age of 35. Suicide is a contagion. A person who self-kills puts others at risk for ending their lives too. In this paper, I explore how the specter of suicide shaped the intersubjective field between myself and a death-driven analysand. Immense dread carried by each of us created an emotional storm that had us reliving the suffering of childhood. Finding ourselves in the other contained the seeds for liberation and for a new future.

Learning Objectives:
At the conclusion of this presentation, participants will be able to:
1. Discuss how the leading and trailing edges of patient and analyst are co-determined on an ongoing, figure and ground basis.
2. Explain the value of the analysis of the repetitive transference and the responsiveness of the selfobject experiences for both patient and analyst.
3. Explore the ways that the analyst’s self-exploration of the trailing edge can help both the patient and analyst engage the leading edge.
B-5. Trust and Suspicion or Sameness and Difference?:
Reframing Hermeneutics with the Invisible Other

**Presenter:** Cheryl Goldstein, PhD  
**Discussant:** Allison Merrick, PhD  
**Moderator:** Karoline Windhager, BA

**Abstract:**
The ideas and beliefs that ground the interpretative process, hermeneutics, reflect both personal and cultural influences. This paper discusses the implicit bias reflected in the construction of a “hermeneutics of suspicion” and a “hermeneutics of trust.” Considering this binary from the position of the “invisible other,” in this case the Jewish analyst, this paper identifies the implicit “othering” that leads to this invisibility, takes up the possibility of reframing the hermeneutic binary as a “hermeneutics of sameness” and a “hermeneutics of difference,” and discusses some clinical cases of such a shift.

**Learning Objectives:**
At the conclusion of this presentation, participants will be able to:
1. Identify implicit attitudes that may inhere in a hermeneutic approach.
2. Analyze personal hermeneutic influences.
3. Discuss the significance of cultural perspectives in the process of interpretation and making meaning.
B-6. Beyond the Requirement to Care: Finding Analytic Freedom in Working with a Woman Heading into Terrible Life Circumstances

Presenter: Margaret Allan, PsyD  
Discussant: Denise Davis, LCSW  
Moderator: Liling Lin, LCSW-R

Abstract:
A familiar path for psychoanalysts is as caregivers in our own families of origin. While fluent in the language of care this also can establish certain requirements that deaden our capacities to stay alive within our analytic work and significantly, to be able to engage empathically. This paper explores these relational requirements in terms of an accommodative tilt that the analyst may unconsciously operate from. This attitude of accommodation with our patients is born of early developmental trauma but may appear as a kind of system default and atmosphere in much of our work. I use the case of a woman heading into terrible life circumstances to see the emergence of these trends on the part of the analyst. I explore the implications for the work as a deadening influence but also an unexpected release into freedom for both analyst and patient.

Learning Objectives:
At the conclusion of this presentation, participants will be able to:
1. Identify their own accommodative patterns within the analyst-patient system.
2. Discuss the significance of analytic freedom in the analyst’s capacity to engage empathically
3. Describe the constrictions and limitations felt within the analytic system with the concept of analytic freedom in mind.
B-7. Moving Together Along the Spectrum: 
Toward an Empathic Dialogue with Autistic Children and Their Families

Presenter: Daniel Posner, MD  
Discussant: Christina Emanuel, MA  
Moderator: Paula Kenney, MFT

Abstract:
The following article posits that movement-blindness in the ASD field has historically diminished the relevance of the relationship-seeking core-self (homo provocans) in autism by systematically overlooking the particular challenges autistic individuals face expressing—and perceiving—bids for social interaction. Retrospective home-video micro-analysis shows that pre-autistic infants fail to activate caregivers in early dyadic exchanges, with cascading effects on dyadic function that impedes the developmental process. Contrary to the view of autistics as fundamentally lacking ‘social motivation’ (ref), the innate motive capacity to initiate expressive contact with caregivers—homo provocans—appears intact but motorically “enfeebled.” Bids for interaction by autistic infants, though present from birth, are challenging to discern, and, without intervention, become rarer over the first 3 semesters. Parents are initially more active and directive with the affected child and—in their zeal for connection—do much of the work of sustaining interaction. Eventually, the jazz stops swinging (Trevarthen, 2007), resulting in a characteristic relational disruption that may exacerbate autistic compensations and parental withdrawal.

Drawing on the work of Daniel Stern and the BCPSG, with its emphasis on dynamic vitality forms, affect attunement and the primacy of movement in early development, I propose a unifying developmental-relational framework for clinicians interested in—or already—working with autistic people and their families, one that properly accounts for the differential embodiment of autistics and its impact on implicit (or on-line ) social interaction throughout the life-cycle. I begin (section 1) by reviewing evidence that ASDs stem from not from deficits in mentalization or perspective-taking but from a more basic disruption at the level of primary intercorporeality; more specifically, to the expression and perception of intentions-in-movement (i.e. the exchange of dynamic vitality forms) in early development. In this view, deficits in the regulation and timing of movement subsystems dampen inter-personal kinesthetic and affective bodily resonance during early dyadic interactions, reducing the frequency of “moments of meeting” in the first year of life, with “knock on” effects on implicit relational knowing and later cognitive development. In relational terms, autistic infants and adults face challenges with the “intentional unfolding process” and with “moving through and being moved by” the other “in sustained engagements over time in embodied resonance.” (BCPSG).
Saturday, October 19th                  Paper Session B
10:15 am – 11:45 am

B-7. Moving Together along the Autism Spectrum
Toward an Empathic Dialogue with Autistic Children and Their Families (Cont.)

Presenter:  Daniel Posner, MD
Discussant:  Christina Emanuel, MA
Moderator:  Paula Kenney, MFT

Learning Objectives:

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

1. Perturbations in parent-child interaction have therapeutic—rather than etiological--relevance to autistic development
2. Discuss how autistic deficits in implicit know-how are most effectively remediable at the “local level” of implicit interaction; that is, by rhythmic scaffolding of the patient’s naturalistic everyday interactions with objects and people.
3. Discuss how authentic mutual engagement—moving through others and beyond moved by another--requires co-regulation of joint activities (Fogel, 1993) and attentiveness to the micro-world of everyday interactions. It takes two to botch—and repair—a tango.
B-8. Understanding the Complexities of Dialogue:  
A Jewish Analyst Expands her Horizons in Palestine

Presenter:  Jane Lewis, LCSW  
Discussant:  Naomi Benzer, MA  
Moderator:  Paolo Stramba-Badiale, PhD

Abstract:
This presentation has aimed to convey through dialogue, much of what this author has learned, 
understood and witnessed over the past five years that she has been coming to Palestine. She 
contextualizes her dialogues by describing the horrific sociopolitical surround that the 
Palestinians endure as well as the unique forms of non-violent resistance they have developed. 
As she “time travels” in a non-linear fashion, she acknowledges the importance of taking 
responsibility for her complicity in perpetuating the global ignorance of extreme human rights 
violations suffered by the Palestinians since 1948 with no sign of cessation. She also describes 
the difficult process of accepting that while she feels at home in Palestine, she also feels that 
Israel is her existential home. Ultimately, she points out that the psychoanalytic profession tends 
to valorize dialogue which may be contraindicated in certain sociopolitical contexts because it 
promotes the “normalization” of oppression. Therefore, this author contends that within certain 
sociopolitical contexts, dialogue must wait until there is reparation and true political change.

Learning Objectives:
At the conclusion of this presentation, participants will be able to:
1. Describe the importance of contextualizing dialogues using the sociopolitical surround.  
2. Describe the advantages of listening and learning from others.  
3. Discuss why dialogue may not be constructive.
Abstract:
This paper defines the demon lover complex, and then describes the three ways it is constellated in the psyche of a woman. It exposes the powerful effects of the complex at personal, cultural, and archetypal levels of consciousness. Even if a woman has not personally been touched by sexual violence, living in a patriarchal culture will necessarily reflect “the rape of her feminine essence” in her inner world of dreams, fantasies, and romantic attachments. Once the demon lover archetype is activated, it requires enormous effort to reclaim one’s life. Transforming the demon lover and breaking the death-marriage bond may provide the psychic force necessary to sever the pattern of repetition compulsion commonly seen in victims of trauma, break the intergenerational transmission of trauma passed down through the ancestral line, and help uncover more authentic images of the feminine.

The paper outlines the nine stages of breaking the demon lover complex and connects the stages to the individuation journey of women through dreams. Research in the fields of depth psychology, violence, and trauma are referenced at most stages to support the inner psychic movement. The stages are as follows: possession; omnipotent control over the demon lover; breaking the bonds; re-experiencing the trauma; reclaiming the victim—the movement from fantasy to reality, honoring the demon lover; seeing through to the wounded masculine; transformation of the demon lover to the beloved; and initiation/the happy arrival.

Learning Objectives:
At the conclusion of this presentation, participants will be able to:
1. Define the demon lover complex and the ways that it constellates in the psyche.
2. Reflect on the psychological process of breaking the demon lover complex through the nine stages presented.
3. Gain clinical insight into the dynamics of projection and projective identification specific to the trauma of sexual assault.
4. Analyze the connection between Kohut’s concept of the “sexualized self-object experience” and the power of repetition compulsion in the traumatized psyche.
B-10. Social Thirdness: Intersubjective Conceptions of the Experience of Prejudice

Presenter: Joachim Sehrbrock, PhD
Discussant: William Coburn, PhD, PsyD
Moderator: Anna Stothart, PsyD, LMHC

Abstract:
In this time of #MeToo and BlackLivesMatter, clinicians are increasingly challenged to engage with and help their patients navigate the intricacies of socio-political multi-dimensionalities and within these the complexities of prejudice. In this paper, I suggest that the intersubjective experience of prejudice is a collapse of thirdness, a collapse of the dialectical recognition of sameness and difference, or self and other. Furthermore, leaning on principles of intersubjectivity and relational psychoanalysis, I also offer a refinement of the concept of thirdness in relation to prejudice by pointing to the need to bring into focus larger socio-political currents and layers of experience that are intricately woven into the fabric of thirdness, thus constituting a social thirdness. Particular emphasis will be placed on understanding the clinical pertinence, as well as collapse and repair of social thirdness in the context of gender and sexuality. I will use several carefully disguised clinical examples to illustrate these ideas and their relevance to psychotherapeutic work.

Learning Objectives:
At the conclusion of this presentation, participants will be able to:
1. Describe intersubjective conceptions of the experience of prejudice of gender and sexuality.
2. Discuss the concept of thirdness and its refinement, social thirdness, in the context of the experience of prejudice.
3. Apply the presented ideas to clinical material.