Thursday, March 1st

PLENARY I

Swimming the Bosphorus:

A Clinical Presentation

Clinical Presenter: Spyros Orfanos, PhD, USA

<u>Chair</u>: Margaret Black, LCSW, USA

Discussants: Mary Bayles, MSW, AUSTRALIA; Raul Naranjo, PhD, SPAIN;

Ilana Laor, MA, ISRAEL; and Yavuz Erten, MA, TURKEY

Abstract:

This presentation will focus on the unique and complex reactions of a Turkish man who experienced the extreme trauma caused by the September 11, 2001 attacks on the World Trade Center. The clinical process was "like digging a well with a needle." At times, the Greek American analyst engaged in acts of disclosure and reverie. The treatment set into motion aspects of self-experience for both participants. These involved sexuality, religion, and cultural resentments and idealizations. We will explore how this facilitated reflection and recovery.

Educational Objectives:

- 1. At the conclusion of this presentation, participants will be able to identify 3 overlap dimensions between psychotherapeutic progress and analytic gains.
- 2. At the conclusion of this presentation, participants will be able to identify how thick descriptions of cultural resentments and idealizations can enrich clinical process.

Friday, March 2nd

PLENARY II

A Conversation with Stephen Mitchell

<u>Discussants</u>: Hazel Ipp, PhD, CANADA and Jody Messler-Davies, PhD, USA

Interlocutor: Lew Aron, PhD, USA

Abstract:

This Plenary will showcase a film of Stephen Mitchell speaking about his vision of the Future of Psychoanalysis. Filmed in 1989 at the Boston Division 39 Meeting, This talk concentrates on Mitchell's departures form traditional psychoanalytic concepts and sets the stage for many of the constructs that have become germane to our current thinking and the Relational Endeavor. These ideas will be further considered by two discussants who will consider the specific ideas Mitchell addresses in the film and will elaborate upon them with clinical material.

At the conclusion of this panel participants will be able to:

- 1. Establish a greater familiarity with specific departures from Classical theory as conceptualized by Mitchell
- 2. Have a clearer understanding of the basic tenets of Relational thinking as these were envisioned by Mitchell
- 3. Establish a clear link between Relational theory and clinical practice and better understand the interface between the two.

Friday, March 2nd

PLENARY III

"[T]he self is created from meanings assigned to experience; one cannot begin to understand a life, a person, without an appreciation of those experiences and what they provide in terms of possibilities and constraints. But the meaning of those experiences is not given; it is composed, created, designed. The self is not produced by motives and causes; there is also the creative will of the individual." (from Relational Concepts in Psychoanalysis, 1988, p. 257)

Two Realms of the Analyst's Will: Unbidden Intentions and Committed Choices

Presenters: Irwin Hoffman, PhD, USA and Donnel Stern, PhD, USA

Interlocutor: Malcolm O. Slavin, PhD, USA

Abstract:

This panel will explore the dialectical interplay in the analyst's experience of finding himself or herself "feeling inclined" to act and proactively exercising will to influence the process. Sometimes what seems to be in the foreground is the sense of "unbidden" experience that is the impetus for new understanding and action (Stern's emphasis), sometimes what is in the foreground is a sense of determination to affect the patient and the analytic relationship in a particular way (Hoffman's emphasis). The wellspring for the analyst's experience can never be fully known and yet certain moments become inspirational for creative exploration of new possibilities.

- 1. Attendees should be able to define relational freedom and apply the concept to clinical situations in their own experience.
- 2. Attendees with gain understanding of how analytic therapists' proactive, creative efforts in a constructivist framework to inspire change in their patient's lives can be integrated with a critically reflective analytic attitude and with awareness of the never fully known or controlled foundations for changing perspectives.
- 3. Attendees will gain understanding of how analytic therapists' explicit expressions of loving affirmation can do battle with the destructive effects of persecutory introjects and provide fertile ground for the emergence in the patient of new possibilities and new hope.

Saturday, March 3rd

PLENARY IV

"We are designed, in ways that we are just beginning to appreciate, to be drawn into a wide array of reciprocally regulating interactions and shared affects with other human beings..." (from Relationality, 2000, pp 106-107)

From the Nursery to the Consulting Room; Relational Perspectives on Development

Presenters: Jessica Benjamin, PhD, USA and Joyce Slochower, PhD, USA

Interlocutor: Kenneth Corbett, PhD, USA

Abstract:

Our History, Our Selves, or "You've come a long way Baby": How the Intersubjective Theory of Development Grew Up, Jessica Benjamin

Psychology recapitulates ontogeny as many currents converge in the growth of an intersubjective understanding of development. The process of theory building is like growing up, a relational process that takes a village. The new psychoanalytic developmental perspective on self and other grew out of many strands of thinking in the latter part of the 20th century. This talk will consider the way our theory grew up, how relational theory met developmental theory. Beginning by tracing my own intellectual history, I show my own process of developing an intersubjective perspective as part of a larger historical process. My own vision of intersubjectivity was embedded in and grew out of a matrix including many currents in philosophy, object relations (especially Winnicott), selfpsychology, attachment studies, infancy research, and later continued to incorporate work by relational analysts on affect regulation, dissociation, and multiple self-states. I will trace the development from the idea of "recognition and destruction" as a one-way process where the analyst survives, to a two-way process where the relationship moves from rupture to repair of the third. I show some points of divergence with Mitchell's intellectual history, his original critique of "the developmental tilt," as well as the later convergence with his embrace of intersubjectivity theory. Likewise, I show some of the divergence and convergence with the intersubjectivity theory of Stolorow, Atwood and Orange. I will illustrate the clinical use of a developmental perspective,, as well as suggest further directions for relational developmental thinking in the future.

Educational Objectives

- 1) Learn about the history of psychoanalytic developmental theory and infancy research in the last 30 years.
- 2) Understand key concepts in intersubjectivity theory such as rupture and repair, recognition and destruction, the third.
- 3) Learn about the clinical applications of developmental intersubjective theory and the key concepts.

Saturday, March 3rd

PLENARY IV (continued)

"We are designed, in ways that we are just beginning to appreciate, to be drawn into a wide array of reciprocally regulating interactions and shared affects with other human beings..." (2000, pp 106-107)

From the Nursery to the Consulting Room; Relational Perspectives on Development

Presenters: Jessica Benjamin, PhD, USA and Joyce Slochower, PhD, USA

Interlocutor: Kenneth Corbett, PhD, USA

Abstract:

The Psychoanalytic Baby in Relational Bathwater, Joyce Slochower

As Mitchell and his colleagues began articulating a relational perspective in conversation with competing theoretical models, they rather roundly critiqued the value of the maternal metaphor in the treatment situation. That critique, amplified by feminist writers, sharply skewed relational thinking toward a vision of the patient-as-adult and a view of the analytic dialogue as inherently intersubjective. Bringing my own Winnicottian/relational perspective to this critique, I proposed that we bridge the two models rather than throwing out the former by complicating rather than abandoning the maternal metaphor.

As relational theory has come of age, we've re-found the psychoanalytic baby, now filtered through attachment theory. As we address notions of mutual regulation we come, in a sense, full circle. The relational ideal of patient and analyst as two negotiating adults can coexists with an implicit maternal metaphor. Yes, Gertrude, there's a baby--or two--in the consulting room after all.

Objectives:

- 1. Develop a thorough understanding of the basis for the relational critique of developmental tilt models
- 2. Understand the theoretical and clinical basis for a relational holdling model
- 3. Explore how contemporary theory informs and shifts our view of developmental facts as they play out in the consulting room.

Sunday, March 4th

PLENARY V

"In a very broad sense, psychopathology might well be considered a failure of imagination..." Hope and Dread in Psychoanalysis

Knowledge and Imagination: A Dialectic of Creativity and Expertise in the Analyst's Use of Self

Presenters: Phil Bromberg, PhD, USA and Gianni Nebbiosi, PhD, ITALY

Interlocutor: Anthony Bass, PhD, USA

Abstract:

Hidden in Plain Sight, Thoughts on Imagination and the Lived Unconscious, Phil Bromberg

I offer the view that the therapeutic action of psychoanalytic treatment can reasonably be seen to include the freeing of imagination during the process of negotiating selfhood and otherness during enactments —the dissociated relational cocoon in which developmental trauma, trust, mistrust, affective safety and affective risk all participate within an aura of uncertainty and shifting self-state experience. Looked at from this transference/countertransference perspective, the analytic relationship is an opportunity for two human beings to encounter one's own and each other's "me" and "not-me" self-states by living together in the enacted shadow of what has always been experientially "visible but not seen" —hidden in plain sight rather than buried. During this shared journey, the patient/analyst relationship becomes a "safe but not too safe" therapeutic environment in which dissociated experience is played-out among the various selfstates of both participants and jointly symbolized by thought and language used imaginatively in the here-and-now. The analyst, by being authentically present as an affectively alive partner in what is being relived and shared in both old and new ways, is facilitating the cocreated reorganization of a lived Relational Unconscious that is both robust and flexible. As this is taking place, the patient's threshold for the potential triggering of affect-dysregulation is gradually raised at the brain level, leading to increased trust in the reliability of affect-regulation to remain stable in the presence of an "other" whether the other is one of the patients "not-me" self-states or an "other" in the external world. Therapeutically, the patient's natural capacity for imagination is liberated to join spontaneously with the analyst's own safe pleasure in imagination, and the patient's life is lived with increasing interpersonal spontaneity, creativity, love, and personal meaning. In this regard I propose that healing and self-growth are the two interlocking rewards of all successful treatment, and that freeing of imagination plays a central relational role.

Learning Objectives:

- 1. Apply basic understanding of self-states and dissociative processes to how the enacted negotiation between developmental trauma, affective safety, imagination, and increased capacity for intersubjectivity is a foundational organizer of healing and relational self-growth in treatment.
- 2. Apply basic understanding of self-states and dissociative processes as a framework for liberating the use of imagination as a relational process both internally and externally.

Sunday, March 4th

PLENARY V (continued)

"In a very broad sense, psychopathology might well be considered a failure of imagination..." Hope and Dread in Psychoanalysis

Knowledge and Imagination: A Dialectic of Creativity and Expertise in the Analyst's Use of Self

Presenters: Phil Bromberg, PhD, USA and Gianni Nebbiosi, PhD, ITALY

Interlocutor: Anthony Bass, PhD, USA

Abstract:

"For All We Know" Clinical Creativity as a Dialectic Between "Knowledge" and "Unknowness," Gianni Nebbiosi