Sunday, March 4th 8:30 am – 10:00 am INVITED PANEL SESSION VI

#1: Invited Panel: Por el Flamenco: The Roots of Pain, The Roots of Life

<u>Presenters</u>: Shem Shemy, MA, ISRAEL & Boaz Shalgi, PhD, ISRAEL

Moderator/Interlocutor: Barry Magid, MD, USA

Abstract:

The panel will present the movie: "Por el Flamenco" by Director Shem Shemy, followed by a lecture; "The roots of pain, the roots of life: Between Flamenco and Tango" by Boaz Shalgi. Shemy's movie, which has been screened in many film festivals around the world, deals with the connections between multi-generational trauma (the director grew up in the shadow of his father's trauma, the impact of which he reveals "through the flamenco"), pain, the human need to know and say the truth, and the overwhelming powers of the most basic human means of expression: singing and dancing. The movie makes the audience both fall in love with these human means of expression, and encounter the tremendous healing potential they have. Shalgi's lecture was written in an effort to use and enhance the power of the movie to broaden the psychoanalytic discussion regarding one of the most basic human/therapeutic questions: how one deals with pain, both his own and that of his fellow subject/patient. Using the psychoanalytic conceptualizations of Bion, Winnicott, Searls, Ogden, Ghent and Bucci, the lecture compares the Flamenco with the Argentine Tango to show how the need and the fear to feel one's pain in all its grace and terror evolves within the dialectic of self creation and mutual creation, presence and absence, and now-moment (both one mind and two minds) and no-moment.

Educational Objectives

- 1. Observing the work of art as a therapeutic process (the film) and as a form of life (the flamenco and the Argentine Tango) from a modern psychoanalysis perspective.
- 2. Broaden the conceptualization of pain and its connection with the basic human need to "dream oneself into existence" (Ogden, 2006).
- 3. Examine the way the therapeutic encounter can use the dialectic of subjectivity and intersubjectivity and of presence and absence in order to help the patient expand his emotional capacity to experience life and its inevitable pain with their full intensity and power.

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#2: Invited Panel: Exploring the Dynamics of the Supervisory Dyad-in vivo

<u>Presenters</u>: Philip Ringstrom, PhD, USA, Emanuel Berman, PhD, ISRAEL &

Michael Pariser, PsyD, USA

Moderator/Interlocutor: Judith Pickles, PhD, USA

Abstract:

This panel will focus on the emotional dynamics of supervision, through the observation and discussion of an actual supervisory session. Supervision will take place in the first half of the panel, and in the second half the moderator (Berman) will invite the supervisor (Ringstrom), the supervisee (Pariser) and the audience to join him in figuring out the subtle interactions and relational patterns they experienced and observed. The goal will be to avoid the traditional focus on the patient, and to focus on the supervisory process as an intersubjective phenomenon in its own right.

Educational Objectives:

- 1. To sensitize participants to conscious and unconscious levels of the supervisory process.
- 2. To help formulate major dimensions of the supervisory experience which go beyond its stated educational goals.
- 3. To allow participants to utilize these insights to deepen and improve supervisory relationships in which they are involved, either as supervisors or as supervisees.

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#3: Invited Panel: Cultural Origins of Relational Psychoanalysis

<u>Presenters</u>: Adrienne Harris, PhD, USA and Stephen Seligman, DMH, USA

<u>Discussant/Interlocutor</u>: Frank Summers, PhD, USA

Abstract:

The Political and Social Context of the Relational Movement: Mitchell and Harris'-'What's American About American Psychoanalysis': 10 years on, Adrienne Harris

Relational analysis has been especially interested in the historical and cultural roots of analytic theories. This panel extends that interest to our own development. Harris' presentation extends an earlier paper that she co-authored with Stephen Mitchell, on the "Americanness" of relational analysis. Seligman explores how the first generation of relationalists have been influenced by involvement in the radical social movements of the 1960's and 1970's—the Civil Rights movement, the New Left, and Second Wave feminism. As relational analysis reaches a kind of maturity, we are interested in looking back to look forward; we hope to stimulate a multigenerational discussion.

Relational Psychoanalysis: Child of the Sixties?, Stephen Seligman

This paper revisits the questions Mitchell and Harris posed over 10 years ago in a PD essay. I look at the cultural, intellectual and political context for the relational movement as it evolved in the first quarter century of its existence. I trace the evolution and impact of political resistance from the sixties to the present, the impact of postmodernism, and liberatory movements around identity (race, class and gender) and the impact of work on war trauma and contemporary cultural crisis on the relational movement.

Educational Objectives:

Attendees will:

- 1. Have increased knowledge of the underlying historical forces that underly relational psychoanalytic theory and practice.
- 2. Increase their understanding of how these concepts and their historical and ideological roots affect their own working style in psychotherapeutic practice.
- 3. Become more able to think about the effects and clinical implications of interventions with patients in light of this understanding.

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#4: Invited Panel: Sex and Gender in the Relational Tradition: Two Generations Take Stock

Presenters: Virginia Goldner, PhD, USA; Muriel Dimen, PhD, USA

& Avgi Saketopoulou, PhD, USA

Moderator/Interlocutor: Orna Guralnik, PhD, ISRAEL

Abstract:

The category of sexuality and the question of gender have been central to relational theory from the outset. In the founding year of Psychoanalytic Dialogues, Stephen Mitchell, with his characteristic intellectual generosity and curiosity, invited his feminist colleagues to produce an issue of the journal (1/3) that was devoted to gender. Three psychoanalytic scholars, two from the original group, one a junior colleague, will take stock what was accomplished in those original moves, what was left undone and unseen, and how work over the subsequent 20 years has led to a more complicated "gender queer" relational perspective.

Educational Objectives:

- 1. Attendees will learn how relationally oriented, psychoanalytic theories of gender have developed in the past 20 years.
- 2. Attendees will learn how relationally oriented, psychoanalytic perspectives on sexuality have developed in the past 20 years.

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#5: Invited Panel: The Analyst Is As Much "In The Analysis" As The Patient (1929): Jung As A Pioneer Of Relational Psychoanalysis

Presenters: Andrew Samuels, DHL, UK11, Linda Carter, MSN, USA

& David Sedgwick, PhD, USA

Moderator/Interlocutor: Jeremy Safran, PhD, USA

Abstract:

The panel has three main themes. First, to show that Jung should be regarded as a pioneering and prescient figure in the evolution of psychoanalysis in a relational direction. Second, to indicate some trends in contemporary post-Jungian analysis that resonate with cutting edge developments in relational psychoanalysis. Third, to offer, from diverse Jungian and post-Jungian perspectives, a constructive critique of relational psychoanalysis leading, it is hoped, to the mutual enhancement of the two traditions.

Educational Objectives

At the conclusion of the panel, the participant will be able: (i) to comprehend the historical and contemporary similarities and differences between Jungian and post-Jungian analysis and relational psychoanalysis; (ii) to assess a constructive critique of relational psychoanalysis developed on the basis of ideas derived from Jungian and post-Jungian analysis.

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#6: Invited Panel: The Poetry of Salvador Espriu: Poetic Words (And Words Used in Therapy) As A Guide To Experiencing Elusive Emotions

Presenter: Ramon Riera, MD, SPAIN

<u>Discussants:</u> Susi Federici Nebbiosi, PhD, ITALY and Velleda Ceccoli, PhD, Italy

Moderator: Velleda Ceccoli, PhD, Italy

Abstract:

Why is being moved by a work of art so comforting? Each specific emotion is a set of bodily physiologic states (with or without verbal-reflexive discourse) triggered by context. Etymologically emotion comes from the Latin "emotio", which signifies impulse toward action. So the emotion is the bodily (and sometimes verbal-reflexive) assessment of one particular context that prepares the body to react to it. Obviously, our bodies are not universally prewired to be able to create the physiological state of each and every emotion. We need an intersubjective process to create the physiologic substrate (neuro-hormonal circuit) of a new emotion: through our mirror system, we co-create new emotional states. When we contemplate a work of art and we are moved by it it is because our bodies make a copy of the physiological state of the artist in the moment he/she created it, this way we feel this unique emotion (emotion that probably would be elusive without the help of this work of art). In psychotherapy (talking cure), each time that therapist and patient attain a new shared emotional state during their conversations, both bodies create new circuits that will facilitate this emotion being less elusive in the future.

Salvador Espriu had a traumatic childhood and youth (the death of two siblings, his mother's deep depression, the Spanish civil war) and he devoted his entire life to constructing poems that helped him live life (for Espriu life was "walked death", that is to say walking towards death). For Espriu poetic words are the lights that show us the path to walk along. As is common in traumatized people, Espriu needed to create the right words to walk his life with an emotion that was very elusive for him: peace. What happens if we follow the wrong lights? Espriu uses Brueghel's painting "The Blind Leading the Blind" to illustrate the horror of being badly guided. In a clinical vignette I'll show, following Espriu, that I have also used Brueghel's painting to be able to feel what my patient was feeling: she was a patient terrified by the danger that I might not be able to guide her. When her feeling of terror made me feel irritated because I felt she was being histrionic and exaggerated, I would mentally look at Brueghel's painting to be able to feel what she was feeling. Once again, a work of art can help feel those feelings otherwise difficult to access. Hazel Ipp published the case of Zoe, who, the night before her death, read the list of words that she and Hazel had co-created during her therapy to help her feel peace. Inspired by this case of Zoe I propose that in the talking cure we search for the words or verbal constructions that spontaneously generate new emotional reactions in us; in other words, we search for metaphors that allow us to change our implicit memory of how to emotionally react.

I am suggesting that the work of art in general and the words used in therapy in particular are the paths that our mind-body needs to be able to feel new emotions. Poetic words form rhythms and sounds that, when are read with the right intonation, make an impact in our bodies and make us feel what the poet felt when he was writing them. Thus we have access to elusive feelings that the poet has captured for us. In poems arranged with music, the composer emphasizes the musicality that the poem already has, thus this musicality is put in the foreground; I'll show the example of one poem by Espriu that the singer-songwriter Raimon arranged with music, one of my favorite songs in my adolescence. In therapy, patient and analyst use metaphors (verbal constructions with high sensoriality, that is to say with strong impact on the body) and paraverbal expression (intonation, rhythm, gestures) in order that the other can feel similar feelings. Sometimes, though, words are used to not feel, as Espriu shows us in one poem.

At the conclusion of this presentation, the participant will understand better why being moved by a work of art is so comforting; and understand that in therapy we use poetic words that help the patient emotionally react in a new way.

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#7: Invited Panel: Creative Impact: The Therapeutic Action of Affective involvement

Presenters: Barbara Pizer, EdD, ABPP USA and Stuart A. Pizer, PhD, ABPP, USA

Interlocutor: Chana Ullman, PhD, ISRAEL

Abstract:

A Clinical Exploration of Moving Anger Forward: Creating the Context for 'A Dimension of Feeling That Was Not There Before, Barbara Pizer

The Analyst's Involvement with the Other: Recognition and 'the Tension of Tenderness,' Stuart Pizer

Before the turn of this century, Stephen Mitchell turned received psychoanalytic tradition, such as analytic abstinence, on its head with questions like: "What makes it possible for the analysand to feel safe enough to love and hate with abandon?" Recognizing the current "widespread appreciation of how dangerous it is to love and hate an other who is hiding and posturing noninvolvement," Mitchell, in true Talmudic style, prepares his answer by opening the field for future generations to consider and explore the potential implications of his conclusion: "What makes it possible to love and hate with abandon is involvement with an other who has feelings in return, sometimes even love and hate, but who is working to employ these feelings on both sides of the relationship in the service of analytic work—constructive, insightful growth and development." In this spirit, we emphasize the ways in which the analyst's affective involvement is determinative of the patient's widening horizons of experience in the analytic process. One paper elaborates the author's conviction that personal ownership and shared recognition of angry affect is a skill that must be newly mastered in the particular context of each analytic dyad. The analyst's capacity to experience and directly express angry affect is a necessary condition for the patient to approach commensurate levels of awareness and communication of anger. Together analyst and patient co-determine the development of this creative skill that provides both the pivot and the "safety catch" in the establishment of analytic trust and authentic intimacy. The other paper articulates its author's understanding of affective involvement in terms of the "tension of tenderness" within the analyst in response to recognition of a state of need in the patient. He delineates the affective underpinnings of analytic "generosity" and locates the analyst's experience of a tug toward provision as an intrinsic concomitant of analytic mentalization, illustrating how this essential dimension of affective involvement works in the service of analytic progress.

Educational Objectives:

- 1. To understand the clinical function of the "tension of tenderness" evoked in the analyst by the recognition of need in the patient
- 2. To understand the relationship between the expression of anger and the opening of trust in the analytic relationship
- 3. To apply an understanding of affective involvement in the service of moving clinical process forward.

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#8: Invited Panel: The Right To Fragility

The paper focuses on the early stages in the building up of a therapeutic relationship with a young adult,

Presenter: Cristina Bonucci, PhD, ITALY

Lecturer: Gianni Garofalo, ITALY

Discussant: Rina Lazar, PhD, ISRAEL

Abstract:

in the wake of an acute event (a psychotic breakdown with a high suicide risk) resulting from the deterioration of a chronic condition of lack of self recognition. The lack of recognition, which is the product of a seriously impaired parental relationship, appears to be the consequence of a disorganized attachment style. The depressive tendencies of the parental couple work in such a way as to produce a complete adhesion of the patient's ideal self to his narcissistic needs, making it almost entirely impossible for him to experience and express his own subjectivity and his most authentic gifts. The author uses literary references of timeless and universal value (the biblical story of David and Goliath from the First Book of Samuel) and an excerpt from a very moving Afghan novel (Hosseini's "The Kite Runner") to underscore how indispensable it is for her to "play out" her abilities in order to conceive an attainable ideal self. The psychoanalytic literature relevant to the case includes Kohut's thought with regard to the sound flow of narcissistic exhibitionism; the theme of shame as it was treated by Morrison; the contribution offered by Jessica Benjamin, particularly with reference to mutual recognition and the "ethical third"; Mitchell's thought and the relational paradigm; Antonino Ferro's notion of creativity. The paper hinges on the therapist's attempt to overcome the impasse created by the patient's impossibility to express his subjectivity and the analyst's impossibility to provide a therapeutically viable response. Beyond all possible and foreseeable considerations, the patient's attempted suicide allows the analytic couple to relate to each other in a new and unprecedented way: the patient engages in an authentic expression of the self, while the therapist steps up her efforts to listen closely and to provide a stronger presence, in the hope that they may be and be together. To conclude, the author describes how, after the dramatic episode, when therapy is resumed, from the very outset, the dialogue becomes more fluid, allowing genuine emotions and expectations to surface. The aim of the paper is to point out the need to go back over some of the rules of psychoanalytic psychotherapy (regardless of whether it may refer to the classical setting or the setting inspired by contemporary models) that can be adapted to the particular

Educational Objectives

The clinical case presented sheds light on at least three interconnected elements that emerged during the first months in the psychoanalytic treatment of a young adult following an acute event (a psychotic breakdown with a high suicide risk):

- 1. The involvement of parents in the treatment of an adolescent and young adult.
- 2. Improvisation.
- 3. Alternative languages in the treatment of uncooperative patients.

setting that is created in the treatment of severe patients.