Thursday, March 1st

Pre-Conference Workshop Session A

Lyric Narratives, Evocative Prose, Dialectical Thinking, and Much More A Clinical Writing Workshop Inspired by Stephen Mitchell's Ideas and Clinical Prose

Instructor: Suzi Naiburg, PhD, LICSW, USA

Abstract:

"... experimenting with literary form used in analytic writing is part and parcel of the effort to develop fresh ways of thinking analytically. A fresh idea demands a fresh form in which to say it." Thomas Ogden, "On Psychoanalytic Writing"

This all-day workshop will be useful for published and unpublished writers alike, because you will discover new ways to think and talk about clinical writing and put what you learn immediately into practice, laying the groundwork for your own writing project(s) while nourishing your creativity. We will draw on Stephen Mitchell's ideas and clinical prose for inspiration and examples of writing techniques and spend a significant part of the workshop exploring and writing in the lyric narrative mode that embodies Steve's idea of pursuing "the absence of conscious intentions." Those of you who have already taken my workshops or the IARPP webinar will find plenty of new material here and are encouraged to come. All of the excerpts I will use to exemplify the narrative, evocative, enactive, paradigmatic, and lyric narrative modes will be new. The workshop will include close reading and writing exercises, didactic material and discussion. Writing about our clinical work, especially when we experiment with literary form, as Ogden notes, can initiate a process of discovery about our work, our patients, and ourselves. There's a bonus too: You'll come away with a better appreciation for Steve as a creative psychoanalytic thinker and writer.

Learning Objectives:

- 1. Participants will be able to identify the features of the Narrative, Evocative, Enactive, Paradigmatic, and Lyric Narrative modes of clinical prose.
- 2. By discussing close reading exercises that draw on Stephen Mitchell's clinical prose, participants will develop a greater appreciation of him as a creative psychoanalytic thinker and writer.
- 3. By doing the writing exercises throughout the day using one or more of the different modes of clinical prose, participants will begin to lay the groundwork for their own writing project(s).

Thursday, March 1st

Pre-Conference Workshop Session B

An Introduction to the Work of Stephen A. Mitchell

<u>Instructors</u>: Maria Lechich, PhD, USA and Alan Kintzer, PhD, USA

Abstract:

This workshop is designed for graduate students and those new to the field of psychoanalysis who want to be introduced to the fundamental theoretical and clinical contributions of Stephen A. Mitchell. We will begin with a broad historical overview of psychoanalysis, tracing the roots of relational thought. Mitchell's unique contribution to the emergence of relational psychoanalysis will then be discussed. His view of human relationships as the basic components of the human psyche will be presented, along with other primary aspects of his relational thinking. Case presentations will be used to illustrate Mitchell's key theoretical and clinical concepts. A video of Mitchell teaching will be employed to present the man himself. The development of relational psychoanalysis following Mitchell's work will be discussed. Consideration will also be given to critiques of Mitchell's ideas.

Learning objectives:

- 1. To understand Mitchell's place in the history of psychoanalysis and his seminal contributions to relational psychoanalysis.
- 2. To understand Mitchell's synthesis of two revolutions in relational thought concerning what the patient needs and what the analyst can know.
- 3. To learn Mitchell's key concepts as they relate to theory and clinical practice.

Thursday, March 1st

Pre-Conference Workshop Session C

Infant Research and Adult Treatment: Videotaping Mother-Infant Interaction and Videotaping the Analyst's Face

<u>Instructors</u>: Beatrice Beebe, PhD, USA and Spyros Orfanos, PhD, USA

Discussant: Larry Sandberg, MD, USA

Abstract:

Dr. Beebe will explore a view of face-to-face interactive process that informs both mother-infant communication and adult treatment. Three bodies of information will be brought together. First, a dyadic systems view of face-to-face communication will set the stage for an understanding of nonverbal communication across the lifespan. This view construes the dyadic system to be the basic unit of interest. In this view communication operates through simultaneous processes of self-and-interactive regulation, generating "organizing principles of interaction." This theory integrates interactions which operate implicitly, out of conscious awareness, as well as those which operate explicitly through verbal narrative. We focus on the former, articulating the nonverbal dimensions of the co-construction of dialogue. Organizing principles of interaction in the implicit mode generate patterns of expectation, procedurally-organized action sequences. In infancy these procedural expectancies define infant representations. In adult treatment these procedural expectancies are a potent mode of therapeutic action, out of awareness.

Second, this dyadic systems view will be illustrated through research on the origins of disorganized attachment in infancy. Films and frame-by-frame analyses will illustrate remarkable patterns of self-and interactive regulation disturbances at four months which predict disorganized attachment at twelve months. This research examines organizing principles of interaction which include vocal rhythm coordination, attention, facial mirroring, touch, and spatial orientation, as well as modes of entering the state of the other, and modes of distress regulation. The research demonstrates the ways in which these infants have difficulty knowing, and being known by, the mind of the mother.

Thursday, March 1st Pre-Conference Workshop Session C (continued)

Infant Research and Adult Treatment: Videotaping Mother-Infant Interaction and Videotaping the Analyst's Face

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Discussant: Larry Sandberg, MD, USA

<u>Abstract</u>: (continued)

Third, this dyadic systems view will be used to explore processes of nonverbal communication in adult treatment through a new project, "Videotaping the Analyst's Face: Video Feedback Consultations with a Patient Who Does Not Look." A series of videotaped video feedback consultations with one patient will be presented by Dr. Beebe, and the patient's long-term analyst will comment on the role that these consultations have played in the analysis. Implicit and explicit dimensions of the communication will be examined simultaneously. We explore nuances of the analyst's facial expression, vocal tone, self touch, and postural orientation as avenues of understanding the co-construction of the dialogue. This work expands the playing field of psychoanalysis to vocal rhythm coordination, facial exchanges, shifts of orientation, gaze, and body posture, as well as self touch and breathing rhythms. To harness the power of nonverbal communication we need to bring it into the awareness of the analyst. The analyst's own nonverbal communication is a pivotal feature of therapeutic action. An integrated verbal and nonverbal theory of interactive process will enhance our understanding of therapeutic action in psychoanalysis.

Educational objectives:

- 1. Participants will become familiar with a dyadic systems view of self- and interactive regulation as it applies to mother-infant communication and therapist-patient communication.
- 2. Participants will become familiar with the lifespan organization of face-to-face communication through facial mirroring, vocal rhythm coordination, the coordination of looking and looking away, distress regulation, and nonverbal modes of entering the state of the other.
- 3. Participants will become familiar with mother-infant 4-month dysregulated patterns of attention, emotion, orientation and touch which predict disorganized, vs. secure outcomes, at one year, and which lead to infant difficulties in knowing and being known by the mind of the mother.
- 4. Participants will learn about video feedback in adult treatment, and its role as an adjunct to ongoing psychoanalysis.