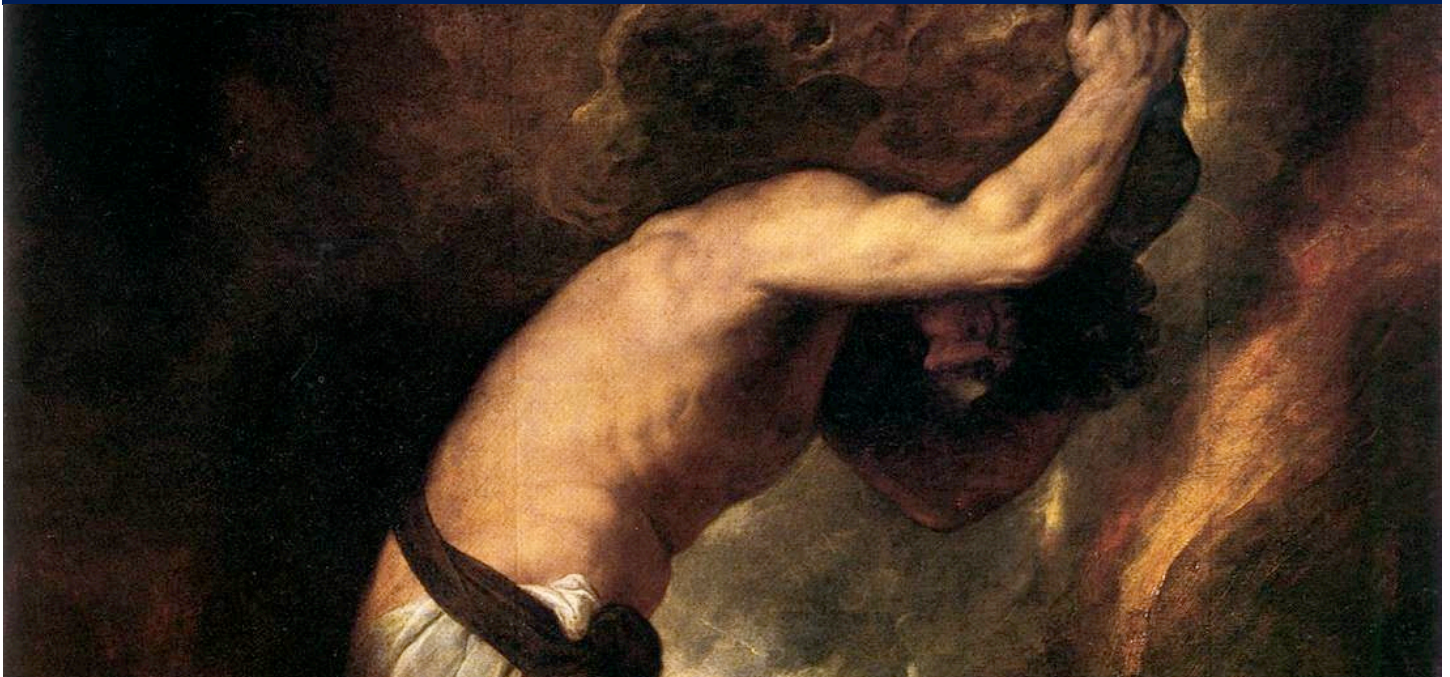


It Shouldn't Be This Hard!

Image: Sisyphus by Titian



Using psychoanalytic thought in challenging encounters with psychotherapy patients.

2016 Dates:

September 9

September 23

October 7

October 14

November 4

November 18

December 2

December 16

Location:

Arbutus Club

2001 Nanton Ave,
Vancouver, BC

4pm to 7pm

■ Western Branch
Canadian Psychoanalytic
Society (WBCPS)
Course Committee Program

As mental health clinicians, we at times face such difficult clinical encounters as to feel doubtful, or even defeatist, about our capacities and efforts. We may despair of what is occurring between ourself and our patient, including discoveries of interacting with a patient in uncharacteristic and unhelpful ways. We can feel hopeless about possibilities of extracting ourselves from an impasse, or cynical about reaching someone who feels unreachable. In these contexts, we struggle to understand why and how to transform the interaction to a more constructive one.

This user-friendly, 'experience-near' set of seminars will provide participants with a window into the consulting room of several experienced analysts. Making use of a 'case-based approach', our seminar leaders will review their own experience with

some challenging patient encounters. The overarching aim is to demonstrate how psychoanalytic technique and theory can provide a means, not only to survive, but to even thrive in the face of similar complex clinical situations to which the participants can frequently arrive at with their patients.

Target Audience: Frontline psychotherapists and trainees (from private practice, community and hospital-based mental health clinics, and senior-level mental health training programs).

Course Objectives:

1. Utilize an increased knowledge of the psychoanalytic literature and various psychoanalytic perspectives in dealing with difficult clinical encounters.
2. See clinical difficulties not only as threats to the thera-

peutic work and relationship, but also as potential opportunities and space for growth.

3. Use an enhanced understanding of the patient's personality, early experience, (including traumatic experience), and concurrent stresses in their approach to the patient who is experienced as difficult.
4. Better recognize and develop an approach to clinical challenges when immersed in countertransference experiences that overwhelm our capacities within the therapeutic dyad, including our ability to think.
5. Identify when they require consultation with colleagues when in a difficult clinical situation, and to identify and work towards respecting and accepting limitations in their therapeutic objectives.

Planning Committee:

Paul Steinberg, MD FRCPC
Darren Thompson, MD FRCPC
Jo Hoffman, MD FRCPC

Where did all this blood come from? 'Unkind Cuts' in the psychotherapeutic relationship

September 9

Arbutus Club

4:00–5:30 Seminar leader's presentation and discussion

5:30–5:45 Break

5:45–7:00 Participant's presentation and discussion

Jo Hoffman

M.D., FRCPC, FIPA

A Psychiatrist and Psychoanalyst in private practice in Pemberton, British Columbia (www.drjohoffman.ca). She is a member of the WBCPS and is a Faculty member at Seattle Psychoanalytic Society and Institute. She is also on the faculty of the Department of Psychiatry, University of British Columbia.

Margaret Crastnopol, in her 2015 book "Micro-trauma: A Psychoanalytic Understanding of Cumulative Psychic Injury", explores a fresh approach to the subtle psychic hurts that occur in relationships. Although small and sometimes even imperceptible, these have the potential to undermine individuals' sense of themselves and to compromise relatedness. One type of cumulative relational trauma is coined by Crastnopol "Unkind cutting back". Here she describes a pattern of relating when "one person unilaterally attenuates the relationship, summarily and without convincing explanation".

In the psychotherapeutic context, 'cutting back' can take many forms including threats to discontinue therapy, decreasing the frequency of sessions, counselling sessions, arriving late, or continuing sessions as usual but withdrawing from emotional connection. The impact on the individual who is withdrawn from can be profound. Feelings of deprivation, betrayal and devaluation may devolve into feelings of disorientation accompanied by questioning of one's adequacy, memory or even sense of reality.

In contrast to clear and concise severance of relationships, as happens when people act decisively to stop therapy, 'cutting back' is painful in its own particular way.

- There is often a tacit refusal to discuss the issue, which leaves reasons for the attenuation ambiguous.
- There is a feeling of being left in limbo as one is in the position of "being held onto while being held at arm's length".
- There is no mitigation for the hurt of being left by being 'let off the hook' for one's responsibility in the relationship, because it is not clear that the relationship is over.
- Feelings of profound loss are left in limbo, never metabolized through the stages of grieving. After all, how can one grieve someone who is still there? Indeed the ghosts never become ancestors.

In this seminar we will follow the tortuous path of a therapeutic dyad as they negotiated their way through the treacherous terrain of relational micro-trauma over several years. We will further our understanding of the strong emotions that emerged, both in and outside of the consulting room. We will explore the therapist's emotional reaction and consider how countertransference feelings can be used constructively in such situations. By integrating theory with the clinical case we will endeavour to make meaning of this dyad's journey, which will help those who are on a similar journey, find a way through.

Learning Objectives:

At the end of this workshop, the participants will be able to:

1. Define Crastnopol's 'relational micro trauma' and identify examples from their own personal and clinical experience.
2. Identify several possible conscious and unconscious motivations that can predicate "cutting back". Identify how past relational

experiences and trauma can play into the present situation. Describe how 'cutting back' can be identified in the clinical setting, what are frequent countertransference reactions and how to make use of these.

3. Articulate strategies for reducing the 'injuries' to the attachment relationship that can be caused by 'cutting back' micro trauma.

Readings and References:

1. Crastnopol, Margaret (2015). "Unkind cutting back and its navigation" in *Micro-trauma: A Psychoanalytic Understanding of cumulative Psychic Injury*, pp 29–52, Routledge, New York.
2. Khan, Masud R. (1964) *Ego Distortion, Cumulative Trauma, and the Role of Reconstruction in the Analytic Situation*. *The International Journal of Psycho-Analysis*, 45:272–279

Hate and Love in the Countertransference

September 23

Arbutus Club

4:00–5:30 Seminar leader's presentation and discussion

5:30–5:45 Break

5:45–7:00 Participant's presentation and discussion

Paul Steinberg

M.D., FRCPC

Clinical professor, Department of Psychiatry, University of British Columbia, where he is on the psychotherapy program committee. He completed psychoanalytic training at the National Training Program in Contemporary Psychoanalysis of the National Institute of the Psychotherapies, New York City and the Vancouver Institute of Psychoanalysis. He has published on psychodynamic aspects of consultation/liaison psychiatry, group psychotherapy, partial hospitalization, threats of violence, oral examinations and psychodynamic formulation.

The psychoanalytic psychotherapy of a patient whom the therapist hated is described. The therapist's becoming more accepting of his hate possibly enabled his patient to tolerate his own hate with less fear of its destructiveness. The therapist was surprised by the extent of the warmth he felt for his patient in the last session of therapy. The therapist concluded that tolerating his hate without acting on it destructively enabled him to experience love toward his patient. Perhaps the tacit love which developed between them enabled them to constructively

extricate themselves from a crisis which the therapist had precipitated because of his lack of empathy, itself based on his struggling with his hate of the patient. The therapist's accepting his/her hate may permit development of love for the patient which can be essential to the treatment's success. The question, what may be therapeutic about countertransference love and countertransference hate, is raised.

Learning Objectives:

At the end of this workshop, the participants will be able to:

1. Utilize better understanding of the patient's personality, early experience, and concurrent stresses in guiding the therapist's interventions within difficult clinical interactions.
2. More readily gain access to, and awareness of, countertransference when dealing with difficult interactions with patients.
3. More readily use countertransference hate to constructively manage difficulties with one's patients.
4. Better utilize psychoanalytic literature in dealing with difficult interactions with patients.

Suggested Readings:

1. Sherby, L.B. (1989). *Love and hate in the treatment of borderline patients. Contemp Psychoanal*, 25:574–591.
2. Sherby, L.B. (2009). *Considerations on countertransference love. Contemp Psychoanal*, 45/1:65–81.

Additional Reading:

3. Winnicott, D.W. (1949). *Hate in the countertransference. Int J Psychoanal*, 30:69–74.

Goodnight nobody: when the ‘impossible profession’ meets a dead zone

October 7

Arbutus Club

4:00–5:30 Seminar leader's presentation and discussion

5:30–5:45 Break

5:45–7:00 Participant's presentation and discussion

Darren Thompson
M.D., FRCPC, FIPA

Psychiatrist and psychoanalyst. He is a member of the WBCPS and the Seattle Psychoanalytic Society and Institute. He has a private practice in Vancouver, and he provides psychiatric consultation for HOME Society in Abbotsford. He is an Assistant Professor in the Department of Psychiatry at UBC, and he teaches and supervises psychiatry residents.

Of the various skills, traits, and motivations that Greenson thought as necessary attributes of a psychoanalyst (in his classic paper, 'That "Impossible" Profession', 1966), he included: "One must have the ability to bear the roles the patient casts on one in his transference reactions, to endure being the hated enemy or rival, or the dearly beloved or the frightening father, or the seductive loving mother, etc." He called the immersion into such roles a necessary empathic regression, and he added that analysts must simultaneously maintain the capacity to observe and to communicate meaningfully with the patient about such interactions. However, how does the therapist accomplish this when experiencing the work, and perhaps also the therapist-patient relationship, as empty, meaningless, or even dead?

Since its inception, various psychoanalytic thinkers have endeavoured to expand the geographical limits of understanding human psychological suffering with increasingly disturbed patients. The result has been a wealth of 'new world' discoveries, and while familiarity with this new terrain might lead one to expect friendlier encounters in psychotherapy, real experience with highly disturbed patients can remain at times treacherous, dreadful, and brutal.

Utilizing clinical case examples and psychoanalytic literature, this seminar will explore how to detect, to think about, and to approach select experiences with patients who suffer significant inner disturbances. The experiences highlighted in this seminar will include psychic deadness, emptiness, and meaninglessness.

Learning Objectives:

At the end of this workshop, the participants will be able to:

1. Describe the difference between transference neurosis and therapeutic alliance, and appreciate the importance of empathy to the therapeutic goal of understanding and working through emotional disturbances.
2. Be able to identify at least 2 ways in which psychic deadness, emptiness, and meaninglessness can manifest in both the transference and countertransference.
3. List and utilize techniques that could provide the patient with enhanced levels of understanding, meaning, and healing of the pernicious effects of inner emptiness and deadness.

Readings:

1. Greenson, R.R. (1966). *That "Impossible" Profession*. *J. Amer. Psychoanal. Assn.* 14:9–27.
2. Alvarez, A. (2010). *Levels of Analytic Work and Levels of Pathology: The Work of Calibration*. *Int. J. Psychoanal.* 91:859–878.

Optional Reading:

3. Green, André (1986). *The Dead Mother. On Private Madness*. Hogarth Press Ltd. London. 142–173.

Feeling Our Way Toward Creating Moments of Emotional Contact between a Despairing Borderline Patient and the Therapist

October 14

Arbutus Club

4:00–5:30 Seminar leader's presentation and discussion

5:30–5:45 Break

5:45–7:00 Participant's presentation and discussion

Karin Holland Biggs

Ph.D., RCC, FIPA

Psychoanalyst who maintains a private psychoanalytic and psychodynamic therapy practice in Yaletown and Richmond, BC where she works with young adults and adults in individual and couple treatment. She is a member of the WBCPS and, in BC, is a registered Clinical Counsellor (#12547).

How do two human beings come together to be emotionally present for each other? What is it to be related? What has to be stronger than fear to overcome, as opposed to defend against, persecutory anxieties in the patient and in the therapist?

Some key aspects of these questions and struggles are described in the treatment of a patient who wished to change but lacked motivation for a relationship with others, including the therapist. The therapist, in turn, was confronted with a dilemma over how she and her patient could become sufficiently emotionally present with and related to each other to maintain the treatment. The therapist will describe ways she found to cope with her frustrations and, in the process, discovered that she was misinterpreting the patient's defences rather than courageous attempts at finding a containing other in the therapist. In doing

so, both therapist and patient were helped in overcoming and not just defending against mutual persecutory anxieties. They began to build a shared language for different aspects of the patient's mind. Gradually the patient developed a capacity to employ metaphor; patient's and therapist's words began to "speak volumes".

Through the use of clinical vignette, this seminar will explore some significant moments of connection and disconnection between and within therapist and patient. We will reflect on how such frame issues as silence, absences, transitions, and phone messages can reflect these moments. This seminar will also explore how, by clinically distinguishing between the grammar of wishes in neurotic patients and the grammar of imperative needs in borderline patients (Alvarez, 2010), the therapist helps in "building the foundation for the house of the personality" that can support genuine relatedness.

Learning Objectives:

At the end of this workshop, the participants will be able to:

1. Distinguish between defences and nuanced overcomings in the paranoid-schizoid position, and evaluate how this understanding can lead to constructive technical approaches in psychotherapy of patients with borderline conditions.
2. Describe that what is involved as development in the paranoid-schizoid position is the overcoming of primitive despair, fear, and outrage (rather than hatred, guilt and grief), and evaluate how this understanding can lead to constructive technical approaches in psychotherapy of patients with borderline conditions.
3. Value the importance of technical phrasing of the therapist's understanding of the patient, which relies both on a sense of the patient's internal state as well as the therapist's own countertransference, in providing appropriate therapeutic interventions.
4. List ways to gauge an appropriate level of activity and emphasis with patients having significant ego, self, and internal object deficits, in order to provide appropriate therapeutic interventions.

Readings:

1. Alvarez, Anne (1997). *Moral imperatives in working with borderline children: the grammar of wishes and the grammar of needs*. In Joan Symington, ed. (2000). *Imprisoned Pain and Its Transformation*. London, UK: Karnac, pp. 5–22.
2. Alvarez, Anne (2010). *Levels of Analytic Work and Levels of Pathology: The Work of Calibration*. *Int. J. Psycho-Anal.*, 91:859-878

Introjection as Process in Formation of an Inner World, and as a Technical Parameter in Therapy

November 4

Arbutus Club

4:00–5:30 Seminar leader's presentation and discussion

5:30–5:45 Break

5:45–7:00 Participant's presentation and discussion

Endre Koritar

M.D., FRCPC, FIPA

A training and supervising analyst with the Vancouver Institute of Psychoanalysis. He is a member of the board of the International Sandor Ferenczi Network which is organizing the next International Ferenczi Conference in Florence, May 3–5, 2018. He publishes and presents papers from a Ferenczian orientation. He is currently guest editor of two special issues of the American Journal of Psychoanalysis publishing papers from Ferenczi 2015 in Toronto. He has a private practice in psychoanalysis, psychotherapy, and psychiatry.

This seminar will provide the participant with a historical survey of introjection as process of internal structure formation. Using case material, the seminar will explore how introjection can be linked to the technical parameters of

identification, transference, countertransference, projective identification and empathy in the interpersonal clinical setting, while also having potential to be used intrapsychically as a defence in pathological mourning.

Learning Objectives:

At the end of this workshop, the participants will be able to:

1. Describe the historical context for the understanding of introjection.
2. Explain how these discoveries led to the understanding of how mental structure can be formed.
3. Identify how in vivo identification, transference, countertransference, projective identification and empathy in the clinical setting can be used to gain greater understanding of patients' internal mental structures.
4. Distinguish when introjection is used as a defence in pathological mourning.

Readings:

1. Ferenczi, S., (1909), *Introjection and Transference in First Contributions to Psychoanalysis (FCP)*, pp 35-92, Brunner/Mazel, 1952/1980, New York
2. Balint, A., (1943), *Identification*, *IJP*, 24:97–107
3. Torok, M., (1968), *The Illness of Mourning and the Fantasy of the Exquisite Corpse*, in *Reading French Psychoanalysis*, eds. Dana Birkstead-Breen, et al, Routledge 2010, New York and London pp 388–404.

Splitting and Projective Identification: The difficulty of bearing the unbearable in the consultation room

November 18

Arbutus Club

4:00–5:30 Seminar leader's presentation and discussion

5:30–5:45 Break

5:45–7:00 Participant's presentation and discussion

Janet Oakes

M.A., BCATP, FIPA

Psychoanalyst in private practice in Vancouver. She is an active member of the Western Branch of the Canadian Psychoanalytic Society—has served on the Executive and the Education Committee and teaches in the branches extension programs and for the institute. She also serves on the Scientific Meeting Committee of the Canadian Psychoanalytic Society. Janet has an ongoing interest in applied psychoanalysis relating to Social Conditions, Literature, Arts and Culture.

Many “difficult” patients we encounter rely heavily on the primitive defenses of splitting and projective identification. I will draw on clinical material to illustrate the moment by moment unfolding of the transference/countertransference in cases where projective identification is used for communication as well as cases where the patient splits off parts of his/her self, impulses and anxieties, and projects them into the analyst as a way of getting rid of

disturbing mental contents. I will give examples of the pressure the clinician experiences to act and feel certain ways, i.e. with confusion, anger, boredom, etc. by sharing my experiences with these patients, and discuss my struggles to understand these over time. I will discuss the willingness and/or reluctance to seek outside consultation in various circumstances as well as specific instances of when/how consultation has proved helpful and when it hasn't.

Learning Objectives:

At the end of this workshop, the participants will be able to:

1. Describe the difference between transference neurosis and therapeutic alliance, and appreciate the importance of empathy to the therapeutic goal of understanding and working through emotional disturbances.
2. Be able to identify at least 2 ways in which psychic deadness, emptiness, and meaning-
3. List and utilize techniques that could provide the patient with enhanced levels of understanding, meaning, and healing of the pernicious effects of inner emptiness and deadness.

lessness can manifest in both the transference and countertransference.

Reading:

1. Feldman, M. (1992). Splitting and Projective Identification. *New Lib. of Psycho-Anal.*, 14:74–88

The frame as the site for the expression of primitive aspects of the psychic organization

December 2

Arbutus Club

4:00–5:30 Seminar leader's presentation and discussion

5:30–5:45 Break

5:45–7:00 Participant's presentation and discussion

Judith Setton-Markus

M.Ed., R. Psych

Psychoanalyst in private practice in Vancouver and a member of the WBCPS and the IPA. She is a faculty member of the Western Branch extension program, assistant clinical professor in postgraduate education at the University of British Columbia and a clinical associate of Simon Fraser University. Judy runs infant observation seminar groups and has a deep interest in treating pregnant women and mothers in her psychoanalytic practice.

The therapeutic frame often becomes the site for the expression of the more primitive aspects of the psychic organization (Bleger, 1967). The expression may be silent, as when a patient's unflinching adherence to the frame holds within it the symbiotic elements of the personality that are absent in the analytic process itself. More frequently, expressions of primitive processes directed toward the frame are action oriented and confront the analytic couple with emotionally charged encounters that are difficult to navigate, but which, when able to be held within a collaborative therapeutic alliance, can yield

much to be understood about the nature of underlying processes being enacted in this way. In this workshop, vignettes from two cases will be discussed to illustrate examples of such encounters, and the analyst's efforts to maintain a thinking mind in the face of her own countertransference reactions. The nature of each patient's defensive structure and underlying anxieties will be considered as they pertain to the patient's ability to engage with the analyst in a process of discovery of the meaning of his or her action toward the frame.

Learning Objectives:

At the end of this workshop, the participants will be able to:

1. Value the importance, and identify the nature, of the therapeutic alliance as a holding environment for the analytic process.
2. Consider how features of the patient's defensive organization may affect the patient's ability to engage with the analyst in a process of
3. Identify the analyst's efforts to navigate the frame with a patient whose defensive organization serves to elude true engagement so as to protect the personality from unbearable anxieties.

Readings:

1. Abend, S.M. (1996). *The Problem of Therapeutic Alliance*. *J. Clin. Psychoanal.*, 5:213–226
2. Bleger, J. (1967). *Psycho-Analysis of the Psycho-Analytic Frame*. *Int. J. Psycho-Anal.*, 48:511–519
3. Britton, R. (1994). *The Blindness of the Seeing Eye: Inverse Symmetry as a Defense Against Reality*. *Psychoanal. Inq.*, 14:365–378

Doom and the Analyst's Compulsion to Go Down with the Ship

December 16

Arbutus Club

4:00–5:30 Seminar leader's presentation and discussion

5:30–5:45 Break

5:45–7:00 Participant's presentation and discussion

Coleen Gold

MA, BC-ATR, FIPA

Psychoanalyst in private practice in Vancouver. She is an active member of the Western Branch of the Canadian Psychoanalytic Society and an instructor with the Vancouver Institute of Psychoanalysis. She has a special interest in psychoanalytic aesthetics and unconscious analytic process.

In this seminar, the instructor will contrast two different cases in which both patients share the dangerous core belief that their past experience is evidence that they are doomed. The analyst is faced with the dilemma of either abandoning ship, that is, abandoning the patient to her own

fatal suffering and to dying alone, or to go down with ship, that is to accompany her on her descent. Bearing the pain of deep depression and self-hatred requires that the analyst feel the experience for herself without knowing whether or not she or the patient will survive.

Learning Objectives:

At the end of this workshop, the participants will be able to:

1. Understand and discuss the therapeutic function of the therapist's capacity to experience their own version of the pain that the patient is feeling.
2. Demonstrate an understanding of the necessity of having one's own thoughts despite feeling pressured by the patient to give these up, described by N. Symington as the thera-

pists "act of freedom as an agent of therapeutic change".

3. To identify and analyse the significance of specific defenses such as "primitive omnipotence" (J. Symington) that depressed patients may use to protect themselves from catastrophic life-threatening pain, and the corresponding impact these have on the therapist as described by Winnicott in "Hate in the Countertransference".

Optional Readings:

1. Symington, N. (1983). *The Analyst's Act of Freedom as Agent of Therapeutic Change*. *Int. R. Psycho-Anal.*, 10:283–291

2. Symington, J. (1985). *The Survival Function of Primitive Omnipotence*. *Int. J. Psycho-Anal.*, 66:481–487

3. Winnicott, D.W. (1949). *Hate in the Counter-Transference*. *Int. J. Psycho-Anal.*, 30:69–74