

Being at the Edge: Working with Difficult Emotions in Psychotherapy

ANZAP 29th Annual Conference

13 & 14 October 2018

Primus Hotel, 339 Pitt Street, Sydney

Conference Program

DAY 1 - Saturday, 13 October 2018

08:00	Registration
08:45	Welcome Eilis McKenney, President, ANZAP
09:00-10.15	Professor Martin Dorahy Chair: Linda Bragg

Dissociation, a most mysterious construct: What is it and why is it important clinically?

The construct of dissociation as currently understood in the psychological and psychiatric literatures has its origins in the work of Pierre Janet, despite clinicians and theorists prior to him using the term.

A contemporary of Freud's, Janet offered a somewhat circumscribed understanding of dissociation that was limited to those with a constitutional weakness to integrate functions and processes in the face of distressing experience. Thus, dissociation was restricted to clinical individuals, particularly those presenting with hysteria.

Since Janet's time, the term dissociation has been used in different domains of psychology (e.g., cognitive, clinical), and has attracted an increasing number of phenomena proposed to fall under the umbrella of dissociation, from non-pathological absorption to the dissociative identities evident in dissociative identity disorder.

Relatedly, debate has revolved around whether dissociation should be isolated to clinical phenomena or also reflect experiences evident in the general population. What is clear is that dissociation has become a very messy term that is often used with a lack of conceptual clarity. In addition, there is some confusion about its importance in clinical psychiatric science and treatment. For example, differences have emerged on whether dissociation should be closely attended to or ignored in the treatment of posttraumatic stress disorder, and whether dissociation needs any particular consideration in the treatment of borderline personality disorder.

This paper attempts to provide clarity about the confusion surrounding the construct of dissociation and examine its relevance in psychological therapy.

10:15-10:45	Morning Tea Break
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10:45-11:45	Margie Stuchbery Chair: Cecile Barral
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When Parenting Becomes Unthinkable

What happens in the mind of a parent who strikes out and harms their infant or small child?

Something unthinkable occurs when an otherwise loving parent strikes out and harms their child. Although difficult to think about, the intrapsychic phenomena are multifaceted and often poorly understood by our clients and indeed by us as clinicians. A number of environmental, and internal phenomena can contribute to the shift towards more automatic mental states, the capacity for enactment (violence) and the temporary loss of empathy. The work of Peter Fonagy and Anthony Bateman on mentalizing, trauma and violence provides a useful framework for

understanding how this widespread relational enactment occurs and, in helping us to understand our client's mind, better places us to help parents make sense of and manage this dreadful experience.

This paper will present some ideas applying the concepts of mentalizing and other aspects of Bateman & Fonagy's work to the area of child abuse.

Aims: To make sense of the intrapsychic phenomena which underlie the parental capacity to inflict violence on a small, and presumably harmless, infant or child.

CONCURRENT PAPERS or PARALLEL SESSIONS

Room A

11:45-12:30

Dianne Hendey

Chair: Dr Phillip Graham

So, what does love have to do with it?

What, you might ask, does an infant observation have to do with working with difficult emotions in psychotherapy?

Early on the infant makes no distinction between physical and emotional distress. There is not concept of time. Everything is in the moment. So that, without a good enough mother the experience of pain is endless. Imagine, the infant is not soothed, and a traumatic memory of perhaps not counting is tucked away, dissociated, with no words to express it.

Imagine, if you will, observing an infant's response when mother is distracted. Maybe there is sufficient that is similar to re-wake the old trauma. And then what happens? How much does this mimic a response in the therapy room when faced with a client expressing emotions that the therapist finds difficult?

How do the writings of Mary Ainsworth, Mary Bateson, Beatrice Bebe, Russell Meares, Iain McGilchrist and Allan Schore come together to make sense of this? Where does love come into it?

Room B

11:45-12:30

Geoffrey Borlase

Chair: Dr Andrew Leon

Being at the edge a meditation upon working with difficult emotions in psychotherapy

Aims: To explore the idea of being at the edge in psychotherapy and what this might mean and how it presents in the therapy room between patient and therapist. Review how to find a way back from the edge.

Objectives: Define the edge and how it might present as working with difficult emotions in psychotherapy. Grow a deeper understanding of the language of the Conversational Model with regard to expectational fields and unconscious traumatic memory systems and how they take patient and therapist to the edge.

Explore enactment and dissociation and how they are experienced as difficult emotions that take patient and therapist to the edge.

Explore how to find a way back from the edge for both patient and therapist.

This paper in exploring the meaning of: "Being at the edge: Working with difficult emotions in psychotherapy", traces the origins of contemporary understandings of enactment through the writing of Russell Meares and the Conversational Model paradigm and the Relational theorists. In understanding contemporary meanings of enactment, the paper further considers how therapists work with patients to move through disruption.

12:30-01:30

Lunch Break with Book Launch

“Humanising Mental Health Care in Australia: A Guide to Trauma-informed Approaches”

This textbook, edited by Richard Benjamin, Joan Haliburn and Serena King, will be published by Routledge in early 2019. The book comprises 30 chapters covering a diverse range of topics and has been written by 44 experts, both local and international. Authors include Sandy Bloom, Russell Meares, Sandy McFarlane, Martin Dorahy, Louise Newman, Judy Atkinson, Derrick Silove and Christine Courtois.

CONCURRENT PAPERS or PARALLEL SESSIONS

Room A

01:30-05:00

A Symposium of Four Papers

Chair: Dr Nick Bendit

The Longer Conversation and The Caravanserai: Transforming and Transcending the Human Company

The Conversational Model (CM) approach to psychodynamic psychotherapy integrates research and frameworks from philosophy, developmental psychology, neuroscience and linguistics, attempting to offer an open theory that invites testing and a path for practice. It describes the way that embodied selves grow in relationship and conversation and that traumatic constrictions and breakdowns in aspects of social and personal selves are repaired in (therapeutic) relationships and conversations.

This symposium will explore aspects of language and story as it relates to shaping and transforming aspects of selves and considers the contribution to the shared journey of the human company.

The first talk (Korner) will offer a larger perspective on shared stories and conversations that transcend a single lifetime and shape our belonging to the world and its narratives; the second talk (Butt) will explore the constraints and choices in language in a psychotherapeutic setting and closely scrutinize the language of patient and therapist in a CM setting; the third talk (Malloch) will explore the importance of an expanded and nuanced sense of self through the CM and cultivating the spiritual self - living with “biological eloquence”; the fourth presentation (McLean) will explore the proposition “Art is proof of the passion of the soul, but kindness is proof of its integrity”(Jessica McLean) by applying the CM to case material, from acute and long term settings, hypothesizing that psychotherapeutic journey fosters the coherent development and posttraumatic growth of soul/psyche in the companions, whether therapist, patient, team or supervisor.

01:30-02:00

Paper 1 - **Dr Anthony Korner**

The Long Conversation

Language creates humanity rather than it being the other way around. It has a life of its own. Within the life of both individual and community symbolic and feeling exchanges occur: a process of ‘call and response’. The personal nature of feeling and imagery, involvement in conversations in words and images constitute what is most significant in human lives. It is part of a chain of continuity with past and future generations.

Language is a resource held in common. The inner world of self involves a living engagement with language. Messages are received, and representations expressed in reciprocal interaction. After death language enables personal experience to live on, most obviously in the form of the written word and recorded visual or auditory images. Even in their absence, the language and “messages received” by others live on. While individuals can be seen as having a lifelong text, there is a larger communal text. Language transcends death through this “long conversation”.

Language can feel like an assault. Most therapists will have the experience sometimes of dealing with a 'battleground' of intense emotion. The symbolic transformation of these raw experiences is challenging. An individual therapeutic conversation over its whole trajectory constitutes an opportunity for metabolism of trauma.

02:00-02:30

Paper 2 - **Associate Professor David G Butt**

From "Mind-forg'd Manacles" to "Interior Paramour": Literary motifs and language choices in construing the psychotherapeutic notion of analogical "fit"

The co-ordination of factors in human consciousness referred to as the "self" is rarely accorded the organic status bestowed on it by Hughlings Jackson (see Meares 1999) and William James in the C19th and elaborated in psychotherapy by Hobson and Meares in the Conversational Model (CM: Meares 2012), and by Damasio in the "biological idiom" of contemporary neuroscience (2010). Nevertheless, any ambivalence in scientific and medical attitudes to the self as an essential object of medical focus runs contrary to overwhelming phenomena: namely, the social effects of trauma and the personal effect that a stricken "self" has upon the individual human condition (see Haliburn 2017).

In this talk, I will review linguistic and literary motifs that may assist in understanding the idea of analogical 'fit' in the interaction between psychotherapist and those who carry with them their experience of trauma.

Meares has himself used examples from writers and scientists to throw light on this mercurial but crucial notion (Meares 2016). The therapist is seeking to establish a 'centre that will hold' by meeting the patient at a juncture of meanings that re-energises what was an inert core of being. Such catalytic meanings are realised in the relationship; and this suggests that we need to consider the parameters of the therapeutic context, as well as the discourse, in order to characterise conversation in the Conversational Model.

These two dimensions of meaning – wording and context - can be consistently mapped, and such maps may assist in anticipating the options and the complexities through which analogical 'fit' is created, and by which the measurable results of the Conversational Model are achieved.

02:30-03:00

Paper 3 - **Dr Stephen Malloch**

The Cultivation of "Biological Eloquence"

Cultivating 'biological eloquence' is vital to wellbeing and may be thought of as equivalent to cultivating the richness of one's soul. As the psychotherapist Thomas Moore writes, the spiritual self, or soul, "is not a thing, but a quality or a dimension of experiencing life and ourselves. It has to do with depth, value, relatedness, heart, and personal substance." "Ensouling" of our lived experience in its 'minute particulars' (Robert Hobson) is in many ways an ordinary rather than extraordinary quality of living.

Drawing from work on infant development, communicative musicality, the conversational model, neuroscience, hemispheric complementarity, and mindfulness, as well as clinical vignettes, the presentation argues that supporting a client to live with soul – encouraging awareness into the ways they move in their inner and outer worlds – cultivates wellbeing of the human psyche as we learn to live with "the wisdom of the nervous system" (Alan Watts) – or what I call 'biological eloquence.'

Expressions and nurturing of the spiritual self include ritual, the seeking out and creation of beauty, the enjoyment of trusted community, the telling of valued stories in prose, poetry, music and dance, and a knowing that the self is interdependent with our surroundings. Above all, it is a consequence of the interrelationship between quality of awareness and the ways the body and mind move through outer and inner environments.

03:00-03:30

Afternoon Tea Break

03:30-04:15

Paper 4 – **Associate Professor Loyola McLean****The Fruits of Coherent Companionship: Shared Stories and Gifts from the “Pilgrim” Roads**

In a conversation around soul, a proposition was offered by a young Australian writer: “Art is proof of the passion of the soul, but kindness is proof of its integrity” (Jessica McLean, 2018).

This talk will explore this notion by applying the Conversational Model approach, a theory attempting to integrate aspects of neuroscience, developmental psychology and linguistics within a psychodynamic frame, to case material. The hypothesis is that relationship, here a psychotherapy, can sometimes foster the development of soul/psyche as seen in growing creativity, compassion and kindness. Perhaps these can be seen as fruits of developing coherence and posttraumatic growth.

Here the demonstration will involve drawing on material across different levels of personal and interpersonal organization: linguistic, somatic behavioural, relational using material derived from acute, brief and long term psychotherapy settings. At times these capacities blossom in more than one, and are seen in therapist, patient, team, including supervisor. This will link with prior work proposing that the shared journeys of psychotherapeutic conversations can be likened to pilgrimages- journeys of special purpose with companions- that foster growth in us as individuals, dyads and communities of care.

04:15-05:00

Discussion of Symposium**Room B**

01:30-02:15

Dr Leo van Biene

Chair: Dr Phil Graham

Tracing the trajectory of relational transformations – a case presentation and discussion

A call is received from a general psychiatrist about a 50-year old woman he has been treating for several years. Her self-harm and suicidality have escalated to a point where she has required 50 hospitalizations, multiple blood transfusions following the severing of arteries and a growing list of medications. He is at the end of his therapeutic tether and asks whether she can be referred for psychotherapy.

This presentation is an account of the course of the five-year therapy that followed. It focuses on the process by which “traumatic forms of relatedness”, shaped by a particular developmental environment, are transformed through the application of the Conversational Model. A more robust sense of Self becomes apparent as a new relational configuration unfolds and surprising possibilities for living emerge.

Aim:

To demonstrate how the Conversational Model is applied to the treatment of a patient with a severe personality disorder for whom previous treatment has failed.

Objectives:

- To trace the trajectory of a psychotherapy, describing the arc from its beginnings to its conclusion;
- To describe the centrality of transforming relational configuration in the therapy process;
- To illustrate the utility of developing a psychodynamic formulation as a guide to clinical engagements; and
- To encourage discussion around the tensions arising for the therapist engaged in the treatment of an unstable patient.

02:15-03:00

Leslie Stein

Chair: Margie Darcy

Working with Overwhelming Mystical Experiences in Psychoanalysis

A sudden mystical experience for a patient, as Rudolph Otto suggested in his 1917 work *The Idea of the Holy*, creates awe, trembling, and fascination. Such an experience cannot be traced to a particular phase in analysis, an aspect of the transference, and the symbols appearing in the content are absolutely unknown. It bursts through from some primordial force that gives no reason for its occurrence.

Yet, it sits between the analyst and patient as the occurrence of a subjective experience that has overwhelmed the patient. Bion suggests that the analyst must be a mirror for the patient in order to become that mystery, what he

calls the "O." The analyst does this by a meditative practice devoid of memory and desire to create the space for the underlying sense of that mystery to emerge. This is a difficult position to aspire to when the experience has overwhelmed the patient, caused them to question their sanity, and has led to confusion and doubt.

This paper explores the basis for an appropriate analytic attitude when faced with an overwhelming mystical experience that is concerned only with discovering the embodiment of the occurrence and the effect on consciousness but ignores the content, the symbolism, the transference, theories of psychoanalysis, and the religious significance of the event.

03:00-03:30

Afternoon Tea Break

03:30-04:15

Michael Voumard

Chair: Kim Hopkirk

Encounters at the Edge

Aims: To explore the often paradoxical relationships between difficult emotions and our actual or fantasy behaviours in response to them

Objectives: The presentation will share insights from bushwalking, therapy and management contexts to prompt reflection by attendees on the tensions between the attractions and the dangers of being safe and being at the edge in our day to day encounters

The main content of the presentation will be in the form of reflective snapshots on events drawn from:

- a) The presenter's recent experience of having completed the Three Capes Track walk in Tasmania. The track follows the coastline on the Tasman Peninsula at the top of unfenced 300 m high sea cliffs.
- b) Two case vignettes from the presenter's experience as a therapist – 'the dangerous client' and 'the foolish client'; and
- c) Two recent experiences from the presenter's experience in a management role – 'the narcissistic colleague' and 'the destructive employee'.

Each reflection will draw out the sensations and related difficult emotions experienced by the presenter and arising from the behaviours of other people involved – walkers, clients and staff respectively – in each event. The presenter will then develop a narrative drawing on his experience of attempting to resolve some of the tensions within difficult emotions to shed light on his emerging self and the ways this process in turn sheds light on the therapeutic/development process.

04:15-04:45 **David Pollak**
Chair: Kim Hopkirk

Mindfulness: A significant step forward

Mindfulness interventions form the new third wave of psychological therapies. While Cognitive Behaviour Therapy (CBT) represents the Gold Standard, research shows CBTs significant flaws including possible harm. CBT may possibly only help because it contains mindfulness. Mindfulness is a transferrable skill overcoming CBTs flaws – making it extremely relevant.

‘Mindfulness Maze: Miracles of the mind’, a method; course; workshop; scientific literature review; and, a recently published book - about 3,000 papers reviewed. Mindfulness can stop depressive relapse! Mindfulness meditation can alter gene expression; ups immune function; improves cancer; etc. Morvan’s Syndrome includes neoplasm (cancer). It literally mimics mindlessness (opposite of mindfulness). Is Morvan’s Syndrome cancer remission really spontaneous?

Mindfulness; cognitive remediation; neuroplasticity; and, knowing mindfulness mediates metacognition – can intellectual functioning be improved? Meditation’s natural, side-effect-free sedation: will mindfulness meditation one day replace antidepressants and anxiolytics? Mindfulness is already used in some schools and workplaces, with ever-increasing popularity.

04:45-05:00 Discussion

05:05-07:00 Cocktail Party

07:00-09:00 Conference Dinner (optional)

DAY 2 - Sunday, 14 October 2018

09:00-10:15 **Emeritus Professor Russell Meares**
Chair: Dr George Lianos

The Creation of Human Reality

Those who have suffered repetitive trauma are typically afflicted by a disturbance of personal reality (“I’m nobody nowhere”). A therapeutic approach to this problem goes hand in hand with the transformation of unconscious traumatic memory. What this approach might be is mysterious and so is generally ignored in manualised therapies.

The theoretical basis of such an approach builds on Janet’s suggestion that a failure of “personal synthesis” is at the heart of the matter. This is supported by our evidence suggesting disintegration of higher order neurological function in those whose background is traumatic.

Therapy must be directed towards integration of mind-brain function. How this might be achieved is inferred by assuming that the way in which connections are made internally resembles the way in which we find connections in the outer world. Levi-Strauss called them “correspondences”. Correspondences will be briefly considered in developmental and linguistic terms. The notion of correspondence forms the background to the use of “forms of feeling” in the restoration of personal reality, which is made of two parts, one conferred by the senses and the other by feeling, memory, and imagination. The American painter, Edward Hopper, whose scenes depict estrangement and desolation, is used to illustrate the restoration of the doubleness of human reality.

10:15-10:45

Morning Tea Break

10:45-12:00

Ethics Presentation – Defining Ethical Practice for ANZAP in the 21st Century

Anthony Korner, Sheila Wood, Duncan Loasby

Chair: Katina Ellis

Working on the Edge in a Dangerous Method

Aims: promote awareness and debate on ethics within ANZAP

Objectives: inform delegates of the current direction of the ethics committee and encourage reflection on the principles that form the core of this approach

In a world of changing norms and heterogeneous values and beliefs we constantly have to adjust and evolve. Even though in many ways people's needs for warmth, affection and social connection may be relatively constant, the ways in which these needs are realized have been subject to enormous change in recent decades. Paternalism and trust in immutable truths and laws have eroded. Psychodynamic treatments have contributed to this change in bringing inner experience into a more public domain. Many groups, including ANZAP, are involved in efforts to ensure safe, ethical practice. Psychodynamic practice has changed away from the therapist as blank screen and authority on the unconscious, towards mutuality and engagement in a relationship that goes that allows for both security and play. In this paper consideration will be given to the question of what values can be considered guideposts for traversing the field of our work with a sense of ethical integrity. Recent deliberations within ANZAP and its ethics committee will be highlighted and draft documents put forward for consideration and debate.

12:00-12:45

Dr Nick Bendit

Chair: Geoffrey Borlase

Self-hatred in Psychotherapy: one of the most difficult things to treat

When the client presents with pervasive and extreme self-hatred, it presents a terrible conundrum for the psychotherapist.

To try and undermine self-hatred is often experienced by the client as undermining their experience of themselves and creates a schism within the relationship. On the other hand, to collude with the self-hatred is even worse, perpetuating damage to the client and usually experienced as unbearable by the therapist.

This paper will explore the underpinnings and possible causation of client self-hatred and explore the links between self-hatred and shame. This will (hopefully) lead to some tentative offerings about how to manage and treat these difficult clients.

12:45-01:30

Lunch Break

01:30-02:00

Annual General Meeting

Room A

02:00-02:45

Dr Terence Teh

Chair: Dr Brendan McPhillips

Zero, One, Two, Three: Death, Merger, Sado-Masochism, and the Conversational Model

This paper aims to describe and reflect on work done over seven years with a female client who presented with Chronic Depression and frequent episodes of self-harm and suicide attempts.

A person's experience of disruptions to attachments at a very early age, such as for example, an unsuitable adoption of a child at birth, can conceivably feel like death.

The Self, never given a chance to coalesce, may remain embryonic and frozen. Without a secure base, a false self may develop, focused on and entrapped by external stimuli. A person with a false self may pathologically accommodate to others, seeking a sense of Self-in-Other by grafting on and merging with another person in a parasitic manner. When the other person also has a disorder of Self, one enmeshed constellation that can develop is a sado-masochistic relationship, a caricature of the Benjaminian idiom of two-ness: *Do-er and Done-to*.

In this paper, I attempt to chart the progress of our work together as my client extricates herself from a sado-masochistic relationship with her ex-partner and develops her own Self, correlating this work with brief samples of audio-recordings of sessions. I describe the cotransference experiences and parallel processes of our Survivor-Client/Survivor-Therapist dyad, working on the knife edge of death, merger, and sado-masochistic experiences while developing a third space for growth through the Conversational Model.

Room B

02:00-02:45

David A Sarikaya

Chair: Linda Bragg

Effect of Self Discrepancies on Emotions and Life Satisfaction

One hundred and eleven male and one hundred and seventy female subjects completed a collection of questionnaires in order to examine the effect of different self-guides (actual undesired congruent-self, actual ideal discrepant-self and actual ought discrepant-self self), on the specific emotions of anger, sadness, enjoyment and life-satisfaction, within the framework of Higgins' Self-discrepancy theory and to examine the relationship between self-consciousness, self-monitoring and emotions. Results of the study supported the Self-discrepancy theory.

The essential findings of this study are:

1. Those people whose actual selves are discrepant from their ought selves are vulnerable to anxiety and related disorders;
2. Those people whose actual selves are discrepant from their ideal selves are vulnerable to depression, dejection and related disorders; and
3. Finally, those whose actual selves are congruent with their undesirable selves are vulnerable to hopelessness, self-destructive and suicidal tendencies.

The clear findings and implication of the research is that to establish and maintain an integrated and functioning self, a person needs to reduce the discrepancies between actual, ought and ideal selves, whilst at the same time reduce their undesirable behaviours and tendencies.

The findings have significant therapeutic implications as well. Therapy for those people suffering from the abovementioned disorders needs to be tailored to achieve an integration between the various components of the self as described above.

02:45-03:00

Conference Close