RANZCP Faculty of Psychotherapy Conference 2019

SEXUALITY AND GENDER: HANDMAID, MISTRESS OR PARTNER?

Friday 12 July – Sunday 14 July 2019 | Hilton Diagonal Mar Barcelona
Keynote abstracts

Trans-itory Identities: some psychoanalytic reflections on transgender identities

Alessandra LEMMA¹
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The capacity of transgender to incorporate all gender variance and sexual preferences has become a powerful tool of activism and personal identification. Rather than being an index of marginality ‘trans’ has become a central cultural site. In this paper I will argue that this identity label encompasses a complex range of internal psychic positions in relation to consciously stated sexual preferences and gender identifications. My aim is to explore what can appear to be in some cases a premature embraces of the empowering potential of the transgender identification through my work with under 18 year olds who are seeking medical intervention for gender dysphoria. This can undermine the painful psychic work required to establish what transgender means for any given young person. In an external culture where to ask ‘why transgender’ (as opposed to ‘how transgender’) is felt to be pathologising, working with these young people can prove difficult for the analyst. The challenge is to tread the fine line between a dialogue based on an equidistant curiosity about meaning and function that is core to an analytic approach, and a posture of ‘informed suspicion’ that is unlikely to foster a productive dialogue.

Psychoanalytic psychotherapy in the new century: brief and interpersonal?

Alessandra LEMMA¹
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In this session I will outline DIT, the brief (16 session) psychodynamic therapy model that I developed with Professors Fonagy and Target. I will describe its main features and applications and recent research findings.

Born this way? Notes on identity, desire and masculinity

Vittorio LINGIARDI¹
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“It write poetry because my genes and chromosomes fall in love with young men, not young women.” With this carefree and cheerful verse, Allen Ginsberg screws up centuries of dispute about the role that nature and culture play in our lives. But, we know that poets follow idiosyncratic and arcane thinking. Sooner or later people ask: “Are homosexuals born that way or do they become homosexuals through outside influences?” This usually means: “Is homosexuality caused by primary relationships and family structures? Or is it just a matter of genes and hormones?”. This question is inescapable but wrong because it is affected by two prejudices: the first is that we are all born as tabulae rasae, ready to be shaped by external forces. The second prejudice is that we are born already programmed for specific tastes, desires and behaviors. But binary oppositions — such as nature vs. culture, inside vs. outside, black vs. white — are always wrong. Life is made up of shades, and hopefully not always fifty and gray. Our sexualities and genders are both developmental and relational constructions: simultaneously biological and social, inventive and defensive. As result of genetic and hormonal predispositions, family expectations and social pressures, conflicts and defences, fantasies, identifications and counteridentifications, projections and introjections, they arise from the incessant attempt to come to terms with one’s own pleasures, anxieties, identities and compromising solutions. In my lecture I will explore the links among identity, sexuality, and desire in my work with 22-year-old Andrew as he explores his homosexuality.
Keynote abstracts

Challenging Oedipus in changing families

Vittorio LINGIARDI¹, Nicola CARONE²

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Socio-cultural changes and advancements in assisted reproduction over the past 40 years have led to a rise in new family forms, including same-sex parent families formed through donor insemination or surrogacy, wherein the loving couple does not coincide with the generative couple and the parents do not embody sexual difference. Can we still understand the gender identification processes and the path of accessing one’s origins through the lens of the Oedipal complex? In keeping with the Freudian concepts of “psychosexuality,” “primal scene,” and “family romance,” as well as the more recent developments in psychoanalysis, attachment theory and Infant Research, this paper aims at revisiting the Oedipal “complex” as Oedipal “complexity,” which may apply irrespective of parents’ anatomical characteristics. However, this “complexity” does not renounce parents’ bodies and sexuality as important to children’s development. Maintaining the concept of third following the parental couple, and position within generations in the idea of Oedipal complexity, I suggest that a child’s development pathways will depend not only on the intersection of the child’s Oedipal and pre-Oedipal levels, but also on the parents’ early relational events and internalization of their own parental figures, which are not necessarily pre-determined by their gender or sexual orientation.

Female bodies: disputed territory

Prof Louise NEWMAN¹,²
¹ Royal Women’s Hospital, Parkville, Victoria. ² University of Melbourne, Victoria, Australia

Women’s bodies and physical experiences of size, shape, reproduction and ageing have long been contested issues in psychoanalytic theory.

Current concepts of the “gender wars” have raised issues of women’s “rights” to independent bodily existence and need to reflect on philosophical and cultural assumptions about embodiment and identity.

This paper will reflect on the nature of female embodied identity and the place of psychotherapy in cases of problematic embodiment.

Working therapeutically with women in the age of #MeToo

Prof Louise NEWMAN¹,²
¹ Royal Women’s Hospital, Parkville, Victoria. ² University of Melbourne, Victoria, Australia

For many women, the #MeToo movement has prompted disclosure and concerns around gender relations, sexual harassment and gender violence. These issues although well known in psychotherapy and psychoanalysis have been problematic and often unspoken.

Analysis of the “women problem” of psychoanalysis and Freud’s struggles with femininity are reviewed with reference to the case of Dora who herself may be seen as involved in #MeToo.

The current social debate again highlights the problem of defining psychoanalytic feminism.
Keynote abstracts

Three dangers: phenomenological reflections on the psychotherapy of psychosis

Louis SASS\textsuperscript{1}
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My presentation offers a phenomenological perspective on three dangers relevant to the psychotherapy of an underserved and often poorly understood population: persons with schizophrenia and other psychotic conditions. These dangers are:

That of neglecting the overall framework-dimension of altered subjectivity in favour of a preoccupation with more obvious, content elements of experience (e.g., by focusing overly much on specific delusional beliefs and their apparent falsehood, rather than on \textit{how} delusions may be experienced and on how literally they may, or may not, be taken);

That of overemphasizing the relevance and need for direct interpersonal interaction at the expense of appreciating the implicit, intersubjective sense of sharing (or not sharing) perspectives with other persons; and finally

That of being overconfident of one’s ability to grasp the patient’s subjectivity.

The discussion offered relies on analyses offered by three philosophers: Heidegger (on what he termed the “forgetting of the ontological difference”), Husserl (on the nature and importance of “intersubjectivity”), and Levinas (on appreciating the unfathomable “infinitude” of human experience). I will discuss how phenomenology’s general perspective may offer a helpful alternative or supplement to some widespread attitudes and practices.
In transition: clinicians, families, schools and culture - ‘Butterfly’ (3 part-TV series) as a case study of childhood symptoms, cis/trans gender fluidity and sex reassignments from the 1970’s - 2010’s

George HALASZ¹
¹Monash University, Melbourne, Australia

My first child psychiatry textbook (1977) was edited by my teachers Michael (later Sir) Rutter and Lionel Hershov, Maudsley Hospital, London. Not surprisingly R. Green’s chapter on ‘atypical psychosexual development’ made no mention of ‘gender dysphoria’, a term yet to be introduced to our profession. His premise, that ‘(B)y the age of 3 or 4 years most children know whether they are a girl or a boy…’ cited references from 1940 and 1950. Fast forward half a century, Vittorio Lingiardi and Nancy McWilliams’s (2017) edited Psychodynamic Diagnostic Manual (PDM-2) even discusses the therapist’s ‘Subjective Experience’, and highlight the concerns as: ‘Clinicians’ prejudice - or simply lacking the knowledge about sexual minorities - can heavily obstruct their understanding and bias their clinical listening to lesbian, gay, and bisexual clients. In these cases, it could be useful to consult a supervisor.’ (p 240). I present as a ‘case study’ my clinical reactions to, and follow-up research on the three-part British TV series ‘Butterfly’ that deals with a fictional family struggling to come to terms with, and reluctantly accepting their son/daughter transition from ‘Max’ to ‘Maxine’.

I will explore the theme of ‘transition’, extending Winnicott’s central construct of ‘transitional’ objects, to now include my counter-transference as ‘vicarious trauma’.

Lucille: reflections on a long-term psychotherapy with a CSA survivor

Wayne MASON¹
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This is an account of a long-term psychotherapy with a child sexual abuse victim, with emphasis on the counter-transference and the reverberations of that trauma throughout the victim’s life.
**Abstracts & presentation summaries**

**“Bringing up baby” or a “Tiger by the tail”? Creating a trauma-informed psychotherapy masters program**

Loyola MCLEAN1,2, Anthony KORNER2, Joan HALIBURN1, Janine STEVENSON1, Michael WILLIAMSON1, George LIANOS1, Philip GRAHAM1, Kamal TOUMA1, Tessa PHILLIPS1, Jatinder BAINS1, Deborah CHISHOLM1, Shaun HALOVIC1, Steven YEATES1, Lynette GALLATY1

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**Background:** Trauma-Informed Care (TIC) is an approach whose time has come, given the growing awareness of the way we develop in relationships, break down in the face of trauma, and then repair in connected relationships with self and others. Yet trauma makes us blind and lame, often unwittingly. Repair requires that we attend the deeply felt and unfelt, right here, right now. A contemporary psychodynamic approach then, trying to understand “the something that gets in the way”, and grounded in the therapeutic alliance, has and is proving useful to this task and lies at the heart of healing.

**Objectives:** In this birth year of our new Masters Program we will outline our attempts to embody the Trauma-Informed principles and the philosophy and practice of the Conversational Model in our creation journey. We want to convey the importance of conversation at every step and level: it has needed language and relatedness fit to purpose and to moment.

**Methods:** We will deliver the our tale’s “facts” but in CM style tell it too, with some metaphor and a little “fancy” (Guthrie), and share some of the “feeling” of this tricky and surprising journey to save and share our craft. We will discuss current challenges to the privacy of the therapeutic space and our power to train.

**Findings:** Perhaps “bringing up baby” will proceed well enough but doing as we speak is being tested.

**Conclusions:** Process and relationships remain the real shaper of life and liveliness, even in a precarious training space.

**Heterogeneity in a transgender case study: utilising the concept of heterogeneity as discussed by Quinodoz helped grasp the disturbed sense of self in which warring identities created an impasse to integration.**

Ilana NAYMAN1

1 Private Practice, Melbourne, Australia

A case of a 50 year old transgender person, who consulted me over a three year period, will be presented. Therapeutic progress was very limited but I was able to learn a great deal by examining my countertransference response using the views of Swiss psychoanalyst, Danielle Quinodoz concerning heterogeneity in patients. This assisted in my grasp of impasse the patient existed in.

**References**

QUINODOZ, Danielle; Workds that Touch: A psychoanalyst learns to Speak; Karnac Books, 2003
HAAS, Ann P., RODGERS Philip L., HERMAN Jody L.; Findings of the National Transgender Discrimination Survey, the Williams Institute, American Foundation for Suicide Prevention; January, 2014
Dear Dr Randles, I would like you to help me with my sex life

Jenny RANDELS

1Consultant Psychiatrist, St Vincent’s Hospital, Melbourne; Psychoanalytic Psychotherapist in Private Practice

In a moving paper – presented at the 2017 Freud Conference – Alessandra Lemma described her therapy with a young woman whose (adolescent) development had been derailed by a difficulty with her emerging sexuality. This led me to review a past encounter with a patient who presented with similar concerns which had emerged rather differently, and in a way which had left me feeling somewhat at a loss. I was now able to understand what had emerged in a more promising way. Some clinical material will be presented.

Suicide assessment

John ROBERTSON

1Eastern Health, Melbourne, Australia

Background: It is now recognised that “Risk Assessment’ checklists, while identifying vulnerable populations, have poor predictive value. Unfortunately, this has led some to conclude that risk assessment is a meaningless exercise and that suicides cannot be predicted.

Objectives: This talk will highlight the importance of taking a careful, psychodynamically informed history and its value, not only in predicting risk but also in identifying issues for effective intervention.

Method: After briefly describing the epidemiology of suicide, I will examine the fallacious statistics which have led to the myth that suicide is unpredictable. I will provide an overview of the factors which alert one to potential suicidality and explain the style of questioning then required to adequately elicit intent. I will conclude with a method of constructing a safety plan.

Conclusions: I aim to demonstrate that suicides can be predicted with reasonable accuracy and thereby prevented in many cases. I hope to empower clinicians, particularly those in the acute public setting, to more confidently incorporate psychodynamic thinking in identifying and intervening in cases of potential suicide.

Psychiatry is a discipline contributing to misogyny - is consciousness raising the solution?

Sanjay SIDDHARTHA

1Miramichi Hospital, Miramichi NB; Dalhousie University, Canada

Psychiatry unfortunately has kept up with the cultural mores of the given times. From the times since the agricultural revolution, patriarchy prevailed. The biological attributes of the male gender were taken as “the norm”. The female sex was not only ignored but often the “organ inferiority” rationalized the “male superiority”. One can argue that these “theories” kept the growth the feminist movement in check. The presentation would attempt to review these historical themes in the field of mental health and psychiatry. Contemporaneously, Peterson from University of Toronto interpreted Jungian Archetypes to assert the “gender express” which some say promotes Misogyny. I would also touch on the present practices which probably are influenced by these dubious theoretical underpinnings. I would attempt to review the relationship between and within the genders confounded by these theories. I would also try to touch on the theories of conscious awareness as a possible antidote to the misogynistic culture. The contribution of the early Feminist psychologist would be discussed.
Abstracts & presentation summaries

Broken homes and hurt people; calling for big hearts and cool heads to navigate the issues of gender in our approach to intimate partner violence.

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There is no doubt that female victims of intimate partner violence outnumber men and the impacts of family violence broadly are most pronounced for women and children. The work of women victims’ advocates over decades has shone a spotlight on this issue. In this paper the author asks the audience to consider a broader view of the complex and emotive topic of violence in intimate partnerships. She will carefully tread the complex political landscape of this all-too-often rancorous debate that sees women’s and men’s advocates angrily attacking their other gendered opponents. Behind hashtags like #notallmen we will look at research data that is frequently misrepresented. The author will offer her hopeful view for a way forward that sees the gendered and mutual violence (otherwise known as gender-inclusive) theories as not incompatible but part of a spectrum of violence in intimate partnerships. We will conclude with thoughts about the need for careful interventions for those affected by this devastating social issue.