THE INTRAPSYCHIC AND THE INTERSUBJECTIVE
IN CONTEMPORARY PSYCHOANALYSIS

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Yiannis Moralis, *Untitled*, 1975
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PRE-FORUM
INTERDISCIPLINARY EVENT
NEUROSCIENCE AND PSYCHOANALYSIS: “BEYOND THE PLEASURE PRINCIPLE” REVISITED
F. Ansermet (1), P. Magistretti (2)
(1) University of Geneva, Department of Psychiatry, Geneva, Switzerland
(2) Brain Mind Institute, EPFL and Centre for Psychiatric Neurosciences, University of Lausanne, Lausanne, Switzerland

In our presentation, we will explore two fundamental mechanisms that we consider at the basis in the establishment of the subject: neuronal plasticity and homeostatic processes. Plasticity plays a key role in inscribing experience; furthermore, through trace reassociations, as demonstrated by what neurobiology defines as reconsolidation, a discontinuity is created between experience and traces. We posit that the subject and the unconscious emerge from this discontinuity. Homeostatic processes are concerned primarily with somatic states S, which are detected by the interoceptive system. These somatic states S are associated with representations R produced through the mechanisms of plasticity, in particular at the level of neuronal assemblies. As we will discuss, the tension that results between R and S, produces the drive, which is discharged to maintain homeostasis. Plasticity and homeostatic processes are two mechanisms permanently in play in the process of becoming of the subject.

Despite the efficacy of the homeostatic mechanisms which operate at the somatic level, Freud realized that there was a fundamental failure of the homeostatic processes at the mental level, as illustrated in his writings such as “Beyond the pleasure principle” and “Civilization and its discontent”. A conclusion that was derived by Freud on the basis of clinical observations, is that pleasure and unpleasure are bound together; they are consubstantial and cannot be dissociated. We will discuss what we consider could be the neurobiological underpinnings for this homeostatic failure, by referring to the opponent process theory.

References:
Ansermet F. et Magistretti P., A chacun son cerveau, Paris, Odile Jacob, 2004

GHOSTS IN THE BRAIN: CORTICAL INTERACTIONS OBSERVED DURING THE EXPERIENCE OF AUDITORY VERBAL HALLUCINATIONS
E. Angelopoulos (1), E. Koutsoukos (2)
(1) 1st Department of Psychiatry, University of Athens, Eginition Hospital, Athens, Greece
(2) University Mental Health Research Institute, Laboratory of Neurophysiology & Signal’s Processing Related to Cognitive Functions, Athens, Greece

Psychopathology usually adopts a philosophical position of realism (in form of dualism or materialism), which assumes that the world we perceive around us is an objective reality. Accordingly, hallucinations are defined as false perceptions that arise in the absence of an external object or event. They are thought to differ from true perceptions in that they come from within the person’s mind as opposed to from outside the mind.

In order to better understand the nature of hallucinations and integrate accumulating data pertaining to these phenomena we need a shift in paradigm from regarding the world we perceive as an objective reality to recognising it as a fundamentally subjective experience. In other words, normal perception, dreaming and hallucinations are equivalent, because even normal perception in wakefulness is fundamentally a state of hallucinations, one however that is constrained by external physical reality.

The central problem for cognitive neuroscience is to describe how cognitive processes and psychiatric phenomena, such as hallucinations, arise from functionally organized brain processes. Auditory verbal hallucinations (AVHs) are considered as complex features and as such, they may reflect abnormal functional connectivity in multiple related brain regions in both intra and inter-hemispherical sites. Since brain functional connectivity is defined primarily by phase integration, we hypothesize that AVHs may be related to abnormal neuronal synchrony of the oscillatory activity that functionally connects multiple brain regions underlying speech production.

In the present study, spatiotemporal properties of spontaneous alpha electro-encephalographic activity patterns were analyzed in terms of frequency specific phase synchronization in patients suffering from schizophrenia with persistent AVHs. In eight patients with AVHs, both intra- and inter-hemispheric phase coupling were found significantly greater compared to sixteen healthy controls as well as to seven non-hallucinatory patients with schizophrenia. Frequency-specific phase synchronization patterns, temporarily anchored to the experience of AVHs, as reported by the subjects, have been observed between short- as well as long-distance cortical sites. Our results showed a pronounced alpha intra- and inter-hemispheric synchronization as a result of the increased temporal coupling during the hallucinatory stage, implying that the broad alpha over-coupling between speech related areas is associated to the production of AVHs. Our findings indicate that AVHs are related to abnormal neuronal synchrony that implies erroneous and in a sense autonomous functional connectivity in brain areas.
PSYCHOANALYSIS AND NEUROSCIENCE. FRIENDS OR ENEMIES?
M. A. Gonzalez-Torres
Department of Neuroscience, The University of the Basque Country - Psychiatry Department, Basurto Hospital, Bilbao - Centro Psicoanalitico de Madrid, Spain

Neurosciences have experienced a tremendous development in the last decades. Research on genetics, structural and functional neuroimaging advance at a frantic pace, producing a steady gain in knowledge. At the same time, Psychoanalysis as a whole has been experiencing a decline, reflected on a decrease of its influence in culture, academia and mental health. However, there are some optimistic signals pointing to a slow, but certain recovery. Many factors have contributed to this changing situation and three of them seem especially important: interest on personality disorders, attachment theory and links to neuroscience. In some remarkable cases, all those three factors come together to produce real breakthroughs. The approach to Neuroscience has been specially contested among us. Many psychoanalytic practitioners, including some in power positions in our institutions distrust these advances, taking refuge in the old ways of doing clinical work and research. Obviously, there are also colleagues who maintain a naive view of Neuroscience, expecting confirmations it can never provide. Regardless we like it or not, some of the more interesting proposals in psychoanalysis today come from projects involving Neuroscience or at least taking advantage of research methodology usually applied in in natural sciences and going well beyond the methodological flaws often found in traditional psychoanalytic papers. This re-discovery of nature and science in psychoanalysis should be considered not as an escape from our core field, but on the contrary, as a return to the attitude of discovery and risk taking our discipline once showed, and lost.

ON PSYCHOSIS: NEUROSCIENTIFIC AND PSYCHOANALYTIC PERSPECTIVES
M. Solms
University of Cape Town, South Africa –Arnold Pfeffer Centre of Neuropsychoanalysis at the New York Psychoanalytic Institute, New York, NY U.S.A.

Recent findings regarding the neural mechanisms of dreaming reveal that they share remarkable resemblances with those of psychotic states. In this presentation, the two sets of findings regarding neural mechanisms will be presented, and their implications for our understanding of both dreams and psychosis (and the relationship between the two) will be discussed. Also to be discussed is the current scientific status of Freud's theories regarding psychosis, in the light of these findings.

MODERN THERAPEUTIC TARGETS FOR PSYCHOTIC PATIENTS: WHAT CURRENT ANTIPSYCHOTICS OFFER TO OUR PATIENTS?
A. Schreiner
Janssen Cilag EMEA

Abstract unavailable at the time of printing
DISCUSSION PANELS
“MONSTERS IN HIS HEAD”: A CLINICAL DIALOGUE

SIMONE’S COMPLAISANT MUTISM AND THE MONSTERS
A. Ferro
Societa Psicoanalitica Italiana, Italy

The Author presents a detailed clinical case in order to then proceed with a description of the concepts of the analytic field, transformation into dreams, characters, and casting. This will lead to expansion of Bion’s thought such as the development of the container and of dreaming ensemble.

ON FEMALE SUBJECTIVITY

THE PASSION OF MOTHERHOOD
J. Kristeva
France

We can pose the question whether secularised civilisation is the only one without any discourse on motherhood. The Christian, Jewish and Moslem mother is already known.

What about the “modern mother”? Addicted to the supermarket, disciple of the paediatrician?

Caught between the emotions imposed by biology and the passion of motherhood which welcomes or rejects the newborn baby, mothers however are at the beginning of the link with the other, right at the very beginning of civilisation.

Also contemporary psychoanalysis which is delving more deeply than ever into the early relationships of mother and infant, questions the exquisite feelings and risks involved in motherhood.

Julia Kristeva undertakes to show how through the maternal experience Eros can, or not, be sublimated to love. Her object is to show how a mother reconstitutes her Oedipus complex with the father of her child, how the lover and mother transmit the ability of thinking and speaking, how the rush toward death can be suspended by the time of motherhood involving rebirth and reawakening which could perhaps be seen as the modern conception of freedom.

FEMALE IDENTIFICATIONS TO THE FATHER
M. Aisestein
France & Greece

For Freud, the first identification prior to object-choice is, for both boys and girls, an identification with the father of personal prehistory. Though it is well-known and clear in boys, this identification also exists in women and is at the origin of the ego-ideal tied to the superego, itself essentially constituted by identifications with the early parental objects. The formation of the female superego is made more complex by the double position of the father as at once the original seducer but also guarantor of the law.

Later, the girl may give up her Oedipal attraction for the father by taking hold of him through identification.

ON INTERSUBJECTIVITY

ON BEING OBJECTIVE ABOUT THE SUBJECTIVE. CLINICAL ASPECTS OF INTERSUBJECTIVITY IN CONTEMPORARY PSYCHOANALYSIS
R.D. Hinshelwood
U.K.

We can find two traditions within psychoanalysis that have developed notions of intersubjectivity. They are conceptually different, and arise for different reasons. One is based on the new view of countertransference that emerged in the 1950s; and the other has arisen from the reactions against the objectified knowledge of ego-psychology and drive theory in the 1980s. The two traditions comprise respectively the intra-psychic and the co-constructivist approaches to intersubjectivity. In this paper these two approaches will be delineated, and especially attention will be paid to the persisting role of objectivity and how it may be integrated with the subjectivities of psychoanalyst and analysand.

THE IMPLICATIONS OF A DEVELOPMENTAL VIEW OF INTERSUBJECTIVITY FOR CONTEMPORARY PSYCHOANALYSIS
D. Stern
Switzerland

Abstract unavailable at the time of printing
LECTURES
DUALISM AND DUALITY IN THE PSYCHOANALYTIC SCENE

E.G. Aslanidis
Hellenic Society of Psychoanalytic Psychotherapy, Athens Greece

The central concept in this work is duality (dual) versus dualism (dualistic). Dualism appears in the psychoanalytic scene as narcissistic, specular phenomenon and symbolization is expressed as symbolic equation. On the contrary, duality is experienced as a symbolic triangular operation. The dual relationship of intrasubjective and intersubjective is one example of duality out of many other, in psychoanalytic theory and practice. But there are many pairs of opposite outside psychoanalysis, which function in a dual way, such as the duality of visible and invisible or of mortality and immortality. On a linguistic level, the dual number of ancient grammars is another example expressing duality in its third element, that is the dual result.

Following Freud’s example of transcending his “Project” to illustrate the drives as “our mythology”, I use mythological models to avoid manipulating the illustration of duality, by means of selected fragments of clinical vignettes. It goes without saying that the experience of duality is born in the psychoanalytic situation. But to experience is one thing and to describe is another. The need to ask for and face a duality between psychoanalytic and not-psychoanalytic is put forward.

CLINICAL EXPERIENCES WHICH MOVED ME FROM A ONE PERSON INTRAPSYCHIC PERSPECTIVE, TOWARD A MORE INTERPERSONAL/INTERSUBJECTIVE PERSPECTIVE

A. Berle
Institutt for Psykoterapy, Norway

The paper is built on experiences from a 3 year treatment, approximately 30 years ago of an obsessive compulsive man who was in his early twenties, and his symptoms dominated his daily life and family from 6 am to midnight since he was 15 years old. During the first year of treatment his symptomatic behaviour continued in the same predictable way as they had taken place since he was 15. He arrived the initial interview a little late, but from the second session and during a little more than a year he arrived almost precisely 20 minutes late, so the sessions lasted only 30 minutes. The therapist tried to encourage some curiosity in the patient by pointing to fact that although the patients gave various reasons for his late-coming it was always almost precisely 20 minutes, and if he had some thoughts connected to that? The patient answered by shrugging his shoulders and said that he would probably know when it would become conscious. The therapist felt increasingly more and more overwhelmed by the patients massive resistance, feeling like a hostage like the patients mother probably felt: unable to reflect, think and formulating something which was meaningful for the patient, and developed some serious countertransference/counterresistance problems which he at last managed to formulate in a meaningful way. This disclosure seemed to be a turning point in the therapy, and a few sessions later the patient himself started to reflect about the 20 minutes, and by joint efforts we were able to move in a more constructive direction. Some of the patients’ dreams which displayed both the stalemate we were in, and the development of the process which led to change both in the patient and the therapist will be presented. This process also gave new perspectives for the therapist concerning not only obsessive compulsive disorders, but also a realization that for the patient to change, the therapist also has to change. For the therapist it was also a start to move closer to interpersonal and intersubjective perspectives.

THE HATRED AND EXCLUSION OF LIKENESS

K. Figlio
Centre for Psychoanalytic Studies, University of Essex, U.K.

One normally thinks that we like to stick together with others like us, and that we exclude others whose difference from us provokes antipathy towards them. But, in coining ‘the narcissism of minor differences’, Freud directed attention to sameness: neighbours harboured the most persistent grievances. Recent historical and anthropological research has begun to document this form of virulent grievance cases of violent, often ethnic or nationalistic, conflict (Blok, 1998, European Journal of Social Theory; 2001, Honour and Violence, London: Polity). Following this lead, I argue that antipathy and exclusion are rooted in sameness, and that this most persistent enmity includes religious or ethnic hatred, but also misogynous, parricidal and infanticidal feelings.

I argue that there are intrapsychic and intersubjective dimensions to this narcissistic situation. There is an estrangement at the core of identity. In becoming ‘someone’ – individual or group – an ‘other’ appears as an internal object on the margin between an internal world and the external world of ordinary perception. The emerging ego struggles with it in this marginal place, at once confused with it, threatened with extinction by it, threatening it with extinction, and trying to establish a secure external world of co-existence. Following Freud, Bleger and Klein, I will argue that sameness threatens the ego with such a primal, catastrophic, confusional state. Polarization into an intensely charged, paranoid threat of extinction – frightening as it may be – offers protection by fostering projection in the form of an exclusion that marginalizes someone or some group on apparently external grounds.
“AND MAY I NOW, PLEASE, CONTINUE TO SEE MY PATIENTS…?” INTERNAL AND EXTERNAL CHALLENGES IN THE PSYCHOANALYTIC FIELD
L. Moyson
European Federation for the Psychoanalytic Psychotherapy in the Public Sector, Belgium

Psychoanalysis and psychoanalytic psychotherapy have at least in common that they have had to cope with many challenges from the very beginning of their existence. Nowadays new challenges come to the fore; challenges originating from our patients with new rights, demands, fashions and pathologies, influenced by a rapid and fast moving society. There are also challenges from inside the psychoanalytic community with complex questions about identity and from the academic and political field with the urgent demand for proofs about our evidence base and the “scientific” basis of our profession. We are obliged to take serious thought about how to cope with the competition with other psychological modes of treatment which stand in a seemingly stronger position in their ability to “prove” their validity. The main challenge is to find the right answers with the right (non-defensive) words to the new demands, in an open dialogue with the general and academic world and with a reciprocal respect without “committing treason” or betraying the fundamental tenets of psychoanalytic theory and practice.

THE FUTURE OF PSYCHOANALYSIS
M. Baranger
Argentina

This essay presents the evolution that has taken place since the beginning of psychoanalysis and that continues into contemporary practice, focusing specifically on the causes and modalities of this evolution and its possible assessment in relation to the teachings of Freud. Addressed to a consulting patient, early psychoanalysis was constructed around successive discoveries in the research process. The importance of the analyst’s personality to the therapeutic process has been increasingly recognized. Due to the discovery of transference and counter-transference, as well as the study of the analyst-analysand pair, current psychoanalytic practice can be described as inter-subjective. Contemporary psychoanalysis no longer entails the study of a specific subject, but rather of the relationship between the two participants and their joint work as a means to deduce and ultimately change the modalities of the analysand. This is a more and more common and widespread treatment model, although there are differences in terms of the conception of inter-subjectivity. This text cites analysts and groups of analysts involved in this subject, and the nuances of their approaches reflect difference in ideology. Baranger’s “field theory,” for instance, is discussed in general terms. Its known origins and consequences for the practice of each member of the analytic pair are discussed, along with their common work and eventual changes.

TRUTH AND ANALYTIC RELATIONSHIP IN FORENSIC TREATMENTS – CHALLENGES CAUSED BY INJUSTICE, DELINQUENCY, ADDICTION
K. Hoffmann
Zentrum für Psychiatrie, Reichenau, Germany

Forensic psychotherapy takes mainly pace in inpatient settings, deals with the contents of a patients’ biography and crimes, and repeats often biographical patterns which are then re-enacted by the patients. It has to take serious the truth of the patients’ and the therapists’ and staff’s real everyday life including the interpersonal relationships. By creating a furthering milieu and offering individual and group psychotherapy, it furthers non-destructive re-enactments of pathologic histories, promotes health and responsibility and allows the patients to live in freedom despite their delinquencies. The paper reflects a case history in the light of contemporary psychoanalytic and group analytic concepts: As a child and as an adult, Mr. P suffered from enuresis, stuttering and anxieties. Until the age of 28, he lived with his mother. During puberty, he started to abuse alcohol and benzodiazepines. Until his confinement in the forensic department at the age of 36, he had stalked women he knew from his working place, robbed and molested foreign women on motorbikes, and had stolen ecclesial paintings showing Holy Mary from a church and a museum. After an assault against a female co-patient whom he wanted as a partner, he slowly changed his attitudes, lost weight, coped much better with his anxieties and started to talk about his sexual problems. He started a relationship with another female patient, continued to paint in oil – he had done this from the age of 29 years -, mainly portraits of women and landscapes, and he continued his adherence to catholic pictures showing Holy Mary. Compulsory measures like regular checks of alcohol consumption continue to play an important role and keep a central place in his interpersonal relationships – but not in a delinquent way, which allows his discharge and living in a halfway house where he cooperates despite he does not agree wholeheartedly.
THE DESTRUCTION OF THE INTERSUBJECTIVITY IN SCHIZOPHRENIA
N. Tzavaras
Hellenic Psychiatric Association-Hellenic Psychoanalytical Society, Athens, Greece

Abstract unavailable at the time of printing

“DIRECT MEETING”. ERICH FROMM’S CONTINUING RELEVANCE TO RELATIONAL PSYCHOANALYSIS
R. Funk
International Erich Fromm Society, Tübingen, Germany

Excluded from the psychoanalytic community because of his non-orthodox approach to psychoanalysis Fromm since the thirties insisted on a relational re-vision of the psychotherapeutic treatment – and finds in current developments a latish acknowledgement.

According to Fromm the question of how inner strivings and the intrapsychic entities are moulded by man’s way of being related to others and to him- and herself should constitute the relational process between analyst and analysand. From the analyst's side this requires an ability to be directly related to the patient in order to establish a center-to-center relationship.

In contrast to those psychoanalytic techniques that focused and still are focusing their interest in a highly elaborated “handling” of transference and counter-transference that controls the therapeutic relationship, Fromm claims for a direct interest in the patient and a “direct meeting” of their inner reality. Thus the intersubjective plays a much bigger role for changing intrapsychic processes.

The presentation will start with the author's personal experience of a direct meeting with Erich Fromm when he was Fromm's last assistant in the seventies and reflect these experiences for the therapeutic treatment.

THE INTERSUBJECTIVE PERSPECTIVE AND THE CHANGE OF THE PSYCHOANALYTIC IDENTITY
M. Ermann
Deutsche Psychoanalytische Gesellschaft, Munich, Germany

Psychoanalytical identity is more like a process than like a state, reflecting the balance between the self and the expectations of the reference group. But what is the common ground where psychoanalysts can refer to facing changes in psychoanalytic theory and practice, especially in the direction of the intersubjective paradigm? In this paper the traditional psychoanalytical attitude of an interpreter is contrasted to the position which is the result of the intersubjective conception of the psychoanalytic process. The latter assigns the role of a co-player to the analyst. This has far reaching consequences to the concept of abstinence, which are developed in this paper on the background of clinical vignettes.

THE PLACE OF AUTHENTICITY AND NEUTRALITY IN CONTEMPORARY PSYCHOANALYSIS: POWER AND IDEOLOGY
J. R. Flores
Universidad de Chile, Universidad Adolfo Ibanez, Sociedad Chilena de Psicoanalisis-ICHPA, Chile

The question of how to approach and understand neutrality has been traversed by different psychoanalytic perspectives, and this journey inevitably ends in the technical dimension of psychoanalysis. The various perspectives on neutrality, however, more or less explicitly reflect psychoanalysts’ concept of the therapeutic relationship and their views on the role of the analyst and of the device.

Depending on one’s theoretical approach to the topic, neutrality will operate in two different ways that are grounded in two differing views on the link between social reality and clinical work. According to one perspective, the analytic couple remains sheltered from any social or political influence. This approach favors a way of listening that focuses on the intrapsychic. The other perspective, by contrast, contemplates the inclusion and involvement of the analytic relationship. Regardless of the efforts made to prevent his own beliefs from influencing the analysand, “the persona of the psychoanalyst is never socially or politically neutral. It is not socially neutral because of the modalities of his training, the visible signs of his position, the marks of prestige that surround him, and the socially determined nature of his ‘liberal’ practice. He is not politically neutral because even if he does not express a political stance – and especially because of this – the objective situation he occupies means something politically” (Castel R., 1980, El Psicoanalismo, p. 47).

INTERSUBJECTIVE ENCOUNTERS AND TRANSFORMATIONS OF THE PSYCHOANALYTIC FIELD
V. Falaras
Technological Educational Institution of Athens - Hellenic Society of Psychoanalytic Psychotherapy, Athens, Greece

In this paper it is claimed that the psychoanalytic situation could be considered as an intersubjective field of interactions (psychoanalytic field) where both the patient and the analyst participate and affect the emotions and the thoughts of each other. All these interactions result into the continuous transformations of the psychoanalytic field. The dream paradigm of the psychoanalytic session is also described. The above theoretically developed arguments are illustrated with clinical vignettes.
PSYCHODYNAMIC UNDERSTANDING OF DIFFERENT CULTURES
C. Mann
W. A. White Society, New York, NY, U.S.A.

Are we open to cross-cultural issues in our work? Not enough in my opinion. We need to develop more clarity about cross-cultural issues and their hidden influence on our thinking. Allied professionals such as linguists have shown that language per se has significant impact on relatedness. Our explanatory theories are based on Western logic and ways of thinking. These may differ significantly in the far Eastern world. This is a concept hard to embrace from a Western point of view. But if linguistic characteristics affect quality of relatedness, then some of our understanding of patients from vastly different parts of the world may be limited and lead us to theoretical conclusions or interpretations which are clinically unhelpful or even hurtful.

"INSIGHTS ON COUNTER-TRANSFERENCE LAPSES: CONTRIBUTIONS OF ATTACHMENT AS WELL AS SOCIAL CHARACTER RESEARCH AND BABY OBSERVATION TO PSYCHOANALYTIC TRAINING"
S. Gojman de Millan (1), S. Millan
Seminario de Sociopsicoanalisis A.C. SEMSOAC, Mexico (2)

Observation competence exerted by psychoanalysts and psychotherapists is fundamental for their clinical achievements. While seemingly simple, the understanding or apprehension of the emotional sources for observed phenomena involves complex operations of an imminently symbolic and interactive character. We will discuss early mother-baby interactive observations through diverse methodological approaches that were conducted by analysts-in-training as a sensitizing exercise. Following one year of Ester Bick’s weekly observations which began at the time of the babies’ birth, the dyads were assessed with attachment and social character tools. The contrasting methodologies of Ester Bick’s Baby Observation, along with the administration and assessment of Attachment Tools such as: Ainsworth’s strange situation procedure and filmed home observations as well as the Adult Attachment Interviews- among the babies and their mothers, and complemented by a social interpretative questionnaire to understand the socio-economic conditions of the dyads (Fromm & Maccoby 1996, Gojman & Milln 2003) contributed significantly not only to develop the professionals’ observation abilities but also to their access to understand their own subjective participation through the process and to, thereby, achieve a balanced coherent integration.

Notes:
(1) Principal Investigator of the Project
(2) Guadalupe Sanchez was the coordinator and supervisor of the Ester Bick Baby Observation group discussions. The observers were A. Cortez, M. L. Gonzalez, M. E. Guzman, L. Montes, L. A. Quintero, A. Rodarte, and I. Villamil (see Arriaga et al 2002). The AAIs were blindly coded by S. Gojman, A. Rodarte, L. Sztern and B. Torres. The strange situations were blindly coded by E. Carlson and S. Gojman. The home observations were coded by the research project participants of Semsoac with the collaboration of A. Sroufe.
ON THE FERENCZI-FREUD CONTROVERSY: INTRAPSYCHIC AND INTERSUBJECTIVE ISSUES

AN “INVITRO” STUDY OF INTERSUBJECTIVITY: SANDOR FERENCZI’S ANALYSIS OF MRS. ELIZABETH SEVERN

A. W. Rachman
Institute of the Postgraduate Psychoanalytic Society, New York, NY, U.S.A.

Ferenczi’s controversial analysis of Elizabeth Severn was seen by Freud and the traditional analytical community as a “wild analysis”, a regressive attempt to treat an unanalyzable severely disturbed individual who caused Ferenczi emotional and professional harm. As difficult and disturbed as Severn was, the analysis can be appreciated as a living clinical experiment using the psychoanalytic situation as the laboratory for understanding and developing intersubjectivity as a necessary dimension in a “difficult” therapeutic relationship. Ferenczi introduced the “analysis of the analyst” – countertransference analysis, analyst self-discourse, extended the boundaries of clinical empathy and mutual analysis. If we examine the details of the Ferenczi / Severn clinical interaction, we can discern the struggles of an analyst to maintain a therapeutic relationship with a severely traumatized analysand who demanded emotional honesty and authenticity. In the struggles between Ferenczi and Severn, we can understand their attempt to co-create a “trauma-analysis”, an evolutionary step towards widening the scope of psycho-analysis toward the treatment of the incest trauma.

References:
Rachman, A.W. (2010c) The Elizabeth Severn papers: Ferenczi’s Mutual Analytic Partner and Analytic Pioneer

SANDOR FERENCZI, THE “INTROJECTIVE PSYCHOANALYST”

F. Borgogno
Turin University-Societa Psicoanalitica Italiana, Turin, Italy

In this paper, I aim to highlight why Ferenczi is the ‘introjective psychoanalyst’ par excellence in the history of psychoanalysis. Employing the approach to classic psychoanalytic texts I adopted in my book Psychoanalysis as a Journey (1999), I shall explore and discuss a number of crucial theoretical and clinical issues that, throughout Ferenczi’s life and works, shaped his development in this direction. In doing this, I shall also maintain that this specific characteristic of his analytical commitment is the main reason why today we still look at Ferenczi as a source of inspiration and almost a contemporary teacher.

In my argument, I shall focus particularly on his early and late writings, in order to illustrate more clearly the development of his ‘introjective’ analytical style. Instead, I shall leave for another paper the examination of the equally interesting subject of the evolution of Ferenczi’s ideas on the phenomena of imitation, incorporation, and identification that follow the process of introjection.

PSYCHIC REALITY AND THE FREUD-FERENCZI CONTROVERSY TODAY

P. Boschan
University of Buenos Aires Medical School-Buenos Aires Psychoanalytical Society, Argentina

The controversy concerns some of the essential dilemmas Psychoanalysis is facing today: how to take psychic reality in account without disregarding the effects of external reality on our psychic life, at an individual, institutional or social level? What changes must undergo Psychoanalysis to adapt to the demands of reality, without adulterating its essence? How do we conceptualize the analyst’s participation in the therapeutic process? How we think of trauma, and the role of the Other in its production? Disavowal originates from within, as held by Freud, or is imposed on the subject’s mind by powerful Other? The controversy is discussed from the viewpoint of a dialectic relationship between psychic reality and the different other levels of reality that intervene in its determination, which in turn are determined by psychic reality; the concepts of vincular reality and transitional space are analyzed in relation to this viewpoint.

The innovation introduced by Ferenczi in considering the mind of the Other as a very meaningful aspect of this external reality, opens new avenues for the understanding of human interrelatedness.
FREUD, FERENCFI AND THE “DISBELIEF” ON THE ACROPOLIS
C. Bonomi
Istituto di Psicoterapia Analitica “H.S. Sullivan”, Florence, Italy

Since the onset of psychoanalysis the recovery of traumatic memories was its main goal, but it proved to be a goal which was difficult to reach. According to Ferenczi, the difficulty depended on the technique. After having explored ways to enhance the patient’s emotional experiences within the psychoanalytic situation, he assumed that in a traumatized person the capacity of working through was paralyzed, and that the task of the analyst was to encourage and favour the reintegration of the shattered fragments by transporting himself with the patient into his/her traumatic past. But Freud rejected this practice as “not permissible”. According to him, Ferenczi’s participatory technique was repeating his own first great “etiological error”, which consisted in believing in the material produced by the patient and in returning it back by a sort of hypnotic move. The intense conflict with Ferenczi, who died in 1933, about the way of treating traumatic memories left a vast influence on Freud’s subsequent meditation: on the one side it revived his interest on real trauma (cf. Moses and Monotheism, 1934-38), on the other side it pushed him to revise the goal of analysis (“Analysis terminable and interminable”, 1937) and to reformulate the method of handling memories in a more tentative way (“Constructions in analysis”, 1937). The conflict with Ferenczi also made resurface in Freud the same traumatic memories and doubts that were active in him 40 years before, representing therefore an important background of his last self-analytic essay, A disturbance of memory on the Acropolis (1936), which was initially named Disbelief onto the Acropolis. Freud’s belief and disbelief in self-analysis is revised accordingly.

THE SYMPOSIUM AND THE PSYCHOANALYTIC SITUATION

NARRATIVES OF LOVE
J. Borossa
Centre for Psychoanalysis, Middlesex University, London, U.K.

By way of re-imagining the professionalisation of psychoanalysis in the late 1960s, Lacan set in motion a process whereby the transference relations inherent in the analytic relationship as a means of training were brought to the fore. In an extraordinary research process known as The Pass, aspiring analysts were asked to give a public account of their own analysis to a jury of their peers, over which Lacan himself presided. In other words, they were asked to theorise the specificity of their experience of transference (of love) in universalisable terms, all in the service of (psychoanalytic) knowledge. It can be argued that what was put in play by the process was nothing other than a contest whereby parallel narratives of love circulated in the public sphere, narratives whose ultimate addressee was of course Lacan. As the successive speakers in the Symposium similarly jostle for recognition of their knowledge and their love, what emerges is a potentially important lesson for psychoanalysis: Socrates’s triumph in terms of the structure of the Dialogue lies precisely in the way he narrates his ability to learn from Diotima. Love itself however, whether Eros or eros, as psychoanalysis shows us, remains precarious and elusive.

LOVE MASKS…?
L. Corti
Centre for Psychoanalysis, Middlesex University, London, U.K.

In the Symposium Plato makes use of a play of masks to convey his theory about Eros. In the play, Socrates unexpectedly has a woman speak on his behalf by recalling the conversation he once had with Diotima, a Mantinean priestess who he says taught him all he knows about love. Socrates speaks with Diotima about Eros in a similar way as Agathon had previously spoken, but Socrates’ position is contested by the priestess thus indirectly questioning Agathon’s beautifully constructed speech. Agathon, perturbed, confesses not knowing what he was talking about. Socrates, although in fact Plato wearing the mask of Socrates, speaks under the mask of Diotima to reveal his message about love. This play of masks used by Plato to capture the essence of love, is mirrored by love itself conceived by psychoanalysis as a mask that veils at the same time as it reveals a fundamental lack at the core of our being. It is Alcibiades’ drunken entrance and fervent declaration of love for Socrates which unveils the true nature of a lover, and which follows the model of ‘transference love’. Alcibiades lacks something he attributes to Socrates and he wants it for himself. Socrates however, remains indifferent before the enticement of Alcibiades. He knows that this ‘agalma’ Alcibiades assigns to him is nothing else than an emptiness. Socrates position has been equated to the position of the analyst. Like Socrates, the psychoanalyst welcomes the love and the attribution of knowledge the analysand bestows on him at the same time as s/he refuses to respond from this very position that has been attributed to him. Like Plato/Socrates, the analytic position makes use of a play of masks to interpret the analysand’s discourse aiming a re-positioning of the subject’s unconscious relation to love and knowledge.
WHERE IS LOVE?
D. Henderson
Centre for Psychoanalysis, Middlesex University, London, U.K.

Plato and Freud ask, “What is love?” Gerasimos Santas (1) has demonstrated that there is no substantive equivalence between Freud’s libido and Plato’s eros. They are pursuing the tracks of love in different places. In the musical Oliver, the young orphan boy, Oliver, sings: “Where is love? Does it fall from skies above? Is it underneath the willow tree that I’ve been dreaming of?” Is love in the subject? If so what aspect of the subject? Is it in the object? Is it between? Between the lover and beloved? Between aspects of the self? Between the self and an idea, a beautiful object or God? The space between is characterised in some psychoanalytic theories as a lack, a gap, a void, an emptiness that attracts projections. The projections are attempts to deny loss and limitation. These theories emphasise repetition and containment. Other psychoanalytic theories hold open the possibility of creation. Something new can appear in the void or emerge from the emptiness. Learning from experience (Bion), the spontaneous gesture (Winnicott) and the transcendent function (Jung) all point beyond repetition to creation. In The Symposium Socrates says, “You can’t easily find a better partner for human nature than Love.” The implication of this might be that love is a third party in the analytic encounter.


TRANSFERENCE: SEDUCTION AND TRANSCENDENCE
W. Prall
Centre for Psychoanalysis, Middlesex University, London, U.K.

At the end of the Symposium there are two ideas of Love or Eros in operation, ideas which prove disruptive of each other and which are not, ultimately, brought into a creative dialectic with each other. Eros (with capital ‘E’) is the Platonic abstract and universal love ascribed to Socrates, the hero of this philosophical play. Alcibiades, whose blind-drunk passion interrupts the series of elevated speeches on Love, introduces the erotic with a small ‘e’: he fancies himself very much, but he loves also the particular and extraordinary human being that is Socrates, the man by whose presence he feels deeply stirred and disturbed. No doubt, there is a strong positive ‘transference’ in play here which endows Socrates with irresistible (inner) beauty as well as wisdom. Socrates famously resists Alcibiades’s charms; he neither becomes his lover nor his teacher (of knowledge). However, if he had hoped to effect a redirection of Alcibiades’s desire from the erotic to Eros (as the love of universal truth) then his mission had failed, as history would reveal. The psychoanalyst parallels but also differs from Plato’s Socrates: s/he seeks to use the transferenc e to effect a shift in the analysand’s relation to his/her desire, but does not aim for universal truth. Transcendence, if it occurs as a result of analytic work, is an effect of the (partial) freeing or realignment of unconscious desire. In psychoanalytic thought transcendence remains immanent.

THE INEQUALITIES IN LOVE
A. Worthington
Centre for Psychoanalysis, Middlesex University, London, U.K.

Lacan reads Plato’s Symposium as an account of a psychoanalysis (Lacan, SVIII 1960-61). In this paper, I read Freud’s account of a psychoanalysis of a homosexual woman (Freud, 1920) to illustrate Lacan’s conceptualisation of transference as elaborated through his reading of The Symposium. In his seminar of 8th February 1961, Lacan said that "the gods of antiquity did not shilly-shally … they knew that they could only reveal themselves to men in the rock of scandal, in the agalma of something which violates all the rules … it is in this sense that I say that Alcibiades is the demon of Socrates.’ I suggest that Freud’s text is a love story gone wrong and that there are two demons at work in the treatment. Further I argue that the homosexual woman is Freud’s Diotima, albeit that she is ignored.

ON MENTAL VOID: ASPECTS OF PSYCHIC REPRESENTABILITY IN BORDERLINE PATIENTS

SUPPRESSION OF THE AFFECT AND MEANING WITHDRAWAL AS A DEFENSIVE PROCEDURE IN THE BORDERLINE PATIENT
C. Zervis
Department of Psychiatry for Adolescents, “G. Gennimatas” General Hospital - Psychoanalytical Society of Paris-Hellenic Psychoanalytical Society, Athens Greece

During the psycho-analytical treatment of the borderline patient it is often established in both, the transference-countertransference field and the clinical material reflecting the general psychic functioning of this patient in his contact with the external and internal objects, that his psychic expression includes elements, connections of representation (meaning) - affect, which are hardly manageable by him in a purely psychological level, for reasons of his structural difficulty. The result is psychotic or even non-psychic discharges, including risks for his psychic and social status.
In the course of treatment of such patients we found out that often, for reasons of self-preservation, in order to cope with this "unmanageable", and because, due to structural features, they do not have as a dominant defense mechanism the repression (Verdrängung), they resort, more or less unconsciously, to other mechanisms for neutralizing these explosive connections of meaning - affect. This is accomplished sometimes pointing at the affect (through suppression [Unterdrückung]) and other times at the meaning (by removing a certain quality of meaning, particularly of erotic or aggressive nature). These defensive processes, although they can temporarily relieve the patient by offering him some psychological tranquillity, are proved to have devastating consequences, in the sense that he is mentally mutilated, mortgaging his psychic development.

The presentation will support the theoretical approach with clinical material from a psycho-analytical therapy of a borderline patient.

HORROR VACUI AS A COUNTERTRANSFERENTIAL EXPERIENCE
G. Maniadakis
Personality Disorders Unit, 1st Department of Psychiatry, University of Athens, Eginition Hospital, Athens, Greece

Mental void can be considered more as a product of disinvestment, that is an extreme attempt at coping with unbearable psychic pain in the relation with an object, than as a sign of its absence (Winnicott 1974, Green 1993). Therefore, the ‘presence’ of a void in the therapeutic relationship, e.g. as recourse to sleep, missing sessions, moments of paralysis of thought etc, could lead, through the transference and countertransference thread, to an outline the above mentioned object. This paper attempts at linking the therapist’s countertransfential, inexplicably anxious experience in sessions a patient did not attend, with the emergence of a particularly unreliable, potentially persecutive and/or ‘empty’ object in the latter’s internal world.

MENTAL Void: Is it an obstacle or a challenge in psychoanalytic psychotherapy of borderline patients?
K. Papakonstantinou
Hellenic Society of Psychoanalytic Psychotherapy-Personality Disorders Unit, 1st Department of Psychiatry, University of Athens, Eginition Hospital, Athens, Greece

In the psychoanalytic treatment of borderline patients, the therapist is facing different aspects, manifestations and transformations of mental void. This void sometimes is evident like a feeling of psychic pain or a non-continuity in the transference and other time is covered in the form of creating symbiotic links and compensative mechanisms. I will present the case of a young woman who has suffered many and chronic childhood traumas which have seriously damaged the structure of her psychic apparatus.

"YOU CANNOT HEAL THE SOUL WITH A BANDAGE". SOME THOUGHTS ON THE PSYCHOANALYTIC TREATMENT OF A SEVERELY SELF DESTRUCTIVE YOUNG PATIENT
G. Chatzistavrakis
Personality Disorders Unit, 1st Department of Psychiatry, University of Athens, Eginition Hospital, Athens, Greece

This presentation concerns the psychoanalytic therapy of a young patient suffering from a severe borderline personality disorder, in the Department of Personality Disorders of the Psychiatric University Clinic in Aeginion Hospital. This 20 year old patient, a twin, is characterized by severe self-destructive and self-harming behaviour with frequent suicide attempts, impulsivity and substance abuse. She exhibits deficits in her mentalization and representational ability with a tendency for acting out and somatization. Feelings of boredom, fatigue, sleepiness, a sense of void and of absence of meaning prevail during the session for both patient and therapist. We attempt to demonstrate the ways in which the therapist tries to contain these feelings and to work them through in order to achieve a strong emotional link with the patient and to help her bear her psychic pain more effectively.

THE HORROR OF THE TERRIFYING VOID IN SOME ASPECTS OF THE COUNTERTRANSFERENCE: WORKING WITH A GROUP OF BORDERLINE PATIENTS
I. Ioannovich, V.Konstantinidou
Personality Disorders Unit, 1st Department of Psychiatry, University of Athens, Eginition Hospital, Athens, Greece

The access to the recognition and attribution of meaning to early traumatical experiences consists the prerequisite for the motivation of the representational function. Its thorny and rough course is mainly engraved and therefore placed on the line of transference transferences – countertransference/countertransferences. Working therapeutically with borderline patients, transference becomes decisive, as psychic elaboration either takes place between the parts or it does not take place at all. Sometimes it concerns the psychic survival of all parts, as the therapists are overwhelmed by the destructiveness of their patients. How can we therefore cope with the orbits of a negative transference consisting of temporary ceasing of associations or by the loss of the capacity of representational reproduction and symbolization? And how can we finally cope with the horror of a terrifying void being communicated to us by the gaze of death?
In the group field the interweaving of the psychic movements of the group members and the group itself, offers opportunities for the emergence of deficits causing unbearable psychic pain. The therapeutic task aims at the preparation for the creation of a withstanding transitional/analytical space so that paths of representational activity can be traced. Since 12 years, in our clinic, we work therapeutically with severe personality disorders. For these patients group psychotherapy has a duration of 3 years and is complementary to other therapeutic interventions (individual psychotherapy, group of relatives, medication, etc.).

DEATH, LOSS, AND PSYCHOTHERAPY: INTRAPSYCHIC AND INTERSUBJECTIVE CHALLENGES

THE PERSONAL AND INTERPERSONAL PLAY OF LOVE AND LOSS IN PSYCHOTHERAPY: A DASEINSANALYTIC REFLECTION ON ILLUSION AND IMPERMANENCE

E. Craig
New Mexico Psychoanalytic Society – American Psychological Association, - International Association for the Study of Dreams, Santa Fe, NM, U.S.A.

To begin with, in a congress the focus of which is “the intrapsychic and the intersubjective in contemporary psychoanalysis,” how might we actually understand the intrapsychic and intersubjective as such? The first aim of this paper is to lay out a radically non-Cartesian, non Western understanding of the personal and the social, the intrapsychic and the intersubjective. Drawing on the works of both existential philosophers, it will be shown how these are not two independent or even interdependent realities but actually a single and fluid, dynamic whole: a “One” called human existing.

The second aim of this paper is to examine what such a non-dualistic perspective might mean for our understanding of love and loss, death and its denial. Daseinsanalytic psychotherapists generally understand that death is not only that which approaches all of us ever nearer from the future but also that which unavoidably is, in every moment of human existing. How might the unified perspective of Daseinsanalysis and Eastern philosophy influence our understanding of the nature and significance of the conflict in life and in psychotherapy between, on the one hand, the ontological impermanence of all that is, including all that appears in our individual, relational, and collective life; and, on the other hand, the atavistic necessity for self preservation, for the perception of security, continuity, and beneficence, and, with this, the invention of illusion.

The paper will dialogue the thinking of Sigmund Freud, Martin Heidegger, and Lao Tzu with clinical experience with the aim of offering new perspectives and possibilities for understanding and contending with perhaps the most defining condition of human existence, our being towards death.

PURGATORY, HELL OR NOTHING – PERSPECTIVES ON LIFE AFTER 70? A DASEINSANALYTIC CONTRIBUTION TO INTRAPSYCHIC AND INTERSUBJECTIVE ASPECTS IN ANALYTIC PSYCHOTHERAPY WITH ELDERLY

P. Kastrinidis
FMH für Psychiatrie und Psychotherapie, Zurich, Switzerland

In the last phase of life, human existence is unavoidably confronted with dying and death. Though death in existential philosophy is one’s own most possibility which has to be executed in absolute singularity, death is also an eminent intersubjective phenomenon. To let go of all relations and bonds is the last task or challenge with which the elderly person is confronted. In analytic psychotherapy – an intersubjective realm par excellence – therapists are equally challenged to face their own finality with specific regard to their own beliefs and concepts concerning dying and death. By using the psychotherapeutic example of a 74 Year old patient from the presenter's practice he tries to discuss some important aspects of the analytic work with persons in that phase of life.

THE LIMITS OF AN ANALYSIS ARE THOSE OF THE ANALYST, THE ANALYSAND OR THE ANALYTIC PROCESS?

IS IT POSSIBLE FOR THE ANALYSAND TO ADVANCE HIS/HER PSYCHIC DEVELOPMENT BEYOND THAT OF HIS/HER ANALYST?

D. Anastasopoulos
Greece

The presentation tries to explore the patient-analyst contribution to the analytic process-focusing more to the analysand's part- and how their mutual influence might affect the outcome, sometimes beyond the analyst's current abilities. It is approached through the co-creation of the analytic object/third/field by both. It is in this space where the working through and psychic development occurs, somehow in both, but in an asymmetric way.
Their co-creation, includes conflictual as well as healthy elements of themselves. The analyst's professional self and the analysand's healthy ego parts, form an unconscious alliance directed towards a common cause, the analysand's progress, which unavoidably affects the analyst too. It is argued that a patient, through the above process, can often help to and support the analytic process, surpassing the weaknesses and defects that his/her analyst might have

THE GENDER OF THE ANALYST IN RELATION TO THE TRANSFERENCE AND COUNTERTRANSFERENCE IN THE PSYCHOANALYTIC RELATIONSHIP

J. Soumaki
European Society of Child / Adolescent Psychiatry-Hellenic Society of Psychoanalytic Psychotherapy, Athens, Greece

The recent work on the analyst's subjectivity has largely ignored cultural aspects of the analyst's subjectivity, such as the gender, race, class, sexual orientation. The importance of understanding the gender-related aspects of our clinical work should not be underestimated. First it may influence the content of non-transference configurations such as the use of the analyst as a figure of displacement or as a real object, to accomplish a developmental step and second it may contribute to an evolution of transference and counter transference manifestations. While the analyst's gender may contribute to resistance and to negative transference, it may also facilitate treatment.

In this paper I will present my views on the effect of the analyst's gender in analytic work. I will try to find ways to integrate theoretical positions with some subjective experiences of sex and gender within the developing analytic dialogues.

THE IMPACT OF THE SOCIAL FACTORS IN THE ANALYTIC COUPLE AND ITS INFLUENCE ON THE ANALYTIC PROCESS

D. Anagnostopoulos
1st Department of Psychiatry, University of Athens, Eginition Hospital, Athens, Greece

The establishment of the psychoanalytic setting is the fundamental prerequisite for any kind of psychoanalytic therapeutic process. In clinical practice, almost always, we consider that difficulties on setting are derived from transference – countertransference issues of the analytic couple. Although this is true in most of the cases, there are instances in the therapeutic course, where a, usually, neglected and crucial aspect of setting must be under consideration and confrontation: that is the certain social conditions (“setting”) in which the psychoanalysis takes place. The aim of this presentation is to discuss how certain current social conditions could have an impact both in psychoanalytic theory and practice. Specifically, I will discuss a) how the social movement to the development of Public National Health Systems led to new theoretical approaches and innovative techniques and b) the role of the psychoanalyst as the one, who has the obligation to regulate the equilibrium between the impact of the external reality and that of the internal in the analytic couple under the new conditions of economic crisis and moral devaluation.

REFLECTIONS ON INTERSUBJECIVITY WITHIN DIFFERENT THERAPEUTIC CONTEXTS

PHILOSOPHISING...

F. Triantafillou
North-Hellenic Psychoanalytic Society, Thessaloniki, Greece

Socrates: … But the wise men of our time are either too quick or too slow, in conceiving plurality in unity. Having no method, they make their own one and many anyhow, and from unity pass at once to infinity; the intermediate steps never occur to them. And this, I repeat, is what makes the difference between the mere art of disputation and true dialectic…

Plato's Philebus

And if today, having followed so many gnarled roads, we have managed to arrive from our valuable «objects» to valuable subjects, from the object-relations to multi-leveled human relations from the concrete individual (which we have learnt to focus on so well) to the multifaced ways of being and relating to transmuted, complex chaotic situations… And if today, we have found our «selves» within networks of ideas, lifehoods, behaviours, feelings and languages (that is, within living systems…) How would we approach such a notion as «inter-subject-ivity», that emerging, fashionable notion which intrudes, upsets, troubles our psychoanalytic thinking without tracing it back to its origins – that is, philosophy?!

A 15 min video-construction which attempts to invite retrospection and reflection in relation to some relevant philosophical ideas...
ELYTIS, BION AND INTERSUBJECTIVITY – TRANSCENDENCE

Th. Katrios
North-Hellenic Psychoanalytic Society, Thessaloniki, Greece

In this presentation poetic and psychoanalytic procedures are regarded almost as identical since both aim at creating symbols for the expression of emotional states. For the Greek poet Elytis the purity of soul enables man to catch in the net of figures equally well the world of matter and abstract thinking. For Bion a similar effect is attained by giving up memory and desire, enabling the analyst to "become O" and identify with its transformations. For both of them a response to the pressure of a reality beyond and outside the selfhood is acknowledged. However, in the case of Bion a disciplined suppression of memory and desire and their links to sensations is recommended, whereas for Elytis the opposite, namely going through sensations and memory, applies. Clinical material is presented supporting Elytis's view which also accords with my clinical experience.

AN EROTIC DREAM OF THE ANALYST FOR HER ANALYSAND AND ITS DISCLOSURE

K. Feleki
North-Hellenic Psychoanalytic Society, Thessaloniki, Greece

An issue of taboo in psychoanalytic tradition, the subject of the disclosure of the analyst has become an area of intense controversy as it comes into conflict with classical psychoanalytic principals such as anonymity and neutrality. The movement of psychoanalysis towards an inter-subjective model of thinking has put the involvement of the analyst in the centre of the analytic process, extending the concept of counter-transference so as to include not only his feelings but also his actions. As far as the erotic feelings of the analyst are concerned, the literature is scant due to the reticence of analysts to recognize and report their own erotic desires. A clinical case is presented which focuses on the disclosure of an erotic dream of the analyst concerning her analysand in the third year of therapy. The impact of this disclosure was impressive for both the analyst and the analysand, as traumatic experiences of their past, previously unacceptable, became, for the first time, available to them for psychic elaboration. It is argued that the exposure of the analyst to an unknown and yet incomprehensible psychic situation may have an apocalyptic dimension for both of them, by opening the analytic space in ways that interpretation alone has failed.

THE INTERSUBJECTIVE PERSPECTIVE IN WORKING PSYCHOANALYTICALLY WITH BORDERLINE PATIENTS IN A PSYCHIATRIC DEPARTMENT OF A GENERAL HOSPITAL

I. Ierodiakonou-Benou
Thessaloniki University General Hospital - North-Hellenic Psychoanalytic Society, Thessaloniki, Greece

When treating borderline patients working with the appearance of mutual action within the patient-analyst relationship is most likely an inevitable situation. Such enactment can take different forms and the question whether it may be either to the detriment or to the benefit of the analytic process becomes crucial. Clinical material of the psychoanalytic therapy of a borderline patient in a Psychiatric Department of a University General Hospital is presented involving countertransference responses. The different forms of intersubjective interaction and psychic dynamics are discussed showing that whenever the intervention by the analyst is independent of the analytic process and yet in response to it, it can be beneficial for the understanding of the transference-countertransference work. Rosenfeld's distinction between thin-skinned and thick-skinned narcissist is used to illustrate how enactment appears when the patient moves between thick-skinned and thin-skinned narcissistic position and yet this very move offers an opportunity for effective interpretation. Bion's notions of containment and reverie are also discussed in relation to the psychiatric setting of a General Hospital which unavoidably operates alongside, allowing progress in the therapy.

ON THE RELATIONSHIP BETWEEN INTRAPSYCHIC AND INTERSUBJECTIVE IN BIOLOGY AND PSYCHOANALYSIS

RECENT ADVANCES IN SLEEP PHYSIOLOGY OF INTEREST TO PSYCHOANALYSIS

G. K. Kostopoulos
Department of Physiology, University of Patras Medical School, Patras, Greece

Dreams and the unconscious are central issues in psychoanalytic theory and practice. Recent advances in brain mechanisms underlying consciousness states allow a view of dreaming as a function of an important homeostasis state characterized by an altered state of consciousness. Polysomnography recognizes in each night several 90 minute cycles consisting of REM (with rapid eye movements) and nonREM periods. Early sleep cycles have longer nonREM and morning ones longer REM periods. Total sleep time and the percentage of REM sleep decrease with age. Sleep onset results from a combination of hypothalamic diurnal and homeostatic factors, which inhibit specific arousing and REM/nonREM cycle controlling centres in diencephalon and brainstem.
The latter provide to the waking forebrain diffuse neuromodulation with monoamines (like norepinephrine, serotonin and dopamine) and acetylcholine. However, in nonREM brain is devoid of all neuromodulation and shows decreased metabolic and electrophysiological activity, while in REM sleep brain is modulated by acetylcholine and is very active. A host of important autonomic, endocrine and immune functions are also diurnally regulated in interaction with sleep stages. Total sleep or specific REM and nonREM sleep deprivation lead to severe body and mental health problems. As we fall asleep we loose access to sensory input and our brain processes internally generated information.

Normal sleep always starts with nonREM and in its successive stages we gradually lose consciousness, which is regained albeit deranged in REM sleep. Recent functional MRI and PET studies during REM sleep reveal specific area activations and deactivations. Lesions in some of these activated areas, lead to cessation of dream reports. Recent TMS studies reveal that brain connectivity is lost in nonREM. Dreams appear throughout sleep but dreams in REM are much more frequent, vivid, emotional and hallucinatory often reminiscent of delirium. They contain much movement, but we do not act our dreams due to active hyperpolarization of motoneurons, especially in REM sleep. Due to lack of noradrenaline and serotonin as well as the deactivation of dorsolateral prefrontal cortex regions known to support working memory and time counting, brain cannot focus on problem solving, organize analytical thought or remember dreams - unless waken up during a dream and then in a confabulatory way.

Our recent EEG studies (Kokkinos and Kostopoulos, 2010) show a dynamic confrontation of arousing and anti-arousing mechanisms evident in EEG sleep macro- and microstructure. Loss and regain of consciousness is continuously debated with tens of microarousals during each night, which are normally too short to fully wake us up. Studying the sleep periods devoid of the stage specific graphoelements (K-complexes, delta, REM etc.) with MEG derived magnetic field tomography (MFT) we revealed (Ioannides et al., 2004; 2009) distributed patterns of cortical and subcortical brain activations/deactivations at the mm and msec scale distinguish the sleep stages and provide clues for the mechanisms underlying sleep and dream phenomenology. We observed a robust higher than awake r gamma band activation (> 25 Hz, indicative of cognition) in deep nonREM sleep. This activation was observed in dorsal medial prefrontal cortex of the left hemisphere to gradually increase from nonREM stage 2 to 3 and 4 and finally to maximize and spread laterally in REM sleep. A parallel increase was observed in precuneous. These two areas are in very close proximity to two areas of possible importance to dream content as well as to intersubjectivity: the default system and the theory of mind system.

The demonstration of activity able to support cognition in the deepest nonREM sleep may be relevant to the possible importance to dream content as well as to intersubjectivity: the default system and the theory of mind system. The details of changes in brain connectivity in the dreaming brain appears to be integrated. The demonstration of activity able to support cognition in the deepest nonREM sleep may be relevant to the mentation/dreams during that period. Furthermore the MFT derived images and connectivity studies revealed rich interactivity leading to or following the onset of REM We identified an orbitofrontal-amygdalo-parahippocampal-pontine sequence of activity about 100 msec leading to the REM. This sequence testifies to the emotional activation during REM sleep, but is not solely responsible for the initiation of REM which appears to depend on recurrent (~4 Hz) slow build up of activity in pontine nuclei in continuous dialogue with the frontal eye field and other top-down influences.

All our knowledge of dream content is based on subjective reports, which are a function of our awakened left brain language centres, known for a capacity for unreliable story-making. The nature and role of dreams cannot be revealed except in the frame of a study of why we sleep and by which mechanisms. Sleep provided evolutionary advantage in energy conservation and ecological adaptation and replenishment of important cellular constituents. Most relevant to psychology, memory consolidation depends heavily on discrete brain synaptic plasticity during both REM and nonREM sleep, most notably a dialogue between hippocampus, where the day's experiences are coded and frontal cortex for long term storage. These functions and their relation to dreaming are largely unknown, but the technology is ripe to at least provide surrogate markers for dream phenomenology and some knowledge, which may not be yet explanatory, but could help advance constrains and qualifiers for the use of dreams in psychoanalysis. We can now move away from sleep stages and focus on more subtle brain spatiotemporal correlates of dreaming and actually trace both possible top-down and bottom-up activations. It also becomes certain that the central question in all above concerns the neural correlates of consciousness. If “consciousness is information integrated” the demonstration of the rich dynamics in time and space in sleep suggest that consciousness is not lost because of loss of wealth of information processing, but because of loss of brain connectivity needed for integration. The details of changes in brain connectivity in the dreaming brain appears today as the realistic road to understand mental illness.

UNCONSCIOUS TRANSFORMATIONS AND THE GENESIS OF THE SUBJECT

D. Kyriazis
Hellenic Society of Psychoanalytic Psychotherapy, Athens, Greece

This presentation discusses the unconscious transformations which lead to the genesis of the Subject in the unconscious–preconscious system of the patient's psyche-chic organization (uncS). The concept of the uncS is differentiated from its relation-ship to other related concepts of the subject, especially from the unconscious ego-as-object of Freudian structural theory, and from the unconscious I of Modell. The true uncS neither is a product of imaginary identification nor is objectified. It is rather the product of the speaking subject, which depends heavily on the realm of language and is shaped in the intersubjective relationship with the significant Other. It is a fruit of the spirit rather than of the brain matter. It is the result of symbolic identification. It is the vehicle and the main exponent of desire, self-realization, self-awareness, emotion and construction of meaning. It is the basis and the motive for freedom of the will. In its absence, depending on the level of psychopathology, when it has never been created or has been lost, the patient's unconscious ego is lost as well.

The presence of not only the Primary Consciousness, but the Consciousness of Higher Order as well are necessary preconditions for the uncS “to be born” in the analysand’s mind. The normal workings of the human brain, brain plasticity, memory, dreaming and language are as well required. Also important are a sufficient "alpha- function", which ensures the symbolic function of language, and an intersubjective context of an appropriate container-contained relation, both of which support the primary thought process to be elaborated into the secondary one.
The analyst, as a significant subject, the Other, invites the analysand to respond, as a supposed-to-be subject, to a call of a symbolic nature and the latter’s “positive response” to this symbolic call is of paramount importance. The emergence of the UncS in psychoanalysis facilitates the transformations on the levels of symbolic, imaginary and real domains. Therefore clinical changes follow, from pathological clinical states of experiencing aspects of the negative (“living dead part objects”), to a crystallization of a new creation of an unconscious ego and its counterpart object, almost ex nihilo. This is the case, in particular, when emphasis is given not only to working through the contents of explicit memory, but also to the analysis of the contents and the modes of the unpressed unconscious of the implicit memory, which are uncovered in transference and are related to early pregenital trauma.

In other words, the genesis of the uncS, which is constituted in the inter-subjective domain, is notified by the emergence of the “true self”, while it assists the movement of the analysand, from a narcissistic or “object relation” type of relatedness to the other, to the “use of the object.” It is suggested that the analy-sand’s memory structures, his brain plasticity nets and his clinical status are affected by these transformations. The present work examines the consequences of this view in psychoanalysis and offers appropriate clinical material for the issues discussed.

**BRAIN PLASTICITY AS A CONVERGENCE OF INTRA-PSYCHIC AND INTER-SUBJECTIVE**  
C. S. Flordelis  
Department of Pharmacology, University of Patras Medical School, Patras, Greece  

The aim of this presentation is to investigate the premises and the predicates of a non-essentialist ontology of the mental and the subject. The progress in neurobiology and cognitive neuroscience has made possible the interrogation of the neuronal substrate of mental function and this has brought biology into discussion with all disciplines that study the human subject, such as philosophy, anthropology and theology. In the prevailing trend, the neurobiological breakthroughs are translated into meaningful consequences to the theory of psychoanalysis. This has restored the neglected material-biological substrate of the mental events and has demonstrated the brain to be an adaptable, plastic system with distributed neuronal processes able to serve our needs and autobiographies. However, this approach tends to also transmit to the theory of psychoanalysis the reductionism and crypto-dualism (e.g. the insufficient integration of neuronal/mental, inside/outside) inherent in the biological essentialism, aided by the absence of a coherent neurobiological theory of the subject. In this way the whole discussion on the subject regresses into the philosophy of the mind and the contribution of bio-logy cannot be fully realized.

To obviate these limitations a reverse approach addressing the epistemological consequences of the theory of psychoanalysis to cognitive neuroscience is indicated. The traditional subject of western metaphysics as self-sufficient, auto-referential entity pre-existing its interaction with the other has been subverted in psychoanalysis by the subject of lack, the subject of radical dependence on the other. The subject’s interactions with the other are constitutive and are inscribed as radical plasticity in the brain. Its disruption by trauma and chronic stress/depression and its restoration by anti-depressant treatments testify to the ability of the brain to reorganize itself not only phylogenetically, but also ontogenetically to optimally deal with its experiences. The presentation will draw on the fact that psychoanalysis is not a simple revelation or decoding of the mental conflicts in the unconscious, but includes relational experiences in the analytic session that reflect the implicit, “infra-verbal” structures of the unconscious. It will be discussed how this can inform a new version of the subject, help revise the representational idea of knowledge and provide a non-essentialist mechanism from translating the neuronal to the mental.

**INTERSUBJECTIVITY AND SOCIAL IMAGINARY REALM IN FROMM’S PSYCHOANALYSIS**  
P. Varela Fregoso, A. Espinosa Rugarcia, R. Aramoni Serano, G. Jimenez Rosas  
Instituto Mexicano de Psicoanalisis A.C. Mexico  

Subjectivity is an element of psychoanalytic theory, and this element distinguishes it from other psychotherapeutic approaches. One of the most important discoveries of Freud was the unconscious and to deal with it is essential to take into account the subjectivity of the patient, but in this approach is inevitable to take into account the subjectivity of the analyst. That is reflected in the technique.

In this symposium, we will try some lines of thought within the work of Dr. Erich Fromm:

One of them related to the concept of God in the work of Fromm and the concept of God made by the Greek writer Nikos Kazantzakis intimately linked. Meanwhile for Erich Fromm the productive character is the highest characteristic orientation of human beings. For Nikos Kazantzakis God only means his complicity with the man in the process of creation of the world. It seeks to show the link which exists between the two propositions by letters of both authors.

On the other hand, we can also ask if God work functions now, this existing, people today believe that they can trust him. Or is it the moment to lay him on the couch and questioning his narcissism, omnipotence, irrationality, impulsivity and destructiveness? How much does Psychoanalysis today resemble God and if it would correspond to be the same with him?

Another point of view of Fromm is sociological training; he disagreed with the libido of Freud's theory and sees the human being not as isolated entities that require only their third needs, but as a biological being inside a society which interacts in different directions of the character that describes Fromm in this interrelationship. The above has not only theoretical, but also practical implications which are reflected in the relationship analyzing-analyst, and hence frommian thought concepts emerge as being an "observant participant", "communicating from centre to centre", or "becoming as one with the patient".
If we recall that the intersubjective position refers to that mental phenomenon may not be sufficiently known if it is addressed as an entity that exists inside the mind of the patient, conceptually isolated from the social environment from which it emerges. Since this point of view would be the intersubjectivity of the self, it would be this dialectical relationship between patient-analyst that involves the therapeutic process or in addition of these aspects mentioned in the psychoanalytic process such authors as Erich Fromm is important what he calls "social unconscious" as those repression areas common to the majority of the members of a society, those parts of humanity in man that its society has separated from him.

INTERSUBJECTIVE TRADITIONS IN THE HISTORY OF I.F.P.S.

IGOR A. CARUSO AND THE INTERSUBJECTIVE TRADITION
E. Frank-Rieser
Österreichische Arbeitskreise für Psychoanalyse, Austria

Igor A. Caruso and the early Vienna Circle of Depth Psychology started to discuss their intersubjective views on human development in the early fifties of the last century. Searching for an answer to the questions of the interplay of biological, social and evolutional realities and the intrapsychic development Caruso criticized the lack of reflection on psychosocial interferences within psychoanalytic theory and method. Narcissism and object relationship, psychic defence mechanism and resistance, transference and countertransference, he urged, should be understood not only in their unconscious intrapsychic dynamic between drives and introjects but also as an act in-between real subjects within human relationship and (un)awareness.

Learning from behavioural science as well as from philosophical anthropology and sociology Caruso understood that the specific human ability to transcend his overdetermined biological constitution into a development of consciousness, care and self-awareness is basic for his need and lifelong activity of intersubjective relationship. Sexual and survival drive as a biological basis contain their own transformation as cultural potency within subject-object-relationship.

Each act of relationship – to things and living objects – creates a new reality which is a meaningful symbol for both parts of the relationship in their single reality. This new – third – reality gains full effectiveness for both actors as "symbolic realism" and initiates the ongoing development. In this understanding psychic development is a process of changing, interactive creation and effectiveness, following biological drive dynamic as well as their inherent future transformations by attachment. Symbolization therefore is the main intrapsychic and intersubjective activity of development of object- and selfawareness.

Caruso emphasizes the meaning of symbol and symbolisation as an act of relationship to and within the world and understood psychoanalytical theories as a changing symbolisation of relationship. Instead of reinforcing common contradictions – such as the understanding of neurotic disorders as intrapsychic conflict versus as an intersubjective (real) trauma, the concepts of narcissism versus those of object theories, the transference focused psychoanalytical method versus the intersubjective orientated techniques, historical views versus narrative understandings of the psychoanalytic scene – Caruso's concept of Psychoanalysis attempts a synthesis of all those approaches.

In later discussions of changing theoretical concepts of development and psychoanalytical method the aim of symbolisation as progression of and in awareness ("personalisation", I.A.Caruso) – of the self, the other, the process of development itself – and it's failure within individual, social and political disturbances and alienation remained one of the main subjects in Caruso's lifelong work as well as in those of other colleagues after him till today.

ERICH FROMM AND THE INTERSUBJECTIVE TRADITION
R. Funk
International Erich Fromm Society, Tübingen, Germany

Erich Fromm was not only one of the founders of IFPS in the sixties but also one of the forerunners of the intersubjective tradition in psychoanalysis. Trained at the Berlin Institute, he started in the thirties, after emigrating to the US, to reformulate psychoanalytic theory by focusing on man’s need to be related to reality, to others, and to him- or herself. Similar to Sullivan, Fromm looked at man primarily as a social being. But in contrast to Sullivan, Fromm stressed much more man's being molded by societal requirements and by an intersubjectivity that is determined by strivings originating in his social character structure.

Because of Fromm's “societal” orientation, his approach to psychoanalysis is still of relevance to understanding how the intersubjective and intrapsychic are interwoven in each individual. Beyond that, his approach enables insights into what is going on psychically in society and how these changes are influential to the individual's welfare or suffering. (The psychotherapeutic impact of this Frommian approach has been communicated in my presentation “Direct Meeting': Erich Fromm's continuing relevance to relational psychoanalysis").
The founder of interpersonal psychoanalysis, H. S. Sullivan (1892-1949) was an American psychiatrist basically interested in applying Freudian psychoanalysis to the understanding and treatment of the sickest patients, whom he saw as suffering from the consequences of an unhealthy psychological and interpersonal development, and whose treatment he conceived in terms of the creation of a valid interpersonal relationship, through which the analyst could help the patient become a healthier person. This made of him not only a pioneer of the psychotherapy of schizophrenia, and the author of a developmental theory centered around the interaction between the baby, the mother and his/her context of growth, but also a pioneer of the interactive line of empirical research championed by Daniel Stern. His focus on the context of our life and growth also allowed him to be among the first analysts to formulate the importance of the social and cultural aspects of health and sickness, thus also renewing Freud's original interest in an interdisciplinary dialogue and in a socially critical psychoanalysis.

After showing the evolution of Sullivan's contribution by going through some of the most inspiring pages of his work (which the author deals with in detail in his book Sullivan Revisited), it will be clear how Sullivan's point of view not only anticipated the basic tenets of the "intersubjective turn" which started in the 1990s, but also how it can continue to nurture it, and to help it go beyond its one-sided emphasis on the clinical dimension.

H.S. SULLIVAN AND THE INTERSUBJECTIVE TRADITION
M. Conci
Associazione di Studi Psicoanalitici, Trento, Italy and Munich, Germany

The concept of identity in psychoanalysis is not clearly defined, though it has been used widely – from primary processes of identification with parents or other important persons to self reflection, mirroring and correspondence to particular social models and roles. The content of identification is as important as the process itself. Identity develops in relation with other people and society, and it has particular meaning both for the individual (intrasubjective) and for other members of society (intersubjective). Personal identity evolves and alters throughout life. Social changes determine unpredictable alterations of identity and change intrasubjective meaning of acquired identity – the outcome of what is the arising threat for stability and integrity of psychic functioning.

Lithuania in the last hundred years has undergone various social changes - independence, Soviet occupation, again independence, and, finally, membership in the European Union. Changes in society influence self-perception and understanding of self identity both among patients and among psychotherapists. In the Soviet Union the denial of personal identity and attempts to destroy national identity were the reality together with the attempts to develop "collective identity". The dual identity was specific for that time – the official identity was that of a soviet citizen, and the secret one – national. We used to be one of the most advanced republics in the Soviet Union; however, in the European Union we are not regarded as such. This influences both national and personal self-esteem. A clinical vignette illustrates the dynamics of personal identity in a changing society.

Z. Paulauskiene
Kaunas Society for the Studies of Psychoanalysis and Psychotherapy, Kaunas, Lithuania

INTERSUBJECTIVE-INTRASUBJECTIVE EXPERIENCES AND IDENTITY ALTERATIONS

INTERSUBJECTIVE - INTRASUBJECTIVE EXPERIENCE AND IDENTITY ALTERATIONS IN POST SOVIET TRANSITION

Z. Paulauskiene
Kaunas Society for the Studies of Psychoanalysis and Psychotherapy, Kaunas, Lithuania

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INTERSUBJECTIVITY ALTERNATING FORMATION OF GENDER IDENTITY. A CASE OF ANOREXIA NERVOSA IN A PREPUBERTAL BOY

D. Leskauskas
Psychiatry Clinic of Kaunas Medical University-Kaunas Society for the Studies of Psychoanalysis and Psychotherapy, Kaunas, Lithuania

For decades latency period was considered in psychoanalysis insignificant in the development of personality and mental disorders despite an evident discrepancy between such attitude and clinical experience of child-adolescent psychotherapists. Evidence increases about the onset in this age of disorders which are usually attributed to the persons of older age – anorexia nervosa being an example. The vast majority of psychoanalytic literature on anorexia nervosa focuses on independency conflict in pubertal girls while the dynamic in prepuberty and in boys can be different. Presented the case of 8 year old boy with all typical symptoms of anorexia nervosa – weight loss to BMI < 14 induced by avoidance of “fattening foods”, spare diet and excessive exercising, intrusive dread of fatness and distorted self-perception as being too fat. Beginning of illness coincided with emotional crisis and withdrawal of the father, leading to his de-idealization by the patient in the period of gender identity formation. Regress to Oedipal rivalry stage and de-identification with father followed by identification with mother were leading the dynamic of development of the disorder. Re-identification with parental figures of the same sex and progression towards the age appropriate goals of development were the achievements in the therapy followed by the complete disappearance of clinical symptoms. Understanding of intrasubjective meaning of intersubjective experience in the relationships with father and therapist was essential reaching the breakthrough in treatment. Analysis of the case of anorexia nervosa in 8 year old boy can be helpful understanding psychodynamic of this disorder in pre-pubertal age.
THE DYNAMICS OF SEPARATION AND SEARCHING FOR IDENTITY DURING LONG-TERM PSYCHOTHERAPY

A. Kulak,
Psichoterapijos konsultacijų centras - Kaunas Society for the Studies of Psychoanalysis and Psychotherapy, Kaunas, Lithuania

An individual is actually born just after separation from his mother’s breast, and just then he gains possibility to develop active and creative relationship with outer world, to adapt and achieve integrity. Unproductive fixation strategy prevents from separating from mother and rising to higher development level. The separation causes strong anxiety and fear to lose the object of love. The most primitive anxiety levels – persecution anxiety and disintegration anxiety – persist in mental depth of every individual and can be triggered easily in traumatic and stressful situations.

A need for identity is considered to be one of the most important needs for the perception of oneself as a separate entity. An individual risks losing the sense of reality being identified with nobody. Such a threat is a powerful motivation agent which makes us exert every effort to gain the sense of identity. The identity of psychologically healthy individuals is characterized by sureness and living in a society they need not limit their liberty. The identity of severely disturbed individuals is diffusive characteristic feature of which is insufficient self-integrity concept as well as integrity of other important concepts. The difficulties of separation and identity formation are disclosed in the intersubjective space of long-term psychotherapy process. The dreams fragments of borderline level organization patient reflecting the separation dynamics, the rise of primitive anxieties and searching for identity are analyzed in the presentation.

INTERSUBJECTIVITY AND POTENTIAL SPACE

INTERSUBJECTIVE OR RELATIONAL SUPERVISION

E. Papastefanou
Athens, Greece

My presentation consists of three units. The first gives a brief historical account of the concept of supervision. The second is a theoretical elaboration, focusing on the concepts of parallel process and re-enactment. The last unit presents a vignette from a supervision process, where one can observe the parallel process and the re-enactments between the two dyads: supervisor – supervisee and therapist – patient.

IT IS A MATTER OF AGREEMENT BETWEEN US, THAT WE WILL NEVER ASK THIS QUESTION

C. Joannidis
Athens, Greece

This essay addresses the point of confluence of three notions, i.e. that of intersubjectivity, potential space and thirdness. Various theories, alternative perceptions and conceptualizations are being examined in an attempt to highlight the common ground of these concepts. The avoidance of the inevitably restrictive choice of an either / or dilemma, and the preference for an intermediate position, even though this maintains a logically unsustainable paradox, is convincingly shown to be (just like the nature of light in physics) much more productive and meaningful in understanding aspects of the human experience.

INTER-SUBJECTIVE VERSUS INTER-CULTURAL IN THE CONTEXT OF WEST AND EAST RELATIONSHIP: HI-S-TORY OR OUR-STORY?

Y. Erten
Icgoru Psikoterapi Merkezi, Istanbul, Turkey

In this presentation, the “Intersubjective and “Intercultural” approaches will be explored together in order to shed light on their relationship and interaction. In the psychoanalytic discourse, when we construct subjectivity as a cultural subject, who is the one speaking in the first person? And who is the second or third person, that is to say the object of that subject, who is being defined and analyzed through this subject's discourse? Following a theoretical discussion in this context, the presentation will focus on two clinical vignettes. The first will explore a situation the presenter has experienced in his own personal analysis. He has developed a fantasy about the supervision of his analyst and the effect of this supervision on the analytic space. The second vignette tackles the presenter’s experience with his supervisor during one of his therapy cases and a discussion of whether or not he has been able to retain his distance from the cultural. In light of the presenter’s analysis and supervision experiences in Turkey, the conclusion of the presentation will include observations and hypotheses on what shapes pluralism assumes in the construction of the self, both from the individual's and the analytic community's perspective.
THE MATERNAL SHADOW OVER THE DAUGHTER’S BODY

“TWO IN A BODY”: FROM THE MOTHER’S ANOREXIA TO THE DAUGHTER’S BULIMIA

I. Vlahaki
Hellenic Centre of Mental Health & Researches, Athens Greece

The nature of the psychodynamics of the individual with bulimia always demands a special understanding. The particular characteristic of the patient presented here is that her bulimia needs also to be considered in terms of her mother’s anorexia and the unconscious and conscious use of the daughter’s body as almost a part of herself, as a depository of her traumas, thus violating the boundaries between them. The presentation suggest some hypotheses about this paradoxical tie between mother and daughter – an addictive solution – and puts the accent on the transmission of specific defensive strategies which engage not only the Ego but also the body: Food and the incorporative-expulsive functions of the digestive system are called upon to treat the traumatic aspects of the family history – mainly the mother’s abusive past – and act as concrete substitutes of unelaborated distressing experiences, revealing the splitting between psyche and body. The ensuing blurring of generational boundaries impedes the process of separation-individuation which is felt by the patient as threatening for both herself and mother though at the same time, via her compulsive binging and purging, she enacts a separation from her mother.

ASSISTED PROCREATION BY EGG-DONATION: POSSIBLE OR IMPOSSIBLE HOSPITALITY?

M. Michaleli
Hellenic Psychoanalytical Society, Athens, Greece

The mental organization and functioning of infertile women seems to constitute a defence against a depressive problematique. They try, unsuccessfully, to be identified with an archaic-phallic mother who possesses everything. The trauma is a narcissistic one: a love, which has been betrayed and left them disappointed. The representation of the father is almost non-existent: he doesn’t count; he is as a mother’s child too: not only he did not separate the mother from the daughter, but he has also surrendered. The thematic of giving-receiving, controlling-being controlled, knowing-ignoring, subduing-being subdued characterizes the mental representations of the egg-receiving woman. Receiving an egg from another, unknown to her, woman, puts the infertile woman to the same role of complete submission to the archaic-phallic mother who possesses everything. Not receiving- not conceiving a baby keeps them in a depreciated position. The unconscious fantasy of women conceiving by egg donation is that this reproductive process takes place between women; the man is marginalized. So, in these clinical cases of women receiving an egg from a donor, the -oedipal fantasy that a mother is going to offer the baby risks to be experienced as if it were actually realized. In the transference process, the analyst risks to be experienced as the omnipotent, deprecating-her-daughter mother.

ON HOLDING AND CONTAINING- THE UNCANNY IN THE PSYCHOANALYTIC PSYCHOTHERAPY OF CHILDREN AND ADOLESCENTS

THE UNCANNY IN THE PSYCHOANALYTIC PSYCHOTHERAPY OF CHILDREN

C. Talfanidis
Hellenic Society of Psychoanalytic Psychotherapy, Athens, Greece

In this paper is presented an excerpt of a session of psychoanalytic psychotherapy with a 9- year-old boy. The patient plays in the session some fantasies with incestuous and parricidal content and, in the process of this session, he expresses openly violent impulses towards his therapist. After this, the patient looks estranged and with a feeling of uncanniness. The therapist has a regressive movement of his own and a feeling of uncanniness during the expression of the violent impulses of the patient. He continues his own psychical work even after the end of the session in order to recognize and comprehend aspects of the transference and counter-transference. It is suggested that the oncoming break of the Christmas holidays activates in the patient transferential reactions which refer both to his traumatic experiences and to violent acts in the family context which took place during the early period of his life. The repetition compulsion, the incestuous and the parricidal wishes affected the feeling of uncanny. The “Uncanny” (Freud, 1919) refers to something foreign and frightening for the person. However, according to Freud, the uncanny isn’t something new or foreign but something known and from a long time established in the mind of the person, which has become alienated by the operation of the repression. The residues of animism, the omnipotence of thought, the human attitude towards death, the repetition compulsion and the castration complex are factors that change something familiar into uncanny.
DO YOU WANT TO KILL THE BAD GUYS WITH ME? COUNTERTRANSFERENCE ANSWERS TO DIFFICULT QUESTIONS

J. Soumaki
European Society of Child / Adolescent Psychiatry-Hellenic Society of Psychoanalytic Psychotherapy, Athens, Greece

In this paper I will present the case of Anni, a narrative of a child treatment, highlighting some areas of my understanding. When Anni began her analysis she was about 5 years old in a traumatized state, confused and disoriented internally, frightened and terrified of abandonment and aggression. I will describe how I succeeded in becoming for Anni an external object of containment and projective identification in a way that I would relate to Bion’s concept of maternal capacity of reverie. I will also present what figures of the transference and countertransference were discerned in such a situation with this severely traumatized child patient.

THE EVOLUTION OF THE THERAPEUTIC RELATIONSHIP IN THE CASE OF A CHILD WITH SEVERE NEUROLOGICAL DEFECT

A. Stathopoulos
Private practice, Athens, Greece

The presentation refers to the evolution of the therapeutic relationship with a child suffering from a serious neurological defect (congenital cerebellar atrophy). He started therapy at the age of 5 because of difficulties in his collaboration at his rehabilitation program and aggressive outbursts mainly towards his mother. His therapy depended on the psychic elaboration in transference of his self image and the trauma due to his somatic defect and the availability of an object with adequate holding and containing function. The understanding of counter-transference played an equally important role in the creation of a therapeutic transitional space where it became possible the representation of the intra-psychic conflicts and their consequences on the inter-subjective relationships.

FROM INTERPERSONAL TO SOCIAL SUBJECTIVITY

FROM INDIVIDUAL TO SOCIAL INTERSUBJECTIVITY

S. Millan
Seminario de Sociopsicoanalisis A.C. Mexico

We will describe the elements found during two Home Recorded Video visits (1) of the mother/baby relations in their interactions in an everyday environment. The filming allows us to study research and expand our evaluation when repeating the scenes and observing the details; what induces us to “see the unseen and listen the unlistened” (Bowlby) during the visit process, in a socially convened deal. With these observations derived from the video/technology we aid ourselves in supporting contributions to developmental psychology, which have been sustained by prospective research derived from theoretical concepts (Sroufe). At the same time, with the results from empirical research on social determinants (Fromm), we are upholding the statement of Sense of self of an infant. When talking of a Sense of self in a pre verbal infant we are referring to recognition without self-reflection (Stern). A direct experience of the baby, in the interaction with the mother or caretaker, that forges a pattern of conduct, and which can be considered as a trigger of mind processes (Tronick). The subjective life of the infant can be inferred from numerous data or patterns of conduct that can be observed from the baby’s first months and this organizing experience is an existential pre-verbal equivalent of a Self, self-reflective, verbalizing of the adult, as was stated in the Tavistock School (Klein). A dynamic comprehension of the social determinants of Subjectivity taking into account the transcendence of emotional links with the parents on an imperative basis of need for relationship (Fromm), leads us to be aware of the role of the parents, in their condition of main transmitters of culture, values and costumes. In highlighting the complementarity of both theories, Bowlby, Fromm, we can deduce an infant’s sense of Self.

(1) The paper corresponds to one of the 76 dyads on the Mexican Research in Dyads contrasted Urban and Indigenous, under the direction of Dra. Sonia Gojman de Millan.

THE RECONFIGURATION OF SUBJECTIVITY AND INTERSUBJECTIVE RELATIONS IN MIGRATORY PROCESSES. CASE STUDY

M. E. Sanchez
Seminario de Sociopsicoanalisis A.C. Mexico

The dialogue between psychoanalysis and social sciences, in the past, has been characterized for its difficulty, and for their mutual resistances and mistrust. The social tears lived today, the challenges faced by individuals to build their integrity in that context, demand a fruitful renewal of the dialogue among both fields of human knowledge. In this presentation the elements of that dialogue are outlined from a concrete study on and with migrant population.
The space-time disruptions that characterize the so-called globalization, have been translated into virtual fluxes, object fluxes, and population fluxes with differentiated impacts in the population strata. This paper studies a Mexico-United States migratory circuit, analyzing the manner in which subjectivities and social identities are de-structured and reconfigured in a population of peasant and indigenous origin that has been conforming a transnational community with the migrants established in Long Island, New York. The reconstruction of a transnational cultural framework becomes the foundation that allows for the emergence of new social subjectivities such as the grandmothers, the autonomous woman, and the young person as a leading social actor. The border, as a physical, emotional, and symbolic fracture, appears as one of the axes of understanding for the transformation of subjectivities and intersubjective networks. In these new contexts, in which the individual identity challenges are immerse in discriminatory ideological-social contexts, the dialogue between Sociology and Psychoanalysis appears vital.

THE INTRAPSYCHIC AND THE INTERSUBJECTIVE IN THE PSYCHOSOCIAL PROXIMAL RELATIONSHIPS. THE CASE OF AN INDIGENOUS MEXICAN COMMUNITY
E. Almeida Acosta
Universidad Iberoamericana Puebla - Seminario de Sociopsicoanalisis A.C., Mexico

Psychoanalysis main scientific claims have usually been related to the unconscious, to the first years of the individual life, and to the sexual drive. The three aspects are undoubtedly referred to the intrapsychic. In this presentation, these issues will not be disregarded. However, according to Igor Caruso, psychoanalysis is intersubjective once it becomes conscious that it deals with the analysis of reciprocal social relations. Furthermore Caruso affirms that psychoanalytic theory leads into a psychological social theory. The author of this paper, a social psychologist, argues, based on his long-lasting relationship with a native Mexican community, that there is a need to include a stronger intersubjective perspective for psychoanalysis to become a more useful approach in dealing with community issues among non-Western populations. This implies a decisive commitment through a concrete praxis. Then it would be possible to get a glimpse of the community cultural unconscious, the childhood in its intersubjective group issues, and the long lived collective sexual repression. Community Psychology will then be enriched by the social psychoanalytic intuitions developed after Freud.

ATTEMPTING TO MAKE SENSE OF OTHERS
A. Leibovich de Duarte
Universidad de Buenos Aires, Argentina

This presentation will focus on some similarities and differences in the way in which psychoanalysts and cognitive psychotherapists attempt to make sense of a clinical material. Everybody has an implicit theory of personality, a relatively stable set of suppositions and predictions regarding what to expect from people living in their same community. This framework allows us to compare and contrast ourselves with others in order to discover constants, similarities or differences, to make inferences, attribute intentions, value judgments and establish motives for our behaviour and the behaviour of others, and to anticipate and predict future behaviour as well. The clinical inferential process that is at the heart of a psychotherapist's clinical activity intervenes in determining what data are selected, recorded, and transformed, in elaborating hypotheses on what is occurring in the clinical space, and in preparing the psychotherapist’s interventions offered to the other member of the dyad. Theories, working as an “internal working model” (Bowlby, 1979), provide the psychotherapists with cognitive structures for perceiving, apprehending and organizing the clinical encounter. They help them to construct conscious and preconscious categories that mediate and facilitate the organization and comprehension of the material, thus making possible his/her intervention. However, psychotherapists who share the same theoretical framework very often fail to agree in their opinions when they work on the same clinical data. An ample space exists for the psychotherapists to display their personal style in attempting to disentangle the patient’s private codes of meanings, in perceiving subtle signals, tones of voice or gestures and in making sense of the intricacies of discourses and silences. Shared and private codes are present in the dialogue between psychoanalyst and patient. Some results of an empirical research on similarities and differences in the clinical inferential process of psychoanalysts and cognitive psychotherapists will be presented.

THE SUBJECTS OF ANALYSIS: ON SUBJECTIVITY, INTERSUBJECTIVITY AND COUNTERTRANSFERENCE

“COUNTERTRANSFERENCE”–A CONTEMPORARY METAPSYCHOLOGICAL VIEW ON THE INTRAPSYCHIC, INTERPSYCHIC, INTERSUBJECTIVE AND OBJECTIVE ASPECTS OF THE PROCESS
E. L. Bichi
Argentina

In her contribution, the author will first deal with the general characteristics of the countertransference process. She will then set forth her metapsychological hypotheses, which aim to describe the different psychic stages and movements in the analyst's mind during such process. This exploration intends to encompass its intrapsychic, interpsychic, intersubjective and objective aspects.
Her proposal aims to fulfil a twofold purpose:

1) To consider the countertransference process as a sort of theoretical-technical “hinge” (Bichi, 1996) between Freud’s lines of thought imbued with the features of the modern age, and those trends influenced by post-modern ideas. These latter ideas put forward the opposition between the analyst’s “objectivity” vs his “subjectivity”, and cast doubt on any possibility of being objective in our clinical practice.

2) Regarding the central topic that is being dealt with at this International Forum, the author’s proposal is to appeal to the “Witch Metapsychology” (Freud, 1937) to examine the process of countertransference. This is an attempt to go deeper into the understanding and description of its constituent psychical movements. In this case, countertransference is also suggested as a theoretical-clinical “hinge” that may help to overcome “the intrapsychic vs the intersubjective” opposition, based on the assumption of the predominance of one or another of these approaches in the course of an analytic therapy. This contribution attempts to be added to those theoretical comprehensive trends that go beyond certain extremely confrontational positions, frequently arising in contemporary psychoanalytic discussions.

FROM COUNTERTRANSFERENCE TO THE INTERSUBJECTIVE DYAD
Gr. Vaslamatzis
1st Department of Psychiatry, University of Athens, Eginition Hospital - Hellenic Society of Psychoanalytic Psychotherapy, Athens, Greece

With Freudian countertransference (1910) the irreducible subjectivity of the analyst emerges. The concept sometimes narrows and sometimes expands the analytic relationship and its intersubjectivity. Probably it should be thought of as a “transitional” phase of the development of knowledge on the analyst’s mental functioning. The analytic field (Baranger M. and Baranger W. 1961-1962) broadens the perspective and describes the function of the analyst «within an intersubjective relationship in which each participant is defined by the other». Two brief clinical vignettes illustrate the function of the analytic dyad and describe moments of intersubjective meeting.

THE MUTUALLY CONSTITUTIVE RELATIONSHIP BETWEEN SUBJECTIVITY AND INTERSUBJECTIVITY AND THE RESPONSIBLE SUBJECT
S. Thanopulos
Societa Psicoanalitica Italiana, Italy

Analysts usually overlap intrasubjectivity (the other as a subjective object) and intersubjectivity (a relationship between two differentiated subjects). Furthermore they oppose intrapsychic to intersubjectivity although the concept of intrapsychic should be more correctly opposed to the concept of object relationship. It is subjectivity that we have to oppose to intersubjectivity. Subjectivity is a “way of being”, the original way one perceives, feels and creates his own experience. Its development requires the presence of another subjectivity because at the beginning of the life the infant cannot creates his own way of being outside the encounter with his mother. Mother is a constitutional factor for the baby's subjectivity (even a part of this) and separation from her exposes him to the threat of an unbearable loss. Facing separation by ruthless love (the passion which recover loss through the total possession of the separated object) the baby discovers that his mother is made with the same material he is made: thoughts, emotions, desires. Her subjectivity which makes her a being who he cannot reduce in a merely possessed object, is also what makes her desirable and alive, the most important condition for the permanence of his own desire. The sense of responsibility rises here: defence of the object's subjectivity becomes at the same time defence of the subject's subjectivity. Reaching the sense of responsibility the baby subjectivity reaches its achievement in its connection with another subjectivity. Entering the area of intersubjectivity the subject gets knowledge of a central point of his life: the meaning of his existence exceeds the borders of his personal experience.

FROM BABY TO ADOLESCENT: THE INTERSUBJECTIVE DIMENSION IN OBSERVATION AND CLINICAL PRACTICE
D. Tzikas
Greece

This essay attempts to describe an overall theoretical framework of the intersubjective approach regarding children. The study of intersubjective field, which has been developed as another way of looking at psychotherapeutic relationship, will provide this symposium with a further understanding of the clinical material introduced by the rest of the essays. Childhood, in all of its variety, infancy-childhood-adolescence is a privileged period, where the intersubjective essentially influences the intrapsychic and vice versa. Bion and Winnicott, two very important authors of psychoanalytical thought, have pioneered a focus on the interaction of the two subjects, mother and infant. This has not only provided an understanding of the development of the child’s inner world, but also the approach and practice of psychotherapy.
Alongside, within the evolving discourse of developmental psychology, Trevarthen, through the theory of ‘innate intersubjectivity’, and other important researchers shed light on the biopsychological aspect of psychological development. Hence the importance of the research of neuronal structure and the function of the brain is emphasized, since both simultaneously influence and are influenced by intersubjective interaction. The intersubjective field emerges as a point of reference within psychoanalysis, developmental psychology, and neuroscience.

AN ATTEMPT FOR THE EMERGENCE OF THE “ACTUAL” INTERACTION BETWEEN MOTHER AND INFANT THROUGH PSYCHOANALYTIC OBSERVATION
S. Matsouka
Hellenic Association of Child and Adolescent Psychoanalytic Psychotherapy, Athens, Greece

The aim of the presentation is to use the experience and the material of the psychoanalytic observation of mother and infant and to promote through it the intersubjective process. It points out and elaborates the observation’s singularity of monitoring the “construction” of the archaic mother-infant relationship as opposed to the therapeutical relationship where the psychoanalytic pair “reconstructs” the past. Through excerpts (vignette) of observations material the following are emphasized: the intersubjective coordination, the preverbal communication, the infant’s active participation while not yet capable of verbalizing its emotions provokes and transfers them to its mother. The “good enough mother” being supported by the infant itself, renders the bound between mother and infant function apparent. In conclusion, we refer to a continuous interaction between two subjectivities.

SELECTIVE MUTISM: AGGRESSIVENESS AND SILENCE
V. Hantzara
Child Psychiatric Clinic, University of Athens Medical School, Children Hospital “Aghia Sophia”, Athens, Greece

On the occasion of a clinical case of a child in the initial phase of latency presenting selective mutism in school and social context after an injury at school (leading to a calf fracture with long-term hospitalization, surgical incision and immobilization), issues related to diagnostic and therapeutic processes of the disorder will be discussed. Silence – an omnipotent weapon of passive-aggressiveness against the child’s agony and fear towards a threatening external world and at the same time against emerging aggressive fantasies of the internal world. Unspeakable internal truths, fears and nightmares of early and present psychic traumas, vicious intentions or desires and well-hidden secrets. The little child, director and protagonist in the therapeutic process, through play and drawing, without the fear of immediate punishment, expresses and discovers his own hostility, aggressiveness or destructiveness as well as the imaginary or actual hostility that he experiences in the real world. The presence of the therapist, either as an active spectator or as a co-star in the level of transference, helps the child work through major issues and difficulties and take up more demanding roles in the service of bringing up aiming at his growth and development. The therapeutic relationship becomes the field – through a constant interpersonal interaction – for a new negotiation of early and present traumatic experiences. The therapeutic relationship also provides a second chance to the child to gain further knowledge for the self and others in order to be able to live and act socially.

FANTASY MORE PRESENT THAN LIFE IN THE INTERSUBJECTIVE SPACE
N. Taloumi
Hellenic Association of Child and Adolescent Psychoanalytic Psychotherapy, Athens, Greece

The aim of the present paper is to reveal, through the inter-subjective relation of two intra-psychic subjects, the difficulty of the subject to be “adolescent at the time of adolescence”. Freud notes that fantasy and wish are closely related. Since the wish is constructed internally within the fantasy, it follows that fantasy, among other things, is a space where defensive mechanisms are organized. In an analysis of a case, Winnicott describes fantasy as a primal disassociation. Fantasy in the present case is treated as a mechanism that keeps the subject in distance from reality in order to avoid dealing with its feminine identifications. In the therapeutic process, the transference is of an idealized nature and intense. Counter transference is exceptionally powerful. The working through of cross identifications in the therapy of the adolescent increases the weight of the counter-transference, demanding from the therapist even more vigilance, flexibility and a constant awareness of the transformation of his own ego.
I will discuss the analysis of a man, who came to see me because he suffered from anxiety crises, he felt that his life did not please him and gradually he started being afraid of getting in touch with people and travelling. I examine a period of the analysis, exploring microscopically, I would say, the psychic movements that I think are happening in the analytic dyad. How the psychoanalytic object is born. I focus in the psychic movements happening after my interventions. The narcissistic problem is at the foreground of this work.
SPECIAL SESSIONS
STUDYING THE ARCHIVES OF THE HELLENIC SOCIETY OF PSYCHOANALYTIC PSYCHOTHERAPY: AN OUTLINE OF ITS HISTORICAL COURSE

C. Talfanidis (1), G. Maniadakis (2)
(1) Hellenic Society of Psychoanalytic Psychotherapy, Athens, Greece
(2) Personality Disorders Unit, 1st Department of Psychiatry, University of Athens, Eginition Hospital, Athens, Greece

The authors attempt at outlining the historical course of the Hellenic Society of Psychoanalytic Psychotherapy (HSPP). They put forward several hypotheses concerning the dynamics of the foundation and the evolution of the HSPP. These hypotheses are based on the study of the HSPP archives, on interviews with founding (as well as other) members of the HSPP and on bibliographical research.

After three decades of fruitless attempts at establishing psychoanalysis as a clinical discipline in Greece, in 1977 the HSPP was founded by 5 Greek psychoanalysts and psychoanalytic psychotherapists trained in Britain, France and Canada. The authors sustain that the foundation of the HSPP addressed complex problems of Greek society in the seventies; that is the request for the founding of an institution that would provide psychoanalytic therapy and training can be linked to a quest for new orientations in thought that would enhance the working through of traumas that had marked Greek society in the previous decades, including the 67-74 dictatorship. The authors believe that these traumas played a role in the insurmountable problems in the establishing of psychoanalysis in Greece and also in the difficulties that the emancipation of Greek psychiatry from asylum-centred practice met.

The HSPP remained the only psychoanalytic institution in Greece until the foundation of the Hellenic Society of Psychoanalysis in 1984. According to the authors, one of the main traits of its historical course has been the effort to shape a psychoanalytic organisation directed towards the clinical reality (and needs) of Greek society.

A DIALOGUE: THE PROS AND CONS OF INTERSUBJECTIVITY

N.Tzavaras (1), I. Vartzopoulos (2)
(1) Hellenic Psychiatric Association-Hellenic Psychoanalytical Society, Athens, Greece
(2) Hellenic, Psychoanalytic Society, Athens, Greece

Abstract unavailable at the time of printing

A DIALOGUE BETWEEN THE INTERSUBJECTIVE AND THE INTRAPSYCHIC

TRAUMA, MEMORY AND BODY ACTS – A DIALOGUE BETWEEN FREUD AND FERENCZI

M. M. Assuncao Moreno, N. E. Coelho Jr.
Institute of Psychology, University of Sao Paulo, Brazil

The present work comprises of an interrogation to the psychoanalytical theory about the consequences of trauma in the role that memory plays in the mental functioning. Both of them are concepts that refer to the psychoanalytical principals, leading to the mental constitution, as well as to its boundaries. In Freud’s work, the connections within trauma and memory, especially from the conceptualization of a further than the pleasure principle, point out to the functioning, or even better, the non-functioning gaps at the psychism boundaries - between body and psyche, within perception and representation – responsible for memory establishment and psychic differentiation. The traumatic was associated to death instinct and the automatic anguish, which continuously calls forth a psychic work demand, of connection, prior to the pleasure principle instauration. When there is no possibility of connection and transcription of the incident, its effects present themselves in a negative way such as narcissistic damage. Ferenczi considers the object role as determinant on the traumatic event destination. In case the object can not adapt to the subject’s needs and provide or legitimate a meaning to what was lived, there is an interruption on the process of introjection and psychic inscription. Face the absence of the object investment, the psychism defends itself through the cleavage of the traumatic impressions of which remains no memory. This work suggests that the intersubjective lack of recognition leads to intrapsychic lack of representation and lack of sense that expresses itself in corporal manifestations.

DO YOU SEE WHAT I FEEL? MAKING SENSE OF INFANT OBSERVATION

V.I. Hägg
Helsinki University Central Hospital, Surgical Hospital, Helsinki, Finland

The artist closes her eyes and empties her mind of words to perceive more sharply the outer world. The newborn infant, although not yet able to focus his eyes sharply, uses other sensory modalities to acquire information and to communicate with his social environment.
One of the purposes of infant observation in the psychoanalytic training is to become aware of transference and counter-transference processes and to learn the capacity to observe, reflect and mentally process the emotional experience before beginning the clinical work with a patient. The observer in the pre-clinical experience of infant observation remains passive, neutral and does not intervene during the weekly observations from birth to one year of age. The observation notes are written after the observation and reflected upon with a seminar group. The infant observation notes collected during the second year of a 5 year psychoanalytic training are compared and contrasted with the photographs of paintings by Finnish artist Leena Kleemola, describing her paintings as images of sensing and sensitivity. Infant observation and the written observational material is recommended to be used in the future for further psychoanalytic and neuropsychoanalytic research.

INTERSUBJECTIVITY AND PSYCHOANALYSIS: WINNICOTT’S CONTRIBUTION FOR THE PSYCHOANALYTICAL PRACTICE WITH PATIENTS THAT CARRY NEUROLOGICAL DISTURBANCES

P. Klautau (1), M. Winograd (2), N. E. Coelho Jr. (3)
(1) University of Sao Paulo, Brazil, CPRJ
(2) PUC-RIO / Brazil
(3) University of Sao Paulo, Brazil

Once exceeded the limits of a fundamentally interpretative technique, psychoanalysis cannot be restricted to the sphere of neurotic suffering and moves its scope on to other fields of mental pathology, be them from a psychogenic origin or from disturbances of organic nature that may cause suffering to the subject – as is frequently the case with bearers of brain lesions. The ways in which this can be done demand technical and theoretical investigations since this type of clinic differs considerably in many points from the classical psychoanalytical practice. The main purpose of this paper is to provide subsidies – through articulation of Winnicott’s concepts such as dependence, reliability on the environment, feeling of space-time continuity, and the concept of “normativeness” as postulated by Canguilhem – for a theoretical and practical approach that may give bearings to a psychoanalytical practice with patients that carry neurological disturbances. The completion of this task demands, in first place, an investigation into the concepts of cerebral plasticity, epigenesis and “normativeness”. After this is accomplished we will finally make some considerations about psychoanalytical practice with neurologically impaired patients. In this type of clinic, the intersubjective dimension is the key element.

TRANSFERRING, RE-ACTING, CONTAINING AND DREAMING. FROM TRANSFERENCE NEUROSIS TO RELATION ANALYSIS, AN EMOTIONAL PERSPECTIVE

S. Roselli
Societa Italiana di Psicoanalisi della Relazione, Florence, Italy

Contemporary relational theories, that look at human mind as continuously emerging from that complex network of relations in which human beings are immersed, put the concepts of transference and countertransference into a dynamic and developing continuum, where what comes from the object influences what happens in the subject, and vice versa, in an interactive field dominated by a continuous sense expansion that may question the theoretical necessity, usually taken for granted, to talk about two different phenomena -transference and countertransference- rather than about a single phenomenon: relation. The historical centrality of transference analysis in psychoanalytic method gives nowadays the same predominant position to the analysis of relation. Is psychoanalysis the attempt to understand, by a “special relation”, the repetition of past relational patterns in the present? Or is it also an attempt to learn how to face those deep emotions which are the most vital but also the most terrifying aspect of all our relations?

The purpose of this paper is to expose the developing thought of a future psychoanalyst, added to the theoretical reflections acquired during my first clinical experiences, with the aim to compare the relational approaches to psychoanalysis with the contemporary Bionian thought, which are, at the moment the main sources of interest of my studies.

ON IMITATION AND INTERSUBJECTIVITY: TWO PSYCHOANALYTICAL PERSPECTIVES

P. Salem
Institute of Psychology, University of Sao Paulo, Brazil

Although the notion of imitation hasn’t received much attention in psychoanalysis, contemporary psychoanalysts have been increasingly debating it. The aim of this presentation is to examine descriptions of imitation through the observations made by two psychoanalysts on this phenomenon: Thomas Ogden and René Roussillon. Even if related to different psychoanalytical traditions, both authors stress the role of imitation in the emergence of subjectivity, establishing its links with the primitive experiences in the constitution of the self. This work indicates the way Ogden associates imitation to his definition of the autistic-contiguous position and describes its functions as a mode of perception, of defence, and as a particular form of object relatedness. This work then explores the function Roussillon confers on imitation in the context of intersubjectivity and the experience of satisfaction associated to this primitive way of relating to others.
TRANSFORMATIONS AND INTERSUBJECTIVITY

MODIFICATIONS OF SETTING REPRESENTATIONS IN THE COURSE OF A PSYCHOANALYTIC THERAPY
A. Spyropoulou
1st Department of Psychiatry, University of Athens, Eginition Hospital, Athens, Greece

Psychoanalytic setting refers to the therapeutic elements that remain rather stable and constitute the normative frame for psychoanalytic process to develop. Bleger in his article (1967) proposed that psychoanalytic situation consists in the process and of the non-process, called setting. According to Bleger it seems as if the setting is the silent background that permits to process to take place. In the presented case the representations of the setting have been altered in the course of a psychoanalytic psychotherapy, possibly putting forward the idea of a vivid intrapsychic and intersubjective function which does not only reflect the principle of reality in the course of therapy, but additionally it becomes a signifier of psychoanalytic process and of psychic change.

CONSTRUCTING THE “WATER-WHEEL OF MIND”: FROM MELANCHOLIA TO MOURNING
M. Loutzakli
Child department -Mental Health Centre of Holargos, Athens, Greece

Freud, following his death anxiety theory, added that some times these anxieties can also be related to an inner danger as it is experienced in the case of melancholia.

In such a case, a fragile object representation vanishes in the face of a real loss. As the representative networks collapse, no work of mourning can be done since no access to words or to any thinking is possible. Instead, an embodiment of the dead object takes place. This situation creates a state of unnamed terror and infantile distress for the object.

According to Bion, deficiencies in mother’s early function leads to problems in child’s ALFA function: weaknesses in its ability to symbolize and create mental representations of stimulations arising from inside the body or from the object. The analytic work with a woman devastated from ‘loud’ death anxieties and her move to the silence of melancholia is presented.

A long term mentalization process opened up her ability of mourning and enabled her to enter the world of transference in its double meaning, according to Green (transference to the word \ transference to the object).

A landmark of this process was the creation of a metaphoric construction, which she named ‘water-wheel of mind’. This was used to communicate to the therapist her first experience of owning an inner space, alive and working. A psychic apparatus, now containing representations, words and thoughts, which enables her to be aware of her mental life while relating to the object of transference.

ON THE INTERSECTION OF SUBJECTIVITIES: CREATING AN INTERSUBJECTIVE SPACE WITHIN THE ANALYTIC COUPLE
M. Ginieri-Coccossis
1st Department of Psychiatry, University of Athens, Eginition Hospital, Athens, Greece

Traumatic and violent experiences of early childhood are considered to be encapsulated within the patient’s painful expressions of transference, causing very distressing countertransference processes and touching upon particularly painful and upsetting areas of the analyst’s subjective mental life.

The present paper intends to focus at and illustrate certain distinct times during sessions, wherein the patient’s unrepresented traumatic nucleus infiltrates transference, unconsciously seeking to affect deeply the analytic relationship and destabilize the process under current. These are particular moments during which the ongoing mental life of the analyst may cross the boundaries of the self. It may become an analytic inner space of reflecting and echoing in a subjective way the patient’s painful experiences, converging and colliding ad hoc with personal memories, feelings and mental productions emerging dynamically during the session. In this respect, the patient and the analyst’s subjectivities may be understood to be meeting at a point of intersection and conjecture.

Such times of distinctively painful transference and countertransference reactions, with the analyst’s reveries and representations meeting the patient’s unuttered traumatic inner subjectivity, are proposed to be called internal moments of meeting, using Stern’s reference to “moments of meeting”. These occasions may constitute a critical aspect of the analytic process involving the synergy of bilateral and interacting mental processes between the analytic couple. Clinical material is provided with the purpose to illustrate how during such moments, countertransferentially evoked memories, reveries, fantasies and feelings of total loss and destruction are explored as to create an intersubjective process, which may constitute an indispensable approach for understanding, containing and transforming the patient’s traumatic unrepresented experiences into narratives, images and stories of the analytic couple.
THERAPEUTIC IMPASSE: FROM PSYCHIC FOSSILS TO THEIR TRANSFORMATION IN THE INTERSUBJECTIVE SPACE

E. Koralli
Hellenic Society of Psychoanalytic Psychotherapy, Athens, Greece

Therapeutic impasse could be considered for the analyst either as a failure or as a challenge to be able to sustain retracing upon unconscious parts of himself / herself and his / her internal objects in order to re-integrate them. These parts usually are in resonance to internal objects and unconscious representations of the self of the patient. Memories, feelings and facts of the analyst’s own history could be the vehicle of this process.

In the present paper, the case of a female patient is presented. In particular, therapeutic impasse is considered to "petrify" the emotions inhibiting the evolution of the therapy and threatening the analytic process with termination. It is the trace of the traumatic. It may reveal itself through body language, language but mainly through silences and absences from sessions, but also through dream material. It encompasses the unconscious intersubjective relationship between therapist and patient and influences transference – countertransference weave. At the interpersonal level, the patient is confronted with feelings of depression, separation anxieties, while mourning becomes impossible. We argue that this clinical situation expressed on the level of symptomatology, unconscious conflicts are reflected and influence the patient becoming fertile in her body and for being creative in her work as an artist.

The theoretical conceptions of Bion of the container – contained, ultimate reality and reverie help the therapist's understanding / awareness and promote the working through of relevant conflicts for both therapist and patient and in their parallel psychoanalytic voyage.

AGGRESSION AS A DEFENCE OF THE CHILD’S MASTERY IN THE THERAPY

Y. Afxentiou
"Alcyona" Centre for Counselling Psychology and Psychopedagogics, Nicosia, Cyprus

During the period of time from the moment of her abandonment in an orphanage until her adoption by her parents at the age of two, Rita seemed to experience feelings of non-containment and consequently had suffered serious deprivations. Rita came to therapy at the age of 10.

In her therapy she is negotiating and she is projecting her confusion regarding her identity on all psychic aspects but mainly her sexual identity. One can discern her confusion in the sexual roles. Rita is presenting a strikingly impoverished ego, a poor self representation, a confused body image and traits of borderline organization.

For a long time she comes to therapy in a defensive mode where no one can penetrate. She appears to be searching for the primary 'lost good object' and due to its absence Rita experiences feelings of internal void.

Her continuous efforts in avoiding painful emotions and thoughts have developed defences that were expressed through restlessness and manic like behaviour. At other times through her self-destructive acting out (cutting, piercing, broken wrist) the therapist had been attacked through her projective identification as a 'no good enough mother'.

Each time the therapist would try to sustain the therapeutic framework and boundaries in order to contain Rita's destructive behaviour, her reactions escalated into extremely destructive and extremely stressful.

Rita expressed through transference both idealization and denigration towards the therapeutic process. The therapist was found unable to contain successfully, all of Rita's aggression and destruction leading consequently to the rising of a 'sadomasochistic' like atmosphere in therapy.
THEMATIC SESSIONS
A PARADIGM SHIFT IN WORKING WITH A MASOCHISTIC PATIENT: TOWARD AN INTERSUBJECTIVE APPROACH
S. Mellan
The Institute of the Postgraduate Psychoanalytic Society, New York, NY, U.S.A.

The paper is a narrative of personal and professional growth which led to both a theoretical shift and a change in the analyst’s own set of responses in the clinical situation. The description of each phase of the author’s development will illustrate this shift. The first phase will include case material from an analysis of a patient that took place after the author’s training in classical theory and ego psychology. The analysis did help the patient understand how his masochistic dynamic led to difficulties in his environment. However, his fear of experiencing profound feelings of helplessness and shame kept him isolated and he continued to avoid close attachments. When he left treatment these issues were partially resolved. The second phase in the author’s evolution came from exposure to the new meanings introduced by the shift in thinking toward an understanding of relationships as intersubjective systems. This process of self-reflection led to a personal consideration of how the analyst’s training, attachment style, and organizing principles affected the work with patients with having similar developmental histories, personality structures and dynamics. Over time the recognition came that a different approach was needed and this propelled the author to explore other ways of understanding that which occurs between patient and analyst. The convergence of Attachment and Intersubjective Theory with the focus on mutual influence and recognition of difference proved to be the most compelling of the various theoretical positions. The third phase in the analyst’s evolution will be discussed and illustrated by recent case material where the shift toward focusing on the importance on interconnectedness and respect for the subjectivity of the other opens up a space for the development of nascent feelings of aliveness. The therapist as a subjective presence offers by example alternative possibilities for self-protection which will not foreclose closeness with others.

SEXUALITY, INTIMACY AND POTENTIAL SPACE
C.G. Fenieux Campos
Sociedad Chilena de Psicoanalisis (Ichpa), Chile

Through clinical vignettes, a hypothesis is developed about how sometimes sex acts as a defence against sexuality. In other words, sexual intercourse represents an expression of not linking and not thinking, articulating itself as a defence against libidinal aspects. Sexuality appears as something cold and devitalized, mobilized by feelings of power rather by a genuine intention for linking. Just as Freud (1905) suggests, in the sexual scene the traumatic experience is reflected and somehow frozen. Using Winnicottian concepts, it is argued that in these cases exists a pathology of the potential space, understanding that the creative sexual encounter implies the mediation of the subject as a creator of his own meanings and of the overlap of symbols that enriches the encounter, which represents both union and separation at the same time. This hypothesis includes the idea that through the broadening of the experience of the patient’s self, psychoanalytic work allows new levels of liberty in the instinctual experience. This promotes the creation of a potential space, which is a necessary requirement for the intimacy and the loving experience with someone else.

WITHOUT YOU – NO ME. SUBJECTIVITY AND INTERSUBJECTIVITY IN PSYCHOSIS
V. Eidissen
Institutt for Psykoterapi, Norway

The psychotic state is most of all a state of utmost loneliness. The disturbance of the perception of self and other beings, a feeling of detachment from previous identity cornerstones, a lack of inner and outer continuity and constancy may be the cause, and surely are consequences of the psychotic patient’s loss of community. The psychotic patient has lost the common sense, and he has lost the experience of being a subject among other subjects. The strongly private and bizarre ideas becomes formative for most of his understanding and living. The basis for communication and interaction with others crumble. It is a self-reinforcing process that attacks all capabilities for human relations. The sense of being a subjective self, an integrated and differentiated being, is growing out of an intersubjective experience with other human beings. Psychoanalysis may have the potential to cure the psychotic functioning when the analyst takes an intersubjective perspective on subjects the psychotic patient presents; the analyst tries to see what the patient is seeing, looks in his perspective and at the same time allows herself to be engaged on her own premises, with her own uncertainty and doubt. The analyst has to rely on her emotional empathy and mainly relate to the patient’s affective dissemination, and less on the verbal and intellectual message. The analyst contributes to the patient’s reality with her words and her commitment to the patient’s subjects. She aspires for exploration and wonder, and on this basis the patient is invited into an intersubjectivity.
BETWEEN ME AND NOT ME: A BORDERLINE DILEMMA
C. Amorim Garcia
Círculo Psicanalítico do Rio de Janeiro, Brazil

This paper is a discussion about the constitution of psychic borders and its difficult vicissitudes in borderline patients. We agree that contemporary society has dramatically changed, particularly since the second half of the 20th century, in such a way that the task of building up one’s life has become a burden difficult to carry on. The demands for good performance, initiative and responsibility in a context devoid of traditional supports and permeated by the idea that we are no longer oriented by the right/wrong duality but, instead, by the possible/impossible polarity (Ehrenberg, 2000), seem to determine the experience of contemporary individuals. This state of affairs significantly interferes with psychic dynamics and we are particularly interested on its impact on the building up of the frontiers of the psyche, a topic that will be discussed here from the point of view of Winnicott and A Green. We are first going to present Winnicott’s ideas about the maturation process pointing out the central role of the paradox as a means for understanding the gradual development of the difference between internal world and external reality on his terms. We are then going to discuss Green’s contributions about the vicissitudes of the primary object and how it interferes with the differentiation process between me and not me, focusing on the importance of the work of the negative which allows the object to be forgotten. Finally we intend to make a few comments about the difficulty encountered by borderlines in the attempt to build up their psychic limits which often results in the typical me/not me borderline dilemma.

PSYCHOTHERAPY AS STUDY OF “A THIRD LEVEL OF REALITY” IN GAETANO BENEDETTI’S WORK
C. Bartocci (1), F. Spadolini (2)
(1) Associazione Studi Psicoanalitici, Verona, Italy
(2) Università degli Studi di Padova, Verona, Italy

“Ghosts that inhabit therapy don’t come from the patient only, but also from the therapist, who, empathically, certainly influenced by her subjective dimension, had made some fantasies about the patient before Daniela began analysis. Therefore, it's hard to know who gives birth to these ghosts first, who influences who, but this reservation [...] is also a sign of a third reality being into psychotherapy, beyond subjectivity and objectivity; a third reality that [...] doesn’t find what happens into the patient’s subjectivity only, but also what happens into the therapist’s one: into a subjectivity thus meant as duality”.

The supervision to “Daniela’s case” dates back to 1979 and appears in an anthology, edited by Claudia Bartocci, which collects the most significant seminars run by Benedetti in Milan between 1971 and 1996. Retracing his work, one can see how some of his most fruitful ideas, such as “therapeutic positivation”, “progressive psychopathology” and “transitional Subject”, were conceptualized. These conceptualizations refer to a “tertium” made of parts of the patient and parts of the therapist, which Benedetti prefers defining “Subject” to defining transitional object, as Winnicott did, because of its therapeutic way of functioning, which is independent both from the patient and form the therapist. Therefore, they show how important the intrapsychic dimension was in the work of Benedetti and his group already in the 1970s. To this working group goes back also the foundation of the Scuola di Psicoterapia Psicoanalitica (SPP), whose first graduates founded, in the mid-1980s, the Milan Associazione di Studi Psicoanalitici, which became an IFPS member society at the Forum of Rio de Janeiro of October 1979.

AN INTERSUBJECTIVE APPROACH TO THE INITIAL PSYCHOANALYTIC INTERVIEW. THE PSYCHOANALYTIC AMBULANCE OF THE INNSBRUCKER ARBEITSKREIS FÜR PSYCHOANALYSE
A. Laimböck, F. Meyer
Innsbrucker Arbeitskreis für Psychoanalyse, Innsbruck, Austria

Organization: Two interviews are provided for each patient. Between the first and second session, the case is reported by the interviewer in the conference, which works like a Balint-Group.

Psychoanalytic concept: As the initial interview leads to an urgent transferential pressure especially with the patient, a difficult passage or an “aporetic” scene (Szene) is very likely. The characteristics of this situation bring about irritation, confusion, lack of understanding and at first a feeling of impasse. The analyst’s task in this situation is to “play” with the actual material despite and through his emotional involvement, in a way that a new thinking and feeling arises. As though patient and interviewer are drawn into the unconscious enactment, it is the task of the interviewer to understand primarily the patient’s unconscious world. The analyst’s interpretation of the unconscious scene leads to a relational diagnosis.

This scenario (szenische) orientation is enriched by the psychoanalytic work in the group, the conference, which differentiates the unconscious relationship of patient and interviewer.

Aims: The aim is a relational diagnosis put in the words of the initial interview. This diagnosis which is phrased in the words of the patient – not in clinical terms - has an impact on the motivation for later treatment and makes changes and insight even in a short term interaction - like two sessions - possible.

An inner development can arise from these sessions and make further treatment needless for this moment of the patient’s life.

Exposure and discussion of statistical dates and facts related to the concept: The relevant statistical data and their evaluations, which have been collected over a time span of over ten years, will be presented in connection with the intersubjective concept.
ISSUES OF CHILD ANALYSIS

PSYCHOTHERAPY WITH PARENTIFIED CHILDREN
K. Lehtonen
Therapeia Society, Finland

Parentification can be defined as a reversal of roles between a parent and a child. The child’s personality needs are ignored, and the needs of the parent(s) take precedence. The child gives up his or her need for support and care in order to accommodate the parent’s/parents’ emotional needs. The parent gives up his or her parental obligations, transferring the responsibility involved to the child or children.

The most destructive form of parentification is emotional parentification, in which the child loses his or her childhood and becomes faced with the impossible task of attempting to fulfill the parent’s psychological needs. The child becomes the parent’s confidant.

I present clinical data on individual therapy with a girl who is now a teenager. In her case, parentification is manifested as an extraordinary solidarity towards the mother. She accepts her situation as the one who listens to and comforts the mother. The girl in fact seems to value this role, because through it she becomes significant to the mother. Her anger is directed at her siblings and schoolmates.

Treatment was sought due to the threat that the girl would harm herself. She also exhibited confusion that included manic features. In therapy, she used play, drawing, painting and verbal material. The manga culture – with its anime characters and role costumes – has become very important to her. This interest might signify an attempt to find an identity for herself in a situation where her emotions have been suppressed and are not distinguishable from the mother’s.

In the course of therapy, I have had to deal with a range of countertransference feelings. I have been bewildered by certain facets of the case that have come to the fore only now, after several years, but which have clearly existed for a long time; at the same time, this development signals increased trust on the part of the patient. One puzzling element is the lack of change – or the slow change – in the relationship between the mother and the child/adolescent. I cannot help asking: Would some other form of treatment be more appropriate?

THE EARLY BONDS WITH FATHER: SUBMISSION OR RECOGNITION, THE DEVELOPMENT OF THE FEMALE PSYCHISM. A CASE OF A FIFTEEN YEAR OLD GIRL
E. Ferrandez Miralles, J. Rodado Martinez
Centro Psicoanalitico de Madrid, Spain

Through the analysis of a fifteen years old girl, we want to observe and demonstrate how gender identity evolves, and to highlight some of the obstacles and challenges, which are presented to her, to become a subject.

We want to pay attention to the development of the subjectivity of the woman, and more precisely to an aspect rarely considered in psychoanalytic studies: the early and primary relations between father and daughter, and their consequences, relative to the female capacity to secure the desired recognition as subject, and to acquire the capacity of responsiveness.

Our intention is to show how the process of identification with the father is very decisive relative to the woman’s capacity to achieve her own desiring subjectivity. We intend to show how the resolution of the identification with the father has an enormous influence in deciding the capacity of the female to achieve her own desire as a subject. This process demands that the subject should find a necessary deconstructing work in respect of the phallic question, a necessary tension between her opposite identifications, with the father as representative of the outside; with the mother, not only as a mother, but as a sexual and outer subject. In this process, the recognition by the father as a subject is crucial for our understanding of the subject’s development. His father’s rejection, disguised frequently as objectification, fosters the role of submission; even the masochistic behaviour of women, in a love relationship.
THE TRANSGENERATIONAL TRANSMISSION
H. Lazaratou
Viron-Kessariani Community Mental Health Centre, 1st Department of Psychiatry, University of Athens, Eginition Hospital, Athens, Greece

Genealogy is the nucleus of belonging. The family tree, a common name, a common religion, traditions, a common language all create group cohesion.

The transgenerational object consists of a predecessor, a direct or indirect relation from previous generations who creates fantasies and who provokes identifications in one or more members of the family. Usually he or she is the result of the maintenance of a secret.

Sigmund Freud does not refer directly to the transgenerational object. In many parts of his work however, he uses transgenerational references to discuss the organization of mental function either on a personal or group basis. After S. Freud, various psychoanalysts have concerned themselves with transgenerational transmission, under many different prisms, mainly in an attempt to explain the mechanisms which may lead to the expression of pathology.

In transgenerational transmission pathology is founded on the presence of a secret which in its turn is connected to some form of unresolved grief. Secrets attempt to cover some narcissistic wound, some downgrading of the image of the family which they do not wish to transfer. The child expresses with his symptoms, not his own conflicts, but somebody else’s conflicts.

By the means of a clinical case, we discussed the contribution of a family secret to the pathogenesis of a depressive episode during adolescence.

PLAYING WITH INTERSUBJECTIVE REALITY
P. Gonzalez Duarte
Seminario de Sociopsicoanalisis A.C. SEMSOAC, Mexico

A review of three parallel processes presented throughout a year’s therapy with a three year old girl under an intersubjective perspective coming from relational analysis:

a) The creative and original set of symbols developed by the girl in her therapy sessions through games, tales, and dreams, showing her evolutionary process.

b) The self-monitoring of the therapist’s countertransference as opposed to the girl’s experience.

c) The therapist’s interpretative action as a response within the game and the reconstruction of the girl’s Self.

IS THE CURRENT FATHER-POWER CRISIS A SUBJECTIVITY CRISIS? FROM FATHER-OF-THE-FAMILY TO FATHER-OF-THE-CHILD
E. Rozenthal
Iracy Doyle Psychoanalysis Society (SPID), Brazil

Many authors claim the social decline of the power of the father to be the main condition of today’s so-called subjectivity crisis. Does the obvious failure of the authority of the father-of-the-family allow us to conclude that the father, the central operator of the Oedipian theory of the subject, that is, the symbolic limit to the overwhelming power of the Trieb, also acts insufficiently? On the other hand, it must be admitted that subjectivity is controlled by the practices of social power in each corresponding historical context. It is true that psychic representations are determined, albeit incompletely, by the subjective interpretation of the world, as this appears to perception in its normative relations. However, even in this case, one has to consider that no social control of subjective life can prevent a resistance being created that, unlike reaction, rather than opposing power, remains indifferent to it. If this is so, even on the level of the representative constitution of subjectivity, then we have to take into account, besides the insistance of the humiliated, authority-stripped father-of-the-family, the symbolic resistance of a new father-of-the-child. This novel representation corresponds to the father that - together with the mother – takes care of the child as well as provides for the family institution.

FROM THE INDIVIDUAL TO THE GROUP: ISSUES IN THE SEARCH OF THE OTHER

THE INDIIVIDUAL IN THE “SOCIETY OF INDIVIDUALS”
K. Morogiannis, S. M. Moraitou
Private Practices, Athens Greece

A German officer, during the German occupation, visited Picasso’s studio in Paris, where he saw “Guernica” and highly embarrassed by the modernistic “chaos” of the painting he asked: “Did you do this?” Picasso unperturbed answered: “No, it was you who did this!”

One could say that it was in accordance to the spirit of this anecdote that the Psychoanalyst and Group Analyst S.H. Foulkes wrote: “each individual – itself an artificial though plausible abstraction – is basically and centrally determined by the world in which he lives… the old juxtaposition of an inside and an outside world, constitution and environment, individual and social… are untenable”. (Foulkes, 1948)
Most Anglo-Saxon psychoanalytic theories view the structure of the psyche as given mostly by biology, while the content mostly by experience. Foulkes’ theory, influenced by Norbert Elias, view both structure and content of the psyche as profoundly informed by experience rather than inheritance: “What in later development can be usefully abstracted as superego, ego and id arise from a common matrix beginning at birth or perhaps even pre-natally” (Foulkes, 1973) The individual is permeated by the social which is simultaneously constructed by the individual. In his exploration of this idea, Foulkes introduces the notion of the social unconscious. Our presentation focuses on the social unconscious and the individual’s permeation by the social as these apply in Group Analytic Psychotherapy.

**INTRAPSYCHIC GROUPALITY AND GROUP INTERSUBJECTIVITY: THE QUESTION OF MEDIATION**

K. Navridis  
Faculty of Psychology, Pedagogy and Psychology, University of Athens, Greece

It is a fact that in the clinical setting of psychoanalysis, classical or modified, the dynamics of intrapsychic groupality (which, by the way, is in the very core of psychoanalytic thought) is actually obscured by the pair analyst-analysed, as well as, by the play of transference/counter-transference, which in turn is examined as a dual fact. After a brief review on the theoretical construction and the clinical extensions of the concepts of intrapsychic groupality and intersubjectivity, from Freud to Bion and Foulkes and then Pichon-Riviére and Kaës, and through these stands, this paper focus on the clinical setting of group psychotherapy of psychoanalytical orientation, investigating the meditative function of the above mentioned specific setting as a transitional space and supporting that the potential of this very function is of advantage to the small group, particularly in cases that are not considered appropriate for a classical psychoanalytical therapy.

**“SYNAMFOTERON”. THE “INTERSUBJECTIVITY”, LIKE A TIMELESS MEANING IN GREEK THOUGHT**

A. Vasilias  
Hellenic Society of Psychoanalytic Psychotherapy, Athens, Greece

Synamfoteron” means mixed, word of the Byzantine period found in theological and philosophical essays of the time. First appears in Homer as “amixas” and continues to appear consistently throughout Greek literature from classical until the Byzantine period. It is a key point of the duality that characterizes all of Greek philosophy and psychology. It points to the indissoluble link between subject and object, namely the “intersubjectivity” between space and time, while suggesting the eventuality and the distinction. The meaning of “synamfoteron” reappear in Freud’s theory on the topographical structure of the psyche of a person, known as second local (1920-1923), where he argues that in the psyche exists different locations to serve different psychological interests. These are the psychological operations / properties that determine the interspsyche function and the intersubjective relationship. According to this view, and following the thread of Greek thought, can be argued that the psyche is not something unique nor something harmoniously structured and accomplished. In this case Freud meets both Epicurus and the philosophical literature of the Byzantine (Maximos, Palamas). These views about the structure and the function of the psyche of the individual, highlighting new opportunities on the level of the psychoanalytical technique and raise in direct questioning the matter of “proper” technique of the psychoanalytical monism and scholasticism

**“THE PSYCHOPATHOLOGY OF PRECARIOUSNESS AND FACES OF INDIVIDUAL AND SOCIAL ANGUISH; AN APPROACH UNDER THE LIGHT OF INTERSUBJECTIVE PSYCHOANALYSIS**

S. Stylianidis  
Department of Psychology, Panteion University, Athens, Greece

The reality of globalization and the recent economic and social crisis constitute a major challenge for community psychiatry and psychoanalytic theoretical and technical know-how. The emergence of a massive social suffering is often related to new forms of psychopathology, expressed in a precarious setting of life, especially in metropolitan areas. Fragments of narratives of socially excluded people through the inter-subjective psychoanalytical angle will be examined. Also, theoretical and clinical remarks within the civil insecurity and social insecurity contexts will be discussed in order to understand better the clinical face and the complexity of precariousness.
TRANSFERENCE AND COUNTERTRANSFERENCE

A HISTORY OF PSYCHOANALYTIC INTERVENTION IN THE TRANSFERENCE FIELD FROM FREUD TO WINNICOTT

N. Gougoulis
Association de Santé Mentale du 13ème Arrondissement de Paris – Société Psychanalytique de Paris, France

In Freud’s early conceptions concerning the interpretation technique supposed an autonomous psychic apparatus, thus allowing the analysts position known as the Mirror position. This corresponded to what became known as a one body psychology. Freud encountered relational problems that necessitated the introduction of a relational theory centered first on transference phenomena and then on countertransference problems (the analysts transference). Analytic work with children and psychotic patients enhanced theoretical thoughts that led to using countertransference as a space where the analytic work was actually possible, especially when problems of symbolization are present. In the 1950s Balint and Rickman argued for a two body psychology and proposed technical modifications. Following other authors analytic work with borderline patients allows a further theoretical issue and the introduction of the analytic third. The author of this paper will examine the evolution of these ideas.

TRANSFERENCE-COUNTERTRANSFERENCE UNDER NEUROBIOLOGICAL ASPECTS.
A CONTRIBUTION TO A NEW EVALUATION OF PSYCHOANALYTIC THEORIES

R. Sandweg
Deutsche Psychoanalytische Gesellschaft – Saarlandisches Institut für Psychoanalyse und Psychotherapie, Germany

Neurobiological research of the past decades has fostered the assumption of consciousness being a construction of the brain. It has also emphasized on the importance of complexity as a leading feature of central nervous structure and activity, the explanation of which demands supplementary theoretical views such as non-linearity, emergence, open systems, self organization, reciprocity and simultaneousness. Thirdly it has underlined the existence and importance of unconscious cerebral activity in adaptation and survival techniques.

Given this, neurobiology has supported fundamental issues of psychoanalytical theory such as the unconscious and the complexity of psychic activities. Whilst the nomothetic display rules of behavioural research implied a reduction of the theme, psychoanalytic investigations mainly based on idiographic procedures which produced rather complicated outcomes. In a world of steady growth and progress behavioural research has had –up to now- a better acceptance and seemed to set psychoanalytic views in a shadowy position. Under the influence of neurobiological findings and interpretations we can expect that the theoretical basis of psychoanalysis might be much more fertile in explaining the construction of reality.

Results in neurobiological investigations are compatible with psychoanalytical assumptions (or vice versa) but they are not congruent. Transference for example (and of course counter transference) are undisputed theoretical topics of psychoanalysis. Accepting the neurobiological statement of remembered presence (Our memory is the most important sense organ) transference is the primary modus of encountering the other. The difference between sane and neurotic thus consists in the ability of correcting the prejudice according to the necessities of selection and survival. Following the analytic discourse, both, patient and analyst, construct their respective sight of reality according to their specific genetic fittings and personal experiences, emerging to a common image of reality. As the dialogue is framed by elaborated rules (neutrality, abstinence, minimal structuring) it can be expected that only the patient's images are treated and corrected if needed. The analyst's part is to become aware of his own unconscious contributions to the common constructions (counter transference) and by subtraction of these to be able to serve as a mirror of the patient's images.

ROLE-REVERSAL: FROM INTRAPSYCHIC TO INTERSUBJECTIVE IN TRANSFERENCE DYNAMICS

F. Borgogno (1), M. Vigna-Taglianti (2)
(1) Department of Clinical Psychology, Psychology Faculty, Turin University, Turin, Italy
(2) Psychology Faculty, Aosta University, Aosta, Italy

Within a clinical-theoretical framework focused on transference-countertransference dynamics, the Authors reflect on role-reversal and on why this phenomenon has long been neglected in literature. This primitive inter-intra-psychic process, often at the forefront in our practice, will be discussed in its main features (the patient’s unconscious identification with parents’ defences and psychic culture and concomitant dissociation in the analyst of suffering aspects of the infant self), signalling how the enactment can be an inevitable element which, bringing into play the dissociated object-relationships of the past, becomes a source of transformative understanding.
"AS IF" PERSONALITIES AND IDENTITY: AFFECTS, EMOTIONS AND FEELINGS"
A. M. Loiacono
Istituto di Psicoterapia Analitica "H. S. Sullivan", Florence, Italy

The "as if" personality concept refers to people who are prone to having strong identifications, peculiarly imitative in nature, but lack their own personality. This phenomenon is an expression of the human inclination to imitate attractive models, to remain passively waiting for external influences, never reaching, therefore, the capacity of having genuine relationships neither with others nor with their own motivations. The author, through the works of H. Deutsch, K. Abraham, P. Greenacre, E. Jacobson, H. Kohut, P. Roazen and others, brings to light the fact that the problem of "as if" personalities is a modern reality. The author tries to demonstrate how the fear of losing these false identities is correlated to the falling away of illusions, those same illusions of identity which had substituted the function of religion in the psychic life. Moreover, here she treats the "as if" personalities as a concept of unification in contrast to the current attempts of fragmentation of diagnostic personality disorders, as in many psychoanalytic concepts in relation to the psychiatrization of psychoanalysis.

ON THE INTERSUBJECTIVE AND THE INTRAPSYCHIC: CLINICAL ISSUES II

TRANSFERENCE AND COUNTERTRANSFERENCE IN THE ANALYSIS OF A PATIENT WITH TERMINAL CANCER
I. Ierodiakonou-Benou
Thessaloniki University General Hospital - North-Hellenic Psychoanalytic Society, Thessaloniki, Greece

Conceived of as incurable the diagnosis of cancer is commonly perceived as a death sentence and it produces a tremendous trauma in the individual sufferer. Offering psychoanalytic therapy to cancer patients is both necessary and helpful. However, the question of whether analysis is possible and productive becomes quite important when we are dealing with terminal cancer. This is a clinical experience arising from the tragic circumstances of a patient who was in her second year of an analytic process after being diagnosed as having breast cancer. While in therapy, she underwent surgery and chemotherapy and responded well, but the cancer repeated changing the prognosis dramatically. Transference and countertransference issues are presented concerning both periods of the therapy: "the non-terminal" and "the terminal one". The importance of keeping the analytic setting is being discussed since it becomes a symbolic place where intersubjective dynamics are projected very quickly. The capacity to contain, to work through, to integrate the meaning and consequences of the terminal cancer are discussed, since understanding vulnerability and mortality becomes a constant struggle for both the patient and the analyst.

PSYCHOPHARMACOLOGY AND PSYCHOANALYTIC PSYCHOTHERAPY RELATIONSHIP WITH PATIENTS IN DEEP PAIN
J.J. Bustamante Rojano
Seminario de Sociopsicoanalisis AC. (Semsoac)-Mental Health Service of General Hospital of Mexico City, Mexico

The author presents the benefits of a psychoanalytic perspective of the subjective meaning of taking pills (psychopharmacology) applied to patients in deep pain with a massive symptomatology in psychotherapy. Psychopharmacology could be carefully prescribed to certain patients who could have some relief for the extra suffering which is produced by the physical symptomatology of diseases. Prescribing medication can not only be seen as the result of a countertransferential act on the part of the therapist, but as a path in which one can explore personal and subjective meaning for each patient who can feel and perceive it as bad or good external or internal objects, aspect which is not normally taking into account by psychiatrists but should be analysed by psychotherapists and psychoanalysts. Different kind of anxieties are present in the patient's mind, before and after medication. How does the patient is living the taking of medicine? As a persecutor object or as an object that protects against deep suffering that could be paralyzing psychoanalytic or psychotherapy processes? The quality of the relationship between therapist and patient must be necessary taking into account for prescription. Some brief clinical examples will be presented.

I CONFESS THAT I WANTED TO SAVE HER
M. Ramirez
Sociedad Chilena de Psicoanalisis- ICHPA, Chile

The psychoanalytic process with a patient diagnosed with cancer forces the therapist to travel through unknown and distressing territories, facing, time and time again, the subject of death. The therapist has to deal with the disturbing uncertainty which, like a Sword of Damocles, reappears with each medical testing and follow up. In order to contain the patient's anguish and accompany her throughout the process, the analyst must reflect about the subject of death, about his own death, and about his attachments and detachments. It requires the therapist to face his fears about the subject and to revive his own grief.
In this extreme life and death situation that the patient is facing, and brings to the session, the psychological response of the analyst gains special relevance, that is to say, counter-transference; it also forces the therapist to rethink the subject of analytical neutrality.

From the intersubjective perspective, and taking as axis of analysis the concepts of neutrality and counter-transference, this work reviews the psychoanalytical process of P., a 28 year old patient that comes for consultation a year after being diagnosed with colon cancer; a process that continues for 6 years, until her death.

**SPLITTING AND REPRESSION: RECURRING THEMES AND POSSIBLE ADAPTATION**

M. El-Batrawi  
Department of Psychiatry, Cairo University, Egypt

The author presents in this paper his clinical experience with the phenomena of splitting and repression as defences encountered in patients during psychotherapy. Patients cover the range from neurotic to psychotic and the psychotherapy experience includes both brief (12-36 weekly sessions) and long term types (2-3 years). Cultural correlates of these phenomena as encountered in contemporary Egyptian culture are also suggested.

**SUBLIMATION, AESTHETIC EXPERIENCE AND THE UNCANNY: TENSIONS BETWEEN THE I AND THE OTHER**

A. Barbosa Pereira  
Psychology Institute, Sao Paulo University, Sao Paulo, Brazil

This work proposes a discussion of the psychoanalytical concept of sublimation as a key metapsychological concept, in order to approach subjectivation as a movement between the intra-psychic and the intersubjective, between the sexual and the non-sexual, and between linked and unlinked drive. Described as a drive's destiny that differs both from repression, from the return on the person’s ego and from inhibition, sublimation is viewed, within Freud’s first topic theory, as a kind of well succeeded solution to drive satisfaction. Sublimation is presented as another destiny, as it produces a mutation in the drive’s goal. The other’s influence is to be considered determinant of sublimation since it derives from the Oedipus complex and from super-ego formations. Still, this work’s intent is to emphasize the articulation between the concept of sublimation and the aesthetic experience to reverberate Freud’s recognized approximation between the artist’s and the child’s deeds, mainly due to their proximity both to archaic experience and to unconscious logic. Post-freudian authors such as Pontalis, Laplance and Green will also serve as references thereupon. Freud’s *The Uncanny* is discussed as a basis of the aesthetic experience, which presents itself as the coexistence, on one side, of regressive, repetitive and disruptive processes, and, on the other, of psychic transformation processes. The uncanny (though familiar) experience is taken as a significant figure to approach drive linking andunlinking, and the impacts of Freud's second drive theory both on aesthetic experience analysis and on sublimation theory.

**BODY, LANGUAGE AND THE INTERSUBJECTIVE PERSPECTIVE**

**FOR A NON-ROMANTIC CONCEPTION OF PRIMARY CREATIVITY**

A. De Martini  
Institute of Psychology, University of Sao Paulo, Sao Paulo, Brazil

The ideas developed in this work stem from an assumption: the structural dimension of the psyche is in constant tension with dynamics that, while undermining its integrity and consistency, are at the same time vital for its maintenance. With this in mind, what does the concept of primary creativity allude to? It is clear that the constitutive marks of the beginning of life require a process of mediation in order to be experienced as one’s own, without which the subject will find himself beset by a body which can ultimately become an experience of horror – a strange and inert thing, a kind of ‘inorganic flesh’. An experience of omnipotence must be sustained in relation to one’s own gestures and their resulting products. The pre-symbolic marks, traces, encryptions, rhythms – in short, all that contributes to the organization of the psyche and that establishes a relationship between primary and secondary processes (which Green would classify as tertiary processes) – constitute a body, determine the possible psychic economy for each subject and grant idiosyncratic style to shared symbolic activity. The main result of primary continences, if negativated (as proposed by Andre Green), is the subject's assimilation of his own ability to generate forms and continence. Creativity, which could thus be named "formativity", has nothing to do with any romantic ideas of a gift or human potential whose origin should not be explained, but with a creative openness – the ability to generate continence to deal with raw and haunting aspects of psychic experience.
MOTHER TONGUE X FOREIGN LANGUAGE: THE TRANSFERENCE EFFECTS OF THE ANALYTICAL LISTENING
A. M. M. Coutinho
Sociedade de Psicanalise Iracy Doyle – SPID, Brazil

This paper is about an event that occurred with one of my patients in a clinical situation and surprised me very much. It involved the analytical listening related to the mother tongue and a foreign language. This Brazilian patient has been undergoing psychoanalytic process for 15 years. Last year, she decided to have her analysis in French. This experience lasted for one year and it was very rich and deep. I will present also her statements about her feelings during this experience. In her words: “I am going to report my experience of doing analysis in French... I am sure that trying to overcome the difficulty of expressing myself in French helped me to surpass the difficulty of understanding some of my deepest questions.”

I made some elaboration about the importance of the mother tongue as an original ax for the subject constitution. I will attain to two aspects: on the one hand, mother tongue alienates the subject from everything else, that is, the baby interprets the world through the mother’s eyes; on the other hand, it is the motor for its development as a talking being. What is the meaning of leaving mother tongue aside? The passage to a foreign language means to confront oneself with the strangeness. But I could also affirm that mother tongue had been the first confrontation with strangeness. So, to leave it aside could mean to free oneself from this first submission. In short, I intend to question the complexity of this subject.

RENDERING ABANDONED CHILDREN VISIBLE
E. Schweidson
Sociedade de Psicanalise Iracy Doyle – SPID, Brazil

An ongoing project in Florianópolis, a city in southern Brazil, aims at rendering abandoned children visible to the population at large. Often these children are abused by their own parents and left to roam on the streets where they are easy prey to criminal gangs. Governmental agencies attempt to take these children off the streets, but the places they are sent to do not cater to their needs and rights: often these are mostly dumping places to hide children away from society, so as to avoid the scandal that their dismal life situation would cause if known.

In this project, a home was prepared so as to welcome children who were in such a dumping place. Located within a community which used to be a slum and now is the site of cultural centres, a church, schools, and other gathering and humanizing places for the community, this house is run by professionals who are being followed and supervised by psychoanalysts, psychotherapists with a large experience in working with traumatized and abandoned children, and who integrate a group which has been working for three years now in the aim of becoming more efficacious in their psychotherapeutic interventions in regard to these children.

Different approaches as to work in communities as represented by ideological commitments to a Marxian perspective and/or to a Christian vision of community versus a Psychoanalytical approach had to be dealt with in our joint endeavour of allowing a better life for these children.

The fact that the population became aware of these abandoned children’s existence – something mostly kept out of awareness before – has triggered a social response in the direction of taking responsibility for their well being as if in making amends for all the previous denial of their existence.

VICISSITUDES OF THE CONTEMPORARY PSYCHOANALYTIC CLINIC
E. R. P. Mendes
Círculo Psicanalítico de Minas Gerais, Brazil

The Author discusses the failure of a clinical case and makes further considerations on the vicissitudes of the contemporary psychoanalytic clinic.

She makes remarks on recent manifestations of neurosis in our days, which is characterized by a feeling of internal emptiness and of diffuse discomfort. Neurotic repression has been replaced by a narcissistic fluctuation. The article refers to the extreme importance of the body and of material aspects in present time, and also to the general affective instability, that interferes with the development of sexuality. It also points out to the weakening of the intrapsychic dimension, and a poor capacity of symbolization, as a consequence.

She finalizes proposing some questions about possible changes both in some aspects of psychoanalytic theory and technique in post-modernity, and asks how to sustain the desire for the analytical experience in certain patients, with so-called “neo-narcissistic” character.

She still considers the importance of a group analysis, where the inter-subjectivity can be brought more visibly to such patients, enabling them to work through their relational questions.
“CAN I BRING THEM HERE?” QUESTIONS PATIENTS ASK: INTRAPSYCHIC AND INTERSUBJECTIVE PERSPECTIVES

E. D. Papiasvili
Postgrad*, The Institute of the Postgraduate Psychoanalytic Society, New York, NY, U.S.A.

Any direct question our patients ask can be an invitation to a multi-perspective psychoanalytic inquiry and dialogue. Of a special kind are those direct questions concerning the introduction of another “real” person into the psychoanalytic setting.

A “drama of growth” that ensues, as illustrated by the clinical examples presented, is facilitated by a dual response on the part of the analyst: As the developmental object, and as a witness to the conflictual unfolding of a unique psychic interior.

Questions like, “Can I bring my mother?” in case of Ms. M., or “Can I bring my sister?,” in case of Mr. B., are personal signatures, uniquely idiomatic complex psychic formations and core developmental statements.

These questions announce conflicting developmental needs. The patient strives at once for symbiotic unity with, and separateness from, the other (and the other others in transference). This unconscious aggregate of multilayered fears, wishes, defensive strivings and growth strivings are untranslatable to the patients themselves.

Amidst this flux, Mr. B. and Ms. M. asked their questions and the translations could begin. The gradual unfolding and formulation of the worlds within (intrapsychic space), without (loneliness, emptiness), and with (me and the other, mutuality and difference) lead to discovery and rediscovery of previously hidden riches, both interior and exterior.

WHEN INTERPRETATION IS NOT ENOUGH: INTERACTIONS WITHIN THE ANALYTIC COUPLE. INTERSUBJECTIVE APPROACH

D. Rigas
Hellenic Association of Psychoanalytic Psychotherapy, Athens, Greece

Nowadays, psychoanalysis finds itself occupied more and more in handling narcissistic and borderline cases. Those patients face a certain difficulty with symbolizing, and mental pain can not be experienced as an emotional experience. In the above cases the relationship with the object has been constructed on a basis of omnipotent control that causes serious difficulties, regarding loss, but also regarding the independence of the object.

Furthermore, there is an inability to recognize the “otherness”, as well as the separate existence of other. Due to that, occurs an activation of primal defences in the transference, which results to the burdening of the analytic setting.

In such cases, interpretations are not enough, at least in such a primary level.

There has to precede a probably long period of holding and containing of that primal non verbal communication within the analyst's mental space, and of giving meaning to it by him. Then, it can be returned to the potential space between patient and analyst, in the analytic setting.

As the concept of countertransference has become a common ground, new concepts are in development, such as subjectivity of the analyst in the analytic procedure.

Analyst’s interaction and participation - lacking in the classic concept of countertransference - upgrades countertransference to a valuable tool for understanding severe psychopathology, in an intersubjective environment of interaction.

It follows a clinical case of a middle aged man, with narcissistic personality and incapability to mourning. There is the description of interaction, within the analytic couple, to the construction of meaning of loss and absence in an environment of intersubjectivity.

THE DIFFICULTY IN BEING TOGETHER WITHOUT BEING THE SAME: IDENTIFICATIONS AND DIFFERENTIATIONS IN COUNTERTRANSFERENCE

H. Karamanolaki
1st Department of Psychiatry, University of Athens, Eginition Hospital, Athens, Greece

The psychoanalytic encounter (Begegnung) is the starting point of the analyst’s and analysand’s “journey” i.e. “what goes on in the intermediate area between subjective creativity and objective reality” (Green, 1997). For this journey to be productive it is necessary that the analyst can identify with the analysand, thus being able to feel and understand what he or she feels. To this mostly unconscious identification, both the analyst and the analysand contribute.

Some times, though, a merging relationship can be created as a result of traumatic traces and unresolved transference conflicts in the mind of the analyst. This merging, excluding any “third” between the analyst and the analysand, can shelter from the psychic pain of mourning of the loss of the other, but also, hinder development and creativity.

This is when the working through of the analyst’s countertransference can allow to the analytic thought to be the “third” and the merging relationship to be interrupted. The differentiation of the analyst is the necessary precondition for the differentiation of the analysand to follow.

This paper discusses the above based on a clinical case where a dream of the analyst initiated her reflective process and, by working through of the countertransference, the analytic process was facilitated.
THEORETICAL FOUNDATIONS OF INTERSUBJECTIVITY

THE SEARCH FOR THE OBJECT AND THE ENCOUNTER OF THE OTHER SUBJECT. CLINICAL APPROACH
K. Emmanouilidis
Hellenic Society of Psychoanalytic Psychotherapy, Athens, Greece

In the modern psychoanalytic bibliography the significance of the psychology of the two persons has received a central place. In this clinical work becomes concise presentation of a psychoanalysis and the metamorphoses that became in its duration, with the exploitation of transference, countertransference and the reverence of the analyst until the meeting of the two subjects. It is discussed the defensive way in which the analysand is related with the object (as exterior or interior) and the way this defensive organization prevents the appearance of the other as subject. The analysand while wants to meet the other subject in order to construct himself, has created a fantasy object, as Winnicott says, which he places upon the image of the analyst. He is afraid of the revelation of the other but also he is afraid that this revelation passes through the destruction of the fantasy object and the analysand does not distinguish it from the other. The analyst in order to be presented as subject needs to “become”, as Bion says, the object of destruction or the “analytic” object. He uses his reverence to understand the resonance of the “analytic” object in himself in order to comprehend the patient and to be differentiated from the projection. The capability of the analyst to contain the patient through the destruction of the object, and to give the suitable meaning to what “it is dramatized” in the field of analysis, is crucial for the encounter of the subjects.

ON ADAM’S SIDE: RELATIONSHIPS, EPIPHANEIA OF THE INTRAPSYCHIC AND THE INTERSUBJECTIVE
G. Battaglia
The Erich Fromm Institute, Bologna, Italy

From the moment man first learned how to say “no”, human history and the relational celebration between the intrapsychic and the intersubjective was set in motion. Liberation does not permit any type of regression. When an adult individual goes in search of symbiosis with nature, he reveals his pathology. Intrapsychicity, and with it, intersubjectivity, is broken.

INTRAPSYCHIC AND INTERSUBJECTIVE ASPECTS OF DREAMS
M. Peciccia
Department of Human Sciences, University of Perugia, Italy

Through dreamwork, dreams connect the dreamer’s intrapsychic infantile contents to interpsychic contents belonging to recent material. Nowadays we consider dreams as, not only a transference of the past onto the present but also a transference of current interpersonal relations to the past. Working through these transferences activates therapeutic transformation of the intrapsychic elements of the unconscious. Contemporarily, dreams have an evolutionary function: they amplify the human capacities to adapt to the variations in the social environment. Since 1995, I have observed psychosomatic similarities between dreamwork and genetic recombination during the formation of gametes (Benedetti G., Peciccia M., 1995). Both genetic and dream processes are based on similar mechanisms which link male and female elements and new and old contents. In the somatic sphere, gametogenesis produces recombination and genetic diversities, in the psychic sphere, dreams generate recombination and diversities of images and thoughts as hypothesized by Blechner (2001) also. In this perspective, dreams are “intrapsychic seeds of the soul”, which, just like gametes, fertilise dreams and the ideas of others, generating new thoughts and existential projects in an interpersonal, shared space. At times this common ground remodels and transforms the identities favouring adaptation to the continual modifications of the affective-social environment. This is the intersubjective dimension of dreams that goes along with its function of conservation of the historical and intrapsychic foundations of individuals.

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E. Craig
New Mexico Psychoanalytic Society – American Psychological Association, - International Association for the Study of Dreams, Santa Fe, NM, U.S.A.

The topic, "The Intrapsychic and the Intersubjective in Contemporary Psychoanalysis," raises interesting and important questions for the science and practice of psychoanalysis. Fundamental questions regarding the nature of the human that have challenged psychoanalysts from Freud, through those of us following Freud in various selective ways over the years, all the way to contemporary analytic thinkers and practitioners like Stolorow, Atwood, Greenberg, and Mitchell. Lying at the heart of the psychoanalytic tradition, taken in its widest sense, is our remarkably ambiguous understanding of our own most foundational ideas. For example, Freud never attempted to define the most basic concept in his science of psychoanalysis, namely, the psyche. Nor did he even bother to explicate what might be meant by the term analysis. This indefiniteness lying at the heart of psychoanalytic thought and practice leaves us today still in need of conversation and clarity regarding such basic concepts as those that bring us together for this congress, in this case, the intrapsychic and the intersubjective.

This paper addresses the problem of the meaning and clinical implications of these foundational concepts from the critical perspective of Daseinsanalysis, that analytic approach to psychotherapy founded by Medard Boss and grounded in the phenomenological hermeneutic thought of the Western philosopher, Martin Heidegger. The primary aim of this paper is to lay out a radically non-Cartesian understanding of the personal and the social, the intrapsychic and the intersubjective, grounded in our everyday experience of human existence, that is, of our own Dasein. Drawing on the works of Freud, Heidegger, Boss, and Binswanger, the paper aspires to show how the intrapsychic and intersubjective are not independent or even interdependent realities but actually a single and fluid, dynamic whole: an inseverable unity, a "One" called human existing, Dasein. This Daseinsanalytic perspective will be shown, first, to have critical features in common with Eastern mental health philosophies, especial the Taoist thought of Lao Tzu and, second, to offer significant interpretive advantages over more typically Western, dualistic approaches to psychoanalytic thought and practice. Concrete examples from clinical practice will be used to illustrate and amplify the philosophical, ontological premises and promises of the Daseinsanalytic approach to psychoanalytic thought and practice.

THE ART OF DIALECTICS IN PSYCHOTHERAPY AND PSYCHOANALYSIS. FROM NEUTRALITY TO CONSTRUCTIVISM

S. Leon
Sociedad Chilena de Psicoanalisis- ICHPA, Chile

In its origins, psychoanalysis was built over a positivist epistemology, a pulsional theory, a psychopathology of the intrapsychic conflict and a neutrality, abstinence and anonymity technique. In the last years, many fragments of psychoanalysis have experimented a change of paradigm. In that way, under the name of relational and intersubjective psychoanalysis, a group of theoretical-clinical proposals built over a constructivist epistemology, an intersubjective theory, a trauma psychopathology and a practice that celebrates the subjective participation and implication of the analyst as an engine and ethics of the therapeutic change, arises strongly. In this context, the “dialectic” – dynamic tension between opposite dimensions of the experience - constitutes also a "mental health" criterion as the art itself of our clinical duty, placed at the time, in the dialectic between psychoanalysis and psychotherapy.
WORKSHOPS
"MEDIAN GROUP: INTERSUBJECTIVITY THAT HELPS TO RECLAIM THE MIND"

R. Schoellberger
Psychiatric Service, Mental Health Centre, Comprensorio Sanitario Bolzano, Italy

A short presentation of the Median Group® (1) of P. de Mare (1990) as a development of the Foulkes’ mall group in its clinical application as socio-therapy. It is a suitable setting to reclaim the fused, confused, obsessed single mind by disentangling dualities and to transform, through dialogue, the endopsychic energy of grudge, resentment and hatred of being together into fellowship sharing, participation, communion or koinonia. Through discussion the inhibitions of infantile sexuality become lifted; this enables growth to an adult level. It allows the overcoming of the individual narcissistic barriers towards the outside world. It is a transitional space for getting out of the kinship (the narcissistic family), and getting into the kithship (the citizenship-society).

Reference is made to the Theory of Mind (P. de Maré and R. Schöllberger, 2002-08), clinical experiences and two research papers regarding efficacy and satisfaction.

Due to his size -from 15 to 30 participants- the Median Group is a setting which evolves from familo centric and tribal handling which is hierarchic, to the social which is on the level in order to humanize the culture; the goal, between others is to show to the group members that they do have a thinking mind and that they can cultivate their minds by exercise it in the dialogue, which is democratic.

This article describes the Median Group® in a Open Psychiatric Ward in a bilingual country.

(1) The name Median Group® was registered by Pat de Mare in order to avoid misuse of the basics

"THE ‘MENSCHENBILD’ OF CONTEMPORARY PSYCHOANALYSIS TOWARDS A BROADER UNDERSTANDING OF ‘ME’ AMONG OTHERS"

I. Stermann
General Hospital of Brixen, Italy

--Some common elements and affinities between Sigmund Freud’s concepts of human relationing, young Martin Buber’s dialogic principle and group-analysis as to Sigmund Foulkes and Patrick De Maré--

"Is there anybody out there?" (PINK Floyd: The Wall)

The rationale of the congress stresses the phenomenon of theoretical shifts in psychoanalysis, passing “from drive gratification to the search for the object” and, thereafter, from the dyadic drive and object to the interplay of the two subjects.”. “drive-search-interplay” seem to be the optical lenses through which we may look out for new heuristic horizons. In the same view, terms like “relational dimension” and “interpersonal sphere” have overcome their biologically originated and individual-centered ancestors like “drive”, “intrapsychic realm” or “intrapsychic space”. The world of psychoanalysis is going to expand and get into touch (and erotically thrilling mental exchange) with other sciences such as neurobiology, pharmacology, stress-and psychotrauma-theories.

But there are even more shores at sight, and some of them are not even new nor belonging to unexplored continents, but just to revisit, such as “the dialogical thinking” as elaborated by Rosenzweig and young Martin Buber in the early 20ies of the passed century or the group-analytic approach of Foulkes and De Maré who started their famous Northfield experiment in the very wartime-England that gave dying Sigmund Freud his last home.

It is highly astonishing how and how much their theoretical concepts of the group matrix, resonance and mirror phenomena in group members’ interaction and communication are converging with Buber’s theological, philosophical and psychological idea of the “you and me”-relation as THE key to civil human co-existence and individuation, perfectly expressed in his world famous thesis: “Der Mensch wird am Du zum Ich”. And it is thrilling to examine Freud’s work under a comparative aspect, taking into account that his biography does have very much elements in common with and very many intellectual affinities to those other men.

But the most encouraging element of such a synopsis may be expressed in a somewhat splitted yet dyadically interactive invitation, to be attributed originally to Patrick de Maré, and which --hopefully- might overcome Freud’s scepticism concerning man’s future and maturing capacities: We ought not only try to socialize the individual, but we also ought to humanize society. To make both ends meet, it takes a psychoanalysis ready to cross the border of the dual “talking cure”.

"HOW THE MEDIAN GROUP® CAN BE A MEANS OF CHOICE FOR THE PSYCHOTHERAPY OF PSYCHOSIS"

G. Ballarini
Medical Doctors and Psychotherapists Board of Bolzano-London Groupanalytic Society, Italy

In the group analytic small group setting, being family seized (primary socialisation), transference phenomena are stirred up. Through resonance this fosters in the persons with psychotic experiences intense emotions which can be hardly mirrored.
An enlarged group would allow to keep a save distance for intersubjectivity, fostering more transposition phenomena than transference ones, more outisght than insight.

As to Patrick de Mare's theory of the Median Group® and Theory of Mind - a development of S.H. Foulkes thinking - the typical frustrating nature of the wider situation generates grudge, resentment and hatred. Through dialogue this can be transformed into endopsychic energy that gives rise to thinking. In the splitted reality of psychosis dialogue provides a reality that cannot be avoided but is open to negotiation. Dialogue pursues a principle of meaning which can transcend the pressure or the reality principle over the gratification need of the pleasure principle. Clinical example of a Dialogue Group in an open and closed psychiatric ward.

**P. DE MARE MIND THEORY AS APPLIED IN THE DIALOG GROUP (MEDIAN GROUP®) OF A PSYCHIATRIC CLOSED WARD (SPDC)**

L. Pozzi  
Osp. S.Lorenzo Borgo Valsugana, ASSL Trento, Italy

This work describes the status of the art of the “dialog-group” that I am leading at the Diagnosis and Care Psychiatric Service in S.Lorenzo Hospital in Borgo Valsugana (TN), Italy since October 2006. It presents the roadmap of the workgroup, which is made up of staff members of several professional roles, who after lengthy experience, choose to experience the Dialog Group led by Dr. R. Schoellberger in Bolzano. The definition of Median-Group® is outlined along with the theory of the Median Group and the Theory of Mind as described by P.De Marè. Moreover there is described the “dialog” used as a mean to allow the joining of several minds and to promote the synthesis of dualities, recovering the mindfulness of the human mind from the severe psycho-pathological disease in which it often appears to be frozen. 

Here the value that dialog has for all participants, independently from the role they cover, is described along with the work done to inform everyone that the group is a moment for everyone and for everyone, patients and medical staff as well. In the end, results from satisfaction surveys distributed first to patients and then to staff, are reported together with efficacy indicators identified at the beginning, particularly important the mood within in the department.

**CONFIDENCE AND TRANSPARENCY: PROBLEMS AND POSSIBILITIES**

M. Conci (1), C. Sjödin (2), M. Arppo, E. Vaapenstad  
(1) Associazione di Studi Psicoanalitici, Trento, Italy and Munich, Germany  
(2) Swedish Psychoanalytical Association, Stockholm, Sweden  
(3) Finland  
(4) Norway

The workshop will give an opportunity to discuss clinical problems of confidentiality; especially in an era when transparency creates problems related to integrity. The development of IT technology is connected to an increasing public demand to get access to information resulting in a requirement from the authorities to get reports containing confidential information. Marco Conci will give a general introduction to the theme. Christer Sjödin will speak about the practice of psychoanalysis in a situation when the Swedish law no longer protects confidential information. Maarit Arppo discusses the theme of separation anxiety and confidentiality. Eystein Vaapenstad explores the problem of confidentiality in the treatment of children and their parents.

**CONFIDENCE AND TRANSPARENCY: AN INTRODUCTION**

M. Conci  
Associazione di Studi Psicoanalitici, Trento, Italy and Munich, Germany

As psychoanalysts we work with our patients, who have a right to their privacy, and we at the same time are members of a professional and scientific community, whose survival and function depend on the contribution of new knowledge and experience coming from each one of us and on the dialogue and exchange going on among its members. The conflict between our duty to our patients and our professional and scientific identity - which Freud used to solve trying to disguise the data of his patients while using the technical details of their treatment for the development of psychoanalysis - has become more acute since modern information technology has created the kind of "electronic interface" which has made our professional networks and journals easily accessible to our patients. How to go about such a complex conflict is an issue which has been concerning us more and more, and this especially in terms of our work as editorial board of the International Forum of Psychoanalysis. In his paper of 2000 "Disguise or consent", Glen Gabbard classified as follows the strategies of dealing with this dilemma: 1) thick disguise, 2) patient consent, 3) the process approach, 4) the use of composites, and 5) the use of a colleague as author. In 2005 Judy Kantrowitz published the book Writing About Patients. Responsibilities, Risks and Ramifications, in which she presented the results of hundreds of interviews and exchanges she had with colleagues in this regard. A presentation of the considerations emerging from these and other sources will help us to look into the issue of the panel and discuss it with our audience.
EMOTIONAL AVAILABILITY AND INTERSUBJECTIVE EXPERIENCE

E. Layiou-Lignos, A. Diamantis
Child Psychiatric Clinic, University of Athens Medical School, Children Hospital “Aghia Sophia”, Athens, Greece

A way to understand the clinical entity of ‘early infantile Autism’ (Kanner 1943), as a ‘deficit in a capacity of intersubjectivity’ (Trevarthen, Aitken, Papoudi & Robarts, 1996), we assume an early neurological vulnerability, described by Meltzer as ‘Autistic State Proper’, modified by environmental ‘failure’ (1975).

As the infant’s experiences may come about for neurological or for psychological reasons, or both, we cannot argue about the ‘cause of autism’, what we are faced with is the children’s sense of terror and the parental emotional ‘paralysis’, instead of the absolutely necessary emotional availability and containing capacity of the parents.

In our work with the two-and-a-half year old twins -both diagnosed on the autistic spectrum- and their parents, we use our psychoanalytic understanding enhanced by the Esther Bick ‘Infant observation Method’. Our work is part of a programme of early therapeutic intervention for parents and their infants/toddlers within the Child Psychiatric Clinic, Medical School, University of Athens, Children Hospital “Aghia Sophia” and is based on the Under 5’s Tavistock Model.

Through videotaped clinical material from our work with the family we will discuss in the workshop the employment of an observational stance and the containing function of the therapists of the specific emotional turmoil of the sessions. We will also refer to the therapeutic tool of being attentive and making links between children's behaviour and parental states of mind.

THE RELATIONAL DANCE: AN INTERSUBJECTIVE PLAY

IS THREE MORE THAN TWO?
M. Bertoni, D. Maggioni, F. Perletti

TRACKING THE PROCESS...
P. Organista, A. Sironi

...SESSION BY SESSION
M. Ambrosini, M. Guidi, M. Spano, P. Vassallo

Associazione di Studi Psicoanalitici (ASP), Milan, Italy

Look at the therapeutic process as an intersubjective work, in the light of the System processes theory and the Infant Research findings, D. Stern’s and Boston Group’s proposals about the “something more then interpretation” and “implicit relational knowing”, we suggest some theoretical, clinical and research implications. The workshop consists of three different presentations.

1) Studying the clinical process as a dual work, specific for each couple but not impossible to be coded and shared, at the micro-analytic level, we can stress its dynamic richness without some confusing even fascinating “third level” conceptualizations. Particularly, the concepts of therapeutic change, the role of past and the present and of interpretation are examined. We think that two is not a so little amount and three is not always more than two.

2) We present here the grid that our research group (significantly named “Kairòs”) has been working, trying to make operational the concepts of “relational moves”, “moving along”, “now moment”, “moment of meeting” and to apply it to the clinical transcripts. Particularly, the quantitative (Intersubjective orientation, Mirroring…) and qualitative level (Proposal, Opening, Closing, Attunement, Disruption…) of our provisional Manual will be presented.

3) We will show the application of the Manual to some samples of transcripts of sessions and to one whole process of treatment. We will also present the matching between the application of the empirical instrument arranged by Kairòs group and the clinical reasoning on one hand, independent instruments of evaluation of change (SWAP-2000, PDM) on the other.
SPLITTING – INTEGRATION – “I” VERSUS “WE” AND THE SPACE IN BETWEEN: STRUGGLES FOR IDENTITY AND INTERSUBJECTIVITY IN MENTAL HEALTH TEAMS. USING PSYCHOANALYTIC CONCEPTS TO UNDERSTAND ORGANISATIONAL LIFE. THE EXPERIENCE FROM UNITED KINGDOM

S. Ploumaki
West London Mental Health Trust, London, U.K.

The organisational life is often laden with unhappiness and anxiety. Organisational change (in whichever form i.e. systems, technology, policy, and practice) can potentially create an atmosphere of fear and uncertainty in teams and in individual members if not properly managed and contained by the organisational ‘container in mind’.

Mental Health Teams are particularly susceptible to the phenomenon of ‘collective collusion’ simply because of their multidisciplinary composition and their primary task.

The need to remain connected with the macro and micro organisational environment that the teams operate in, is therefore, essential if they are to be able to deliver what they are set up to deliver: multidisciplinary services to people with enduring and significant mental health problems who present with high levels of fragmentation and disorientation but also with great need of a specialist secondary care service.

Sometimes the need to connect and remain connected both with the peers (siblings) and with the managers or leaders (‘parental imago’ or the ‘idea in the mind’) of the existing hierarchy within the given organisational context generates feelings of rivalry, dependency and fear. How these relationships (both vertical and horizontal) are negotiated and managed by the team in order to arrive to a balancing position whereby the ‘I’ and the “we” position and their inter-relationship are simultaneously kept in mind and in balance in order to facilitate the decision making process.

Examples from everyday practice that analyse the phenomenon of ‘identity negotiation and formation’ for roles and tasks of individual Team members will be offered. In this context, conflict, difference, disagreement and separateness are all perceived to be an attack on the ‘we’ position and are actively defended against. Attacks on professional roles and the ability to think collectively become the Team’s norm. The inability to separate the roles from people who occupy these roles are signs of organisational mindlessness. Is it therefore, possible to keep alive in the team’s collective mind the position of the ‘we’ and “I” at all times in order to protect the ability to think and have a mind?

BORDERLINE PERSONALITY DISORDERS AND PERVERSION. THE CONTAINING FUNCTION IN GROUP ANALYTIC WORK

E. Kalliteraki (1), L. Douroukou (2), P. Kapousouzis (2), K. Valavanidi
(1) Hellenic Society of Psychoanalytic Psychotherapy, Athens, Greece
(2) 1st Department of Psychiatry, University of Athens, Eginition Hospital, Athens, Greece

This group essay refers to the story of borderline patients within an analytic group. It is about the course of a group analytic therapy that has come to an end. This group essay’s writers are the group’s supervisor, the two co-therapists and the observer behind the one-way mirror.

It refers to the unconscious interactions within the hospital setting, where the correlations are intensely intertwined amongst the group members, the therapists, the supervisor and the patients’ strongly perverse clinical material. Thus, what we can observe through this interesting clinical material is the negative transference, the sadomasochistic relationships, the patients’ and the therapists’ emotional needs, and the terror and desperation that perversion evokes. We can observe how confusion prevents desire and satisfaction, how the borderline patients’ psychological withdrawal also involves the therapists, who, by being trapped in the projective identification, withdraw themselves feeling scared or indifferent incapable of comprehending such regressed material. Here, the desires, the rage, hatred, love and resistances co-exist. Negative transference implicates the therapists and can lead them to coercion resulting to a false therapy. On the other hand, we can also observe how the negative clinical material can turn into a positive one and how desperation can turn into hope, because when there is a trusting relationship between the therapists, any difficulty can be managed resulting to the prevention of destruction and fragmentation of neither side, i.e. neither that of the therapists nor the patients even if they might have their disagreements.
POSTERS
ART THERAPY AND DISORDER CONVERSION
A. Dalli
Center of Psychotherapy and Art “Akesa”, Thessaloniki, Greece

Introduction: The presentation concerns the case of a ten-year-old girl diagnosed with disorder conversion (hysteria). The therapeutic approach was through art therapy by using symbols and images. The clinical images presented symptoms of neurological illness bearing highly reduced movement of the legs.

Purpose: The symptoms of conversion represent symbolically the intrapsychic field inner conflicts aiming at the reduction of stress and the transpersonal field in connection with the semantic another person. The aim was to shape and comprehend in a non-verbal way the inner conflicts, stress of this evolutionary stage of life and fear of existence.

Method: The therapy took place in the centre of Psychotherapy and Art “Akesa” in Thessaloniki, by using materials like colour, clay, collage) games, tale-making of pictures. The therapy was completed in five months on a weekly basis.

Results: The advantages of psychotherapy through art are as follows:
1. The materials and their use, the procedure of art, the therapeutic connections, the work of art as an in-between object of transference, creation of images and symbolism become the channel of communication in a conscious and unconscious context and a means of connection of body and soul.
2. It reinforces and stabilizes self-esteem. The confirmation of ego renders the person able to face conflicts relating to the personal and social responsibility.

Conclusion: The transference and symbolism of images through creativity releases Libido and sublimes it to action, pleasure, fulfilment of a wish and interaction of subject-object. The works of art are parts of the psychoanalytic field (therapist – patient – work of art). The expression through art contributes to the dimension of the relationship and the psychological development of the self. The works of art are produced during the therapeutic procedure.

PSYCHODYNAMIC PSYCHOTHERAPY UNIT FOR CHILDREN AND ADOLESCENTS IN THE PUBLIC SECTOR: PROBLEMS AND PROSPECTS
A. Diamantis, X. Apostola, V. Hantzara, S. Korlou, E. Layiou-Lignos, A. Makris, N. Panits, S. Christogiorgos
Child Psychiatric Clinic, University of Athens Medical School, Children’s Hospital “Aghia Sophia”, Athens, Greece

Individual psychodynamic psychotherapy of children and adolescents is one of the therapeutic methods applied in routine practice at the Child Psychiatry Clinic University Hospital “Aghia Sophia”. The term psychodynamic psychotherapy of children refers to interpretive psychotherapy based on material produced in the session by the child, through his words, his game, his drawing etc. This aims to raise the awareness of the child regarding his unconscious inner conflicts and release cathected mental energy, thereby contributing to the organization of personality.

Freud was the first who in 1909 cured a five year old boy, little Hans, through his father, regarding a phobia that was developed for horses. The psychodynamic psychotherapy unit based on Freudian psychoanalytic principles and later psychoanalytic theories (Klein, Winnicott, Bion, and others) provides the last four years services to children who are hospitalized in the general hospital and also to children referred as external patients. Obviously, in many cases the problems encountered in the development of the child are of such nature that affect the child and the family as well. Therefore, at the unit the whole family is taken in charge and, while the child is in psychotherapy, the parents attend counselling sessions once every two weeks.

The psychodynamic psychotherapy unit, in the last four years, has provided psychotherapeutic monitoring for seventy-three cases of children and adolescents with a frequency of one, two or exceptionally three times a week. The psychopathology encountered in these cases consists of: anxiety, emotional disorders, borderline personality disorders, psychosis, eating disorders, and developmental disorders.

In addition, the unit applies a program of early therapeutic intervention for parents and their infants/toddlers which is based on the Under 5’s Tavistock Model.

THE IMPORTANCE OF THE DOUBLE IN THE TREATMENT OF THE PSYCHOSIS. BUILDING A LINK
C. Ibanez, E. Catala, J. Rodado
Centro Psicoanalítico de Madrid, Spain

Working on the Freudian text “The Ominous” Botella postulates the need of the double that arises with the fear of psychic death, as opposed to the risk of loss of representation in a non-perceptual state. This is what typically occurs to the child (toddler) in the absence of the object, and to the adult every night during the sleeping narcissistic regression that arouses the fear of no-representation; hence the push to the hallucinatory representation of the same subject (double) in the dreamlike production. In this work we present the treatment of a psychotic patient where an object-record is build through the use the patient makes of the analyst's image, the appearance of a relationship in which the double will fulfill the protector role vis-à-vis the fear arising from the representational void.
THERAPEUTIC CO-EXISTENCE OF PSYCHOANALYSIS AND BEHAVIOURAL METHODS FOR THE TREATMENT OF SEXUAL DYSFUNCTIONS OF PSYCHOLOGICAL NATURE

C. Istikoglou, D. Foutsitzis, A. Vlavianou, P. Kanellos, N. Polonifis
Psychiatric Department, "Konstantopouleio" General Hospital of Nea Ionia, Athens, Greece

Helen Singer-Kaplan was a distinguished American psychologist. In 1974 she published her renowned book “The New Sex Therapy”, which opened new horizons after the prevalence of the therapy method introduced by the famous couple Masters and Johnson in their book “Human Sexual Inadequacy”, which was published in the early 1970s in the USA and introduced novel methods for the therapy Sexual Disorders. Furthermore, Helen Singer-Kaplan modified the technique applied by Masters and Johnson regarding Premature Ejaculation. Today, dawning the 21st century, apart from dogmatism and fruitless conflicts, the need for the collaboration of these two different psychotherapy schools for the achievement of the premium therapeutic outcome is dire.

Helen Singer-Kaplan has been the first to combine the psychoanalytic interpretations of Sexual Dysfunctions using modified behavioural techniques for all types of male and female Sexual Dysfunctions. The psychoanalytic interpretation of Sexual Disorders is mainly the insolvable Oedipus Complex, and the Castration Anxiety; these formed the basis of Helen Singer-Kaplan’s theory, which also included its perfect combination with behavioural techniques mainly treating cognitive mistakes and learning theories.

This combination constitutes also an invitation to the future of therapy, and also contributes to the creation of a Combinatory Psychotherapy Model for the treatment of other psychological disorders.

MELIA, THE EXPERIENCE OF TAKING CARE OF CHILDREN... AND THEIR PARENTS WHO HAVE MENTAL PROBLEMS

E. Konstantaki, K. Vassilopoulou, D. Savvoglou (1), K. Katsougli (1), D. Houliaras, I. Tsiantis (2)
(1) "Melia" Residential Facility for Children, Athens, Greece
(2) Department of Child Psychiatry, Athens University Medical School, "Aghia Sophia" Children's Hospital

"Melia" is a Residential Facility for Children which is addressed to boys and girls aged 5-12 years, whose parents are unable to fulfil their parental role, due to mental health problems. The average stay varies from a couple of weeks to one year, depending on the needs of each family. The Facility's ultimate goal is to help these children return to their homes and be reunited with their families or, if not possible, to help them settle down in a stable residential (family) structure.

Parents who have mental health problems may be unable to fulfil their parental role, to be supportive and to create an environment, where children will be able to discover and understand more their own needs and feelings. All these have an impact on the interaction between parents and their children and the functionality of the whole family. The disruption of the relationship between parents and their children may constitute a high risk factor for the children of developing emotional disorders, learning disorders, conduct in school and other emotional and behaviour problems.

Aspects of these pathological relations are reflected to the members of the therapeutic team of "Melia" Residential Facility.

The relationship that is developed between the children and the therapeutic team of "Melia" is related to the way the children relate with their parents. Children tend to reproduce the family relationships they have experienced during their stay to "Melia"

This was the purpose of sheltering a 12-year-old girl named K., who was referred to "Melia" Residential Facility, after she was hospitalized to a Child Psychiatric Clinic because of behaviour problems. The 12 year old girl started exposing herself into danger without her parents being able to protect her because of their mental health problems and their difficulty to meet her needs. These behaviour problems were responsible for the problems were appeared at school attendance and in her social life in general.

THE GOOD LITTLE BOY WHO DIDN'T WANT TO TURN INTO THE BIG BAD WOLF. A “RITE OF PASSAGE” THROUGH PSYCHOANALYTIC GROUP PSYCHODRAMA

I. Lampiri
Hellenic Society of Psychoanalytic Psychotherapy, Athens, Greece

Psychodrama was developed by Jacob Moreno, influenced by Freud and his theory of interpersonal relations. After the second world war, a great number of French psychoanalysts (such as Lebovici, Kestemberg, Diatkine, Anzieu), adapted Moreno's psychodrama into group analytical therapy, during which a number of patients co-exist with a number of therapists under the director of psychodrama, so as to explore internal conflicts through acting out their emotions and interpersonal interactions on stage, using specific techniques, including doubling, role reversals, mirrors, soliloquy, projection etc.

In this particular paper, we attempt to show the elements of a psychotherapeutic process of a 14 year old boy who attended sessions of psychodrama. Through the images and words on the poster, we will try to point out some themes that appeared during his therapy such as the transference he showed towards the Director, the other patients, and the co-therapists, his aggressiveness towards his mother and his father, the reviviscence of the Oedipus Complex as well as his enormous anxiety for growing up.

Through the sessions of psychodrama, we follow the course of this cure, so as to discover how it became possible to emancipate himself from his aggressiveness and give into the passage from childhood to adult life.
DEFENSIVE MECHANISMS WHICH ARE CAUSED BY THE EXISTENCE OF PSYCHODYNAMIC CLINICIANS TO THE THERAPEUTIC GROUP

G. Sifakaki (1), K. Montessantou (2)
(1) Private practice
(2) Child Neurodevelopmental Training Center, Athens, Greece

In this work we present our thoughts on the difficulties arising from the clinical coexistence and cooperation of psychologists-psychotherapists with practitioners from different disciplines (physiotherapists, occupational therapists, speech therapists, special educators) in the context that receives and interferes therapeutically in children years who have neurological and developmental problems (musculoskeletal or neuromuscular disorders, cerebral palsy, mental retardation, pervasive developmental disorder, speech problems, behavioural disorders, learning difficulties and other developmental disorders).

It has been observed that therapists of different disciplines have accepted with great difficulty the existence, the clinic speech and the intervention of psychologists, not only within the multidisciplinary team but also within clinical approach and practice. Therapists’ resistances varied depending on the extent of their personal maturity, ability of adaptation and processing of new theories and the previous or not experience from other similar co-operations.

The therapists appeared suspicious and sceptical towards the new for the group psychological consideration and intervention.

The reasons which we believe have contributed to this problem are:

1. The image of omnipotence that often accompanies the presence and the role of clinicians, can act as a deterrent for their smooth integration and acceptance by the medical team. The psychologist is required to set the limits on the treatment team, to triangulate its operation, thereby assuming a parenting role that they could put the other therapists in the role of the child which will react to the paternal function of prohibition.

2. Clinical ethics and practice of psychologists manifests significant differences from that of the therapists in other disciplines. The importance and the nature of the relationship with the patient, the therapeutic contract, the maintaining of the therapeutic setting, which are important therapeutic tools for the clinician, often seem not to be fully understood and accepted by all therapists.

3. The handling of feelings, repressed thoughts and conflicts of the group of therapists, given the psychotherapists’ existence and the operation within it, can be another important reason for resistance to cooperation with them.

4. Finally, the problematic parents’ identification with the practitioners of other disciplines, who can accept more easily their desire, fantasy and ambivalence and the alliance created between them, increases the relation between the disciplines and the cancellation of the role of clinicians.

The usual defence mechanisms, which physicians present towards the existence of psychologists, is the aggression towards them, the devaluation or even denial of their role, the fission between the disciplines and the shifting of the role of clinical practitioners in different disciplines.

The therapist is therefore in a state of contestation, which can mobilize emotions of anger, rejection and cancellation, and this necessitates the cooperation with an external supervisor.

At this point, the importance and the difficulty of the work of the group’s coordinator, who is asked to constitute and integrate in harmony the dual dimension - in this case - the physical and psychological dimension of the therapeutic consideration and intervention should be mentioned.

PARENT-CHILD RELATIONSHIP AFTER IVF. IS THERE A DIFFERENCE?

A. Sarantaki, D. Anagnostopoulos, Gr. Vaslamatzis
1st Department of Psychiatry, University of Athens, Eginition Hospital, Athens, Greece

Background: Since the introduction of in vitro fertilization (IVF) and the birth of the first baby in 1978, large numbers of children born from this technique have now reached adolescence and young adulthood.

Design and Setting: A pilot study was conducted in mid adolescence on parenting and the child’s emotional functioning after in vitro fertilization (IVF). The sample consisted of 20 IVF families whose pregnancy was achieved by (homologous) IVF, between October 1994 and May 1997 in Alexandra Maternity Hospital in Athens.

Method: Self report questionnaires for the mother, father and the adolescent were given after informed consent, by the researcher, assessing parenting style and adolescent psychosocial adjustment. The question of disclosure (or non-disclosure) of the IVF status was studied too.

Results: No increased problem behaviour was reported by the IVF adolescents themselves, all their responses fell within the normal range. IVF parents’ ratings of adolescents’ behavioural problems were not significant. Higher parental overprotectiveness was observed among IVF mothers than IVF fathers who tend to be more lenient in terms of discipline. Concerning parental warmth and responsiveness as well as parental stress, mean values fell within the normal range. On the questionnaires all mean scores of IVF children were found to be in normal range, which means an overall behavioural and emotional functioning. As teenagers strive for autonomy, IVF mothers seem to be overprotective, probably due to their infertility history and their strong investment on this “valuable” child. More in general, IVF conception does not seem to be an adverse condition for behaviour and psychosocial well being in adolescence.
BORDERLINE PATIENTS’ PARENTS SUPPORT GROUP. HELPING INTEGRATION
P. Stefanatou, A. Berk, D. Katopodi, Gr. Vaslamatzis
1st Department of Psychiatry, University of Athens, Eginition Hospital, Athens, Greece

Parents’ support groups constitute an integral part of the therapeutic program for people with borderline personality disorder which operates in Eginition hospital.

Identity diffusion is one of the distinctive features of the borderline patients, which is represented by a poorly integrated concept of the self and of the significant others. These patients’ psychic organization is also characterized by the predominance of primitive defence mechanisms, lack of impulse control, inability to sublimate and to integrate positive and negative introjections. They pose great difficulties with interpersonal relationships, especially family ones. Parents become the recipients of the patients’ aggressiveness. Suicidal ideation, self-injurious behaviours, alcohol and drug abuse intensify family stress.

The patients’ disorder causes enormous ambivalence to parents. Parents’ failure to contain children’s anxieties and satisfy their needs is obvious. Families undermine their children’s efforts for differentiation and autonomy. Although the therapy’s onset as a process of change generates feelings of relief and hope to parents, it simultaneously maximizes their resistances towards therapy.

Parents’ pathology has led us suggest that they undergo special group counselling as well. Concurrent psychotherapy aims to create a therapeutic alliance with parents, helping them accept and support changes the therapy induces to the borderline patient and his family. Hence, parents are expected to acquire more insight and empathy and assume their parental role in a corrective way.

PSYCHOANALYSIS AND RESEARCH: THE EDIG (ETHICAL DILEMMAS DUE TO PRENATAL AND GENETIC DIAGNOSTICS) STUDY
V. Vassilopoulou (1), E. Soumaki (1), S. Christogiorgos (1), G. Kolaitis (1), J. Tsiantis (1), EDIG consortium (2)
(1) Department of Child Psychiatry, Athens University Medical School, "Aghia Sophia" Children's Hospital
(2) Participating research centres: Germany: University of Kassel, Sigmund-Freud-Institute, University of Mainz, Eberhard Karls University of Tübingen, Israel: Hebrew University of Jerusalem, Greece: University of Athens, Democritus University of Thrace, Sweden: Linköping University, England: University of Cambridge, Italy: Università Cattolica della Sacro Cuore di Milano, Università di Pavia, Project Co-ordinator name: Prof. Dr. phil. Marianne Leuzinger-Bohleber, University of Kassel / Director of the Sigmund-Freud-Institute, Frankfurt/ University of Kassel

The EU-funded multicenter study EDIG investigated the ethical dilemmas arising from an abnormal diagnosis on prenatal testing and its impact on the women and their partners. Prenatal tests offer to pregnant women the possibility to detect abnormalities of the unborn child at early stages of pregnancy. A positive prenatal genetic diagnostic creates distress and implies the confrontation with severe decisional conflicts regarding the life and death of the unborn child.

The study consisted of two sub-studies conducted in Germany, England, Greece, Israel, Italy and Sweden: sub-study A covered a longitudinal examination of women or couples, currently undergoing prenatal diagnostics. The sample comprised 1694 participants, 274 of which were Greek. Interviews and questionnaires were used for data collection. Sub-study B applied a retrospective design. Psychoanalysts and their former patients who showed severe psychopathologies as reactions to the ethical dilemmas mentioned were investigated.

The reactions of women and their partners were very different. The diagnosis seemed to play an important role in decision making and coping. In cases of trisomy 21 termination of pregnancy was the usual decision. Many women showed adequate coping strategies to deal with ethical dilemmas, particularly if professional help was offered. However, a minority of women developed severe psychopathological symptoms after the termination of pregnancy.

“They have cut my laughter’s nerve”. WORDS OF A PATIENT
C. Velissaropoulos
Athens, Greece

“My soul is in the middle of the night confused and paralyzed.
Except its life is lived outside of it.
And it waits for the improbable dawn.
And I wait, I perish and I am bored,
And, I, too, am within it or with it”
Cavafy 1896

“Enough to say that for the terminal organs, sensory receptors and feelings, the body itself is replacing the external word”
Freud 1938

The objective of this announcement is to propose some thoughts concerning the structural and functional characteristics of the intermediate area that exists in between the internal object of the patient and the internal object of the other ( “A”, “a”, “S” ) in this particular case the psychotherapist.
By means of clinical examples and by using the methodology of “linguistic parallelism”, I would like to refer mainly to the following points:

- The paradoxical characteristics of the EROS and THANATOS instincts in the therapeutic frame, the layout and deconstruction mechanisms and their relation to instincts, as well as how these terms can be reversed when the setting refers to cancer patients.
- The “consonance” and “empathy” that exist with cancer patients.
- The relation between the alternative treatments and the hidden regulating variables between mother and infant, for example the relation between hyperthermia treatment and the hidden variable of the thermoregulation.
- The fact that the illness does not only offer secondary but also primary gains.

ASSESSING THE RELATIONAL AND THE INTRAPSYCHIC FUNCTION OF BORDERLINE PATIENTS USING THE KLEINIAN PSYCHOANALYTIC DIAGNOSTIC SCALE

H. Karamanolaki (1), S. Vondikaki (1), A. Iliadou (1), N. Pantazis (2), S. Alevizou (1), Gr. Vaslamatzis (1)

(1) 1st Department of Psychiatry, University of Athens, Eginition Hospital, Athens, Greece
(2) Department of Hygiene, Epidemiology and Medical Statistics, Athens University Medical School

The Kleinian Psychoanalytic Diagnostic Scale (KPDS) is a diagnostic assessment instrument created by a group of Spanish and Italian psychoanalysts led by Jaume Aguilar (Aguilar et al, 1996). It is based on the psychoanalytical theory of object relations, as they are manifested in transference and countertransference phenomena.

A group of 46 borderline patients were assessed in the Department of Personality Disorders of the Athens University Department of Psychiatry, Eginition Hospital. They were interviewed by a psychiatric-psychoanalyst, who then scored the KPDS.

The scores indicate that borderline patients mostly use primitive defence mechanisms such as projection, projective identification, splitting, omnipotence etc. and relate to the interviewer in a way that causes particular countertransference reactions to him/her. Also their ego abilities like awareness and communication with one’s own feelings and emotions, predominant attitude towards problems and predominant reaction towards frustration are seriously affected.

Another group of 46 patients with non borderline personality disorders also were assessed using the KPDS and the results were compared. The differences between the two groups where found to be statistically significant, with borderline patients having higher total scores, indicating more severe psychopathology in the aforementioned dimensions.

Further research is needed as use of psychodynamic interviews could contribute to psychiatric evaluation offering new insights into the relational and intrapsychic structure of psychiatric patients.
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