AUSTRALIA AND NEW ZEALAND ASSOCIATION OF PSYCHOTHERAPY
27th ANNUAL CONFERENCE
23 - 25 September 2016
State Library of NSW, Macquarie Street, Sydney

The idea that certain kinds of conversation can facilitate psychobiological changes associated with the emergence of self is the main theme of this year’s conference. Drawing on theoretical, clinical and empirical data, Jungian analyst and author, and our most welcomed guest speaker, Dr Jean Knox, will set the scene with her discussion on the clinical and neurological processes and underpinnings involved in the promotion of self-agency. Dr Kamal Touma’s discussion on the analytical and analogical aspects of mind in the therapeutic conversation is grounded in the conversational model’s theory and promises to be a lively and thought-provoking presentation. These two foundational talks will open up a broad but focussed range of discussions that will make this year’s conference a rewarding and enriching experience for all attending. Welcome and enjoy.

Allan Brownsdon, President

DAY 1
SATURDAY 24 September 2016
Metcalf Auditorium/Macquarie Room/Dixson Room

8.00                  Registration
8.30                  Welcome
                      Allan Brownsdon, President, ANZAP
8.40 - 9.50           Dr Jean Knox
                      Metcalfe Auditorium
                      Chair: Allan Brownsdon

The persecutory therapist re-visited: The damage done by trauma to a patient’s sense of agency and the implications for psychotherapy practice

An often neglected aspect of psychodynamic psychotherapy is its potential contribution to the development of self-agency, which, in healthy development passes through a series of stages from the physical to the representational and autobiographical. One of the most devastating effects of trauma, especially various forms of early relational trauma, is the profound damage done to this agentive developmental process and the patient’s sense of self-agency in the world and in relationships.

In this paper I shall explore Meares and Hobson’s description of the specific ways in which psychotherapists may enact a persecutory role, examining these in terms of their impact on the patient’s self-agency in the therapeutic relationship.
I suggest that Meares' model of analogic relatedness, based on associative, imaginative and non-linear patterns of thought, is fundamental to the gradual re-emergence of the patient's experience of self-agency. It provides the essential space in which the patient's own motivation and meaning-making processes can emerge, rather than passive compliance with a coercive powerful other.

The neuroscience that underpins these developmental processes will be discussed.

9.50 - 10.55  Dr Kamal Touma  Metcalfe Auditorium  Chair: Allan Brownsdon

**Trauma and Lateral dissociation: The spoken and the unspoken stories**

In this talk, Dr Kamal Touma presents his clinical observations of what would appear to be a lateral dissociation between the left and right brain hemispheres during traumatic moments in therapy where hemispheres are uncoupled; acting concurrently and independently.

While the side of the brain that contains the speech centres is speaking to the therapist, a totally unrelated story is unfolding in the other hemisphere, a painful story. It is also ‘talking’ but failing to access the dissociated speech centres, unable to verbalise, to speak the thoughts. Oblivious of that failure, the person is nevertheless convinced that the thoughts are being verbalised.

The awareness of the therapist of the activation of his/her own Para-Sympathetic system seems to give the clue to the presence of this distressing and at times terrifying experience. Identifying and addressing that moment will couple back the activity of the two hemispheres, changing the form and the content of the patient’s narrative from a chronicle, to a felt and associative one.

10.55 – 11.15  MORNING TEA (Macquarie Room)

**PARALLEL SESSIONS**
Metcalfe Auditorium and Dixon Room

11.15 – 12.00  Colette Rayment PhD  Metcalfe Auditorium  Chair: Dianne Hendey

**Joseph Conrad, master of ships and master of affect: His gift to Robert Hobson and the Conversational Model**

‘He who would do good to another must do it in Minute Particulars: General Good is the plea of the scoundrel, hypocrite, & flatterer. For Art & Science cannot exist but in minutely organised particulars.’  William Blake

If we are to re-read Forms of Feeling, however, we find that Hobson is less interested in Conrad’s passion for nineteenth century science and more concerned with the novelist’s enduring capacity to make us see, feel and intuit what there is: loneliness and darkness on the one hand, and if transformed, ‘solidarity that knits together the loneliness of innumerable hearts…which binds men to each other, which binds together all humanity.’ (Conrad)

This paper examines Conrad’s literary uses of language that Hobson came to value in his own psychotherapeutic work. It claims that attention to detail of language within the dyad provides access to attention to detail of affect and that Hobson’s indebtedness to Conrad lies in the art and science of a particular use of language.

11.15 – 12.00  
John Merchant PhD  
Dixon Room  
Chair: Eilis McKensey

**The early mother/infant preverbal ‘conversation’ and foetal trauma as understood through Jean Knox’s image schema model: A case illustration**

Arising out of contemporary neuroscience, Jean Knox (2004) honed her position on image schemas thereby introducing a model which sees those structures which generate psychic imagery as arising from ‘reliably repeated early developmental achievements’ rather than being genetically inherited and innate. Such a model stresses the importance of early infancy (and even mother/foetus ‘conversation’) in the formation of those psychic structures which generate psychological life and how this perspective needs to be taken into account in the clinical work with patients.

This paper will expand on the illustrative case material previously published concerning the complex case of a male patient who began life as an unwanted pregnancy in an era of socio-cultural shame and blame. He was adopted at birth but when able to contact his birth mother later in life, he experienced a number of confronting imaginal visions which he felt were related to failed abortion attempts and to other pre- and post-natal events. Significantly, this patient presents in the consulting room as neither delusional nor with gross psychopathology (Merchant, 2016).

Knox’s image schema model would see this patient’s imaginal visions as arising from his psychoid body memory related to his traumatic conception and birth which have underpinned his earliest mother-infant ‘conversation’. Consequently, the paper will overview the relevant neuroscience and the way it is expanding our understanding of all early (pre-verbal) developmental experience including foundational mother/infant communication, how this relates to the case under discussion and the clinical implications which flow therefrom...

12.00 – 12.45  
Judith Pickering PhD  
Metcalf Auditorium  
Chair: Dianne Hendey

**A quasi-meditative gaze, free-floating attention, reverie: The therapist’s state of mind**

If psychoanalysis is the talking cure it is also the listening cure. What qualities enable us to truly listen deeply to our patients? Can we actively cultivate a state of mind that itself brings confidence in the healing processes at work in the practice of psychotherapy?
The ideal state of mind for the therapist consists of a number of overlapping qualities. There is

- A quasi-meditative gaze (Meares, 2012)
- The ability to be fully present to the patient, or the practice of presence
- The practice of Deep Listening
- The practice of paying full attention: or Bare Attention
- The practice of Mindfulness
- Reverie
- Free Floating Attention
- The ability to be spaciously aware, present and focused
- The capacity to resonate: or resonance
- The capacity for compassion, care, concern, empathy
- Love for the patient: loving kindness, what the Greeks called agapē
- Insight, based on expertise, knowledge, training, although there are limits to this knowledge.

This paper describes these various qualities and how they are highly applicable in the consulting room. It also gives meditation practices for developing them.

12.00 – 12.45  Dr George Lianos
Dixon Room  Chair: Andrew Groome

**Depressive realism, angst & creativity**

*What can the work of Michel Houellebecq tell us about the art and science of psychotherapy?*

This paper will explore this question and present the work of Michel Houellebecq who has now published six novels, all of them bitter and miserable.

Their pessimism isn’t the only or necessarily their most important element, but it’s probably the first thing that everybody notices.

They are callow, cynical, sex obsessed, openly racist and misogynistic in turn, rife with B-grade porn, contradictory, full of contempt for art and intellectuals and operate on a low level of masculine anger at the indignities of not being an alpha male.

They are none-the-less serious works, and their increasing reputation has more to do with their artistic achievement than the strong reactions they elicit.

Michel Houellebecq appears to have the extraordinary capacity to write “thoughts connected as we feel them to be connected” in a more immediate and experience near way than many other recent authors. He appears to present us with a Jamesian version of our “personal selves” that we may not feel we could easily share with others. Michel Houellebecq does.

This paper will explore the value of such writing to the art and Science of Psychotherapy as we go about our daily practice.

12.45 – 1.45  LUNCH (Macquarie Room)
“Poiesis” in verbal art, in verbal science, and in nature: Creativity and the Conversational Model.

Therapists working in the Conversational Model draw from a number of sources of experience and creative endeavour. The use of such sources suggests that therapists recognise some form of crossover between the goals of therapeutic, dyadic sharing and the value bestowed on aspects of subjectivity by creative engagements.

In this talk, we offer analyses related to three aspects of such a crossover:

a) what reasons have been proposed by practitioners (ie. Meares and his colleagues) for the efficacy of artistic values in therapeutic method and in a therapeutic relationship?

b) what role do analogical ‘leaps’ have in the discourse between therapists and patients with Borderline Personality Disorder (BPD)?

c) what do current theories of art and science suggest about a resonance between mental health and ‘poiesis’ – or inspired making and accomplishment?

We offer reasons and illustrations of why verbal arts and the coherence sought in the articulation of scientific theories (viz. in verbal science) bear a ‘family resemblance’ to the decision making we see in therapeutic dyadic exchanges. The transcripts of therapists working with patients suffering from BPD show that the challenge of poiesis is the making of oneself. Meanings have to provide the catalyst in a previously inert core.

Conversations without words: Sandplay within the psychotherapy process

Using case study material and neurobiological research, this paper aims to demonstrate the unique, non-verbal conversational value of the arts-based medium of sandplay therapy within the context of the psychotherapy process. By offering a free, but protected space in which to work symbolically, sandplay (as opposed to sandtray, or expressive arts therapy) enables clients to access unconscious material that language often cannot reach. When handled non-directively, without interpretation, and with delicate, conscious words – or with silence - on the therapist’s part, sandplay effects profound levels of healing, enhancing the more traditional talk of therapy.

Making sense: The intersection of the actual and the symbolic

To be a person is to have a place within a relational network. Simply occupying such a space carries significance, although often a significance that is only vaguely sensed, as if “through a glass darkly”. We exist within a reality that is simultaneously actual and symbolic. To have a developed mind is to be able to negotiate one’s place within this duality; to be a self-organizing system not solely contingent upon the exigencies of physical space and time.
Like language, which only has meaning through contrast within a network of linguistic relations, self; person; and mind exist as unique realizations within a relational network that has symbolic as well as practical significance. The area of significance, with multiple resonances and symbolic, non-literal dimensions can be seen as the zone of self, developing in complexity over time in the manner of Saussure’s “axis of simultaneities”, while the area of specific meaning, in the sense of “dictionary definition” is more defined and fixed and applicable to the “axis of successions”. The contrast is between the growth and layering of resonant living language and the fixity of a set of unchanging instructions.

Unless we are alive to this duality, or multiplicity, and allow ourselves to see it in the voice with which each patient represents his or her-self, we occupy a therapeutic world that is impoverished. As therapists, we aim for growth in the sense of significance associated with self, through the establishment of something akin to Vygotsky’s “zone of proximal development”. The experience of “becoming who we are” and “seeking meaning and truth” is not so much “effort after meaning” as part of the human condition. The term “prospective self” captures something of this aspect of growing in complexity and inter-relatedness. This growth of self occurs through conversations that are multi-layered and involve felt connection. These involve exchanges that start with what is given by the patient and develop through the therapist’s contribution of something new. “Given” and “new” is the structure of conversation and also of the interpersonal field in spoken language. Self also grows through skill development involving an iterative relationship with the environment, within the inner world, and with a definable outcome.

2.30 – 3.15 Duncan Loasby
Dixon Room Chair: Andrew Groome

Case Study ‘T’: Play in the ED, emergency psychotherapy and other contradictions in terms

This paper examines a clinical case that demonstrates the utility of the Conversational Model of psychodynamic psychotherapy in the most acute settings.

This is a discussion of ‘T’, a 10 year-old girl who attended an Emergency Department in acute mental health crisis. ‘T’ arrived to the ED highly traumatised, distressed and dissociated; unable to talk or tolerate any form of direct interview. She was able to offer valuable insights into her internal world through drawings, jokes and poetry. In this way, the engagement thickened, transforming what might have been a formulaic process into something genuinely therapeutic. The Conversational Model’s emphasis on working with that which is offered: the valuing of metaphor, analogical relatedness, empathic attunement and intersubjectivity, was crucial to the success of this engagement.

Aims:
Current practice in NSW dictates that almost all persons attending Emergency Departments be seen and treated within 4 hours. At a time when acute mental health services are increasingly pressured to “flow” clients through their systems, the emphasis on genuine therapeutic engagement can suffer. The example in this paper demonstrates a brief engagement that has authentic clinical import and resonance, even in these difficult circumstances; albeit with a note of caution.

Outcomes:
This paper aims to examine the utility of the Conversational Model within an acute, public mental health system setting. It also aims to offer an orientation to the Conversational Model’s key theoretical concepts and clinical practices, particularly the clinical engagement as a form of play or reverie.

3.15 - 3.35  AFTERNOON TEA (Macquarie Room)

3.35 – 4.35  Dr Nick Bendit
Metcalf Auditorium  Chair: Brendan McPhillips

**Results of a randomised clinical trial comparing Conversational Model and DBT in patients with borderline personality disorder**

**Aims:** to present the results of the recently completed RCT between Conversational Model and DBT, which is the first RCT testing Conversational Model’s effectiveness in patients with borderline personality disorder.

**Objectives:**
- to present the primary outcomes of the RCT (effect on deliberate self-harm and depression)
- to present the secondary outcomes (a range of domains were tested, to see if there was a differential effect of the two treatment models)

The Centre for Psychotherapy, a public outpatient psychotherapy unit, has been treating patients with borderline personality disorder for the past 18 years. Initially DBT was offered exclusively, but Conversational Model was adopted as a second treatment intervention. This randomised control trial, comparing DBT and Conversational Model, is the first trial testing the effectiveness of Conversational Model in borderline personality disorder. It was conducted over six years, in order to randomise 162 patients, to test two hypotheses:

1. does DBT reduce deliberate self-harm more than Conversational Model?
2. does Conversational Model reduce depression more than DBT?

A range of secondary outcomes were measured in order to see if there are predictors of which treatment might be best for which patient. The trial finished last year (although there will be further uncontrolled follow-ups at one year, two year and five-year intervals), and the aim of this paper is to present as much of the results as are available.

3.35 – 4.35  Geoffrey Borlase
Dixon Room  Chair: Peter Cox

**The King Hit and the Coward’s Punch: Can we make sense of the dialectical tension between these two metaphors?**

A year ago an invitation to present a paper arrives from the 2015 ANZAP Conference Committee almost at the same time as an e-mail advising the reading of Freud’s Civilization and its Discontents in New York in early January 2015 - as a “response to the beheadings, school shootings and other violence that have defined 2014”. Violence continues in the world and we are not immune down-under.
At the same time posters in Sydney train stations proclaim “Let it Go” tattooed over clenched fists emerging from a bouquet of roses and ask “is one punch worth it?” promoted by Stepbackthink.org. Stepbackthink is a not for profit organization with the aim of “driving cultural change that ends social violence in Australia.” Questions arise…

What are the origins of the metaphor the king hit and the coward’s punch?

Can we “let it go” and what is it specifically that we have to let go of, one punch or is it something more complicated requiring a deeper understanding?

What role do we have as psychotherapists practicing the art and science of psychotherapy in driving and supporting cultural change to end social violence?

This paper explores these questions in response to the Conference Committee’s invitation.

**DISCUSSION**

4.35 – 5.00 Metcalfe Auditorium 
Facilitators: Anthony Korner, Judith Pickering, Cecile Barret

5.30 – 7.00 COCKTAIL PARTY (Dixson Room)

**DAY 2**
**SUNDAY 25 September 2016**
**Metcalfe Auditorium**

8.45 - 9.45 Dr Joan Halburn
Metcalfe Auditorium Chair: Cath McGrath

**Dissociation or psychosis – whither the conversation?**

The dialectic of dissociation as an unconscious coping mechanism and the failure of dissociation in psychosis can be seen to represent symptom formation. The threat of loss of self and the fear of un-relatedness or separateness that young people experience in their pursuit of separation and individuation from overly-close maternal relationships, requires that psychotherapists in relational psychotherapies i.e. the Conversational Model keep in close contact with the individual’s dual anxieties, helping them emerge from painful and terrifying loneliness to a place where they can find self in the dyadic conversation.

Learning objectives:

1. Dissociation or psychosis? Is it necessary to untangle the complexity?
2. Separation-individuation, a prime task of mid to late adolescence.
3. Making contact with a patient who is not coherent or cohesive

9.45 – 10.45 Kathleen McPhillips PhD & Gerard Webster PhD
Metcalfe Auditorium Chair: Brendan McPhillips

**Recovery from sexual abuse: New perspectives for individuals and communities**

Kathleen McPhillips:
Spoiled identities and community resilience

Using the work of Goffman and other social psychologists, this presentation looks at the ways in which the identities of perpetrators of sexual abuse are constructed in a monolinear fashion creating “spoiled identities”. This is a social construction which the community actively participates in for necessary reasons but which after time affects levels of community healing and resilience through embedded and habitual processes of othering. I shall explore how these concepts can be applied using the case study of ‘Paul’ as well as looking at some of the responses to the revelation of widespread child sexual abuse in affected Catholic communities that has emerged through the work of the Royal Commission into Institutional Responses to Child Sexual Abuse. The presentation will consider the ways in which affected communities have begun to shift towards more complex understandings of the causes and outcomes of abuse, and where by utilising a relational model of community development are able to foster processes of healing and resilience.

Gerard Webster:
Society, Catholicism, and the human person as complex systems and sub-systems

Complexity theory is recognised as the New Science that conceptualises the universe as a system of communicating systems. As such, everything in the universe is better understood by exploring the dynamic, nonlinear relationships between the parts that make up the whole. Psychoanalytic Complexity Theory provides a new, but familiar contribution to contemporary psychoanalytic theory and practice. By examining the case of ‘Paul’, this presentation sketches out how complexity thinking provides a lens for recognising, reflecting upon, and responding to victims and perpetrators of child sexual abuse at both the individual-therapeutic and societal levels. As such, it has radical implications for social change that are founded on the inalienable human rights of children to be protected, and of perpetrators to be treated with dignity – all being persons of worth. As a part of the system, we are all a part of what happens in it. We therefore not only have a moral obligation to act wisely, but our just actions offer promise (but cannot guarantee) a safer and healthier community.

10.45 – 11.15 MORNING TEA (Macquarie Room)
11.15 – 12.15 Dr Shaun Halovic
Metcalfe Auditorium Chair: Anthony Korner

Development of the CMAS - Conversational Model Adherence Scale

Meares et al. (2012) outlined within the clinician’s manual for Conversational Model Therapy (CMT), the basis for a scale that would measure adherence to CMT within any given therapy session. Our aim was to further develop the Conversational Model Adherence Scale (CMAS) through multiple workshops with senior clinicians within the Westmead Psychotherapy Program and through consultations with Russell Meares, the co-founder of the Conversational Model. Measuring adherence to a given psychotherapeutic approach has numerous benefits, such as the verification of therapist expertise, ensuring therapy fidelity in the reporting of patient outcomes, and facilitating the training of new CMT psychotherapists by minimising the cognitive load within a complex skillset. The final version of the CMAS was pilot tested with seven senior CMT clinicians, rating on three audio recorded therapy sessions, as volunteered by training psychotherapists within the Westmead Psychotherapy Program. Inter-rater reliability was calculated for each therapy recording, resulting in Intra-class Correlation Coefficients (ICC) of .894, .827, and .862. We tested the CMAS again to
investigate whether additional training was required to reliably use the CMAS, by including
novice training therapists as raters of a video recorded CMT session of Russell Meares. Senior
clinicians and trainee psychotherapists (N = 22) alike completed the first category of the
CMAS (5 items, “Immediacy”), resulting in substantially reduced ICC scores of .014
comparing single measured items across multiple raters, and .065 comparing the consistency
of different raters on average. Inter-rater reliability dropped considerably when we included
both novice and expert CMT psychotherapists thus showing that either inter-rater agreement
is substantially reduced when ratings were limited to the first category of the CMAS or that a
certain level of training/experience is likely required for the valid judgement of CMT
adherence in any given therapy session.

12.15 – 1.00 DISCUSSION
Metcalfe Auditorium Facilitator: Nick Bendit
1.00 Conference Close