



Canadian Association of Psychoanalytic Child Therapists (CAPCT)
and
Canadian Institute for Child & Adolescent Psychoanalytic Psychotherapy (CICAPP)
present

DESCENT INTO SUBTERRANEAN PATHWAYS
a study day on psychoanalytic psychotherapy with infants and parents

Saturday, May 4, 2019

Toronto Lawn Tennis Club, 44 Price St., Toronto, ON

Guest Speaker: BJÖRN SALOMONSSON

Psychotherapy with Infants and Parents (PIP) is unique among therapies by inviting human beings, intimately linked but developmentally far apart, to remedy their emotions and relationships. The therapist's job is to discern the psychological roots to the parent's depression, anxiety, ambivalence, role confusion, or marital difficulties – and to the baby's depression, distress, and contact difficulties. To achieve this, s/he must descend to subterranean communicative pathways that interfere with the parents' and the child's wishes for a harmonious relationship. Such expeditions are often painful and terrifying for patients and therapists alike. Health care organization and staff are also affected by the anxiety surrounding distressed dyads, which poses specific challenges.

PIP therapists assume that such pathways, if unrelieved, can extend in time and cause continued emotional suffering. To forestall such negative development, **Lecture 1** argues that perinatal health care should be organized so that the staff has the time and skill to detect emotional problems and has accessible channels for referral. **Lecture 2** brings up what may happen when perinatal dyadic distress remains undetected. A mother-infant dyad was captured on a video. At 4½ years, the distressed girl was observed again and at 6, she was helped in a therapy that revealed links between the internal worlds of mother and child. **Lecture 3** gets into the nitty-gritty work of PIP work. It focuses on a baby's gaze avoidance, an often overlooked phenomenon, that signals her distress in the interaction with the mother. Perhaps, it also heralds the building up of a "pathological organization" which, many years later, may underlie severe emotional suffering. This lecture also brings in how the therapist's technique is affected when moving about in the turmoil of parent-infant interactions. **Lecture 4** is a "journey in reverse". It highlights how an adult patient's distress is linked with reconstructions of childhood trauma, that is, how therapist and patient guess that experiences of emotional neglect in infancy have trickled into depression in adulthood. This touches on an argument sustained during the day: PIP can alleviate distress in babies and parents – and help therapists grasp infantile layers in adult therapy patients.

LEARNING OBJECTIVE

The attendees will have an opportunity to gain an in-depth understanding of early communication and development which will be an invaluable experience for the psychotherapists / analysts who work with parents, parent-child dyads, older children, adolescents, families, as well as individual adults.

LECTURES

1/ PATHWAYS TO FAMILY DISTRESS: UNCOVERING. ORGANIZING HEALTH CARE. SUPERVISING STAFF

How can we enable distressed dyads to reach helpful psychological treatment? Many obstacles need to be overcome; economic, organizational, educational and emotional. I will first compare a vertical and horizontal model of organizing infant health care and also broach how we should accomplish a smooth cooperation between relevant professions. Then I will outline emotional problems among staff members and present a reflective supervision technique that helps them overcome modesty and uncertainty in addressing mothers whom they suspect suffer from postpartum depression.

2/ PATHWAYS IN TIME: FOLLOWING A GIRL FROM 5 MONTHS TO 7 YEARS OF AGE

A mother and daughter participated in an RCT in her infancy, with a follow-up at 4½ years. Between 6 and 7½ years, the girl was in child therapy. The research interviews, videos of the dyad's interactions, and therapy notes enabled us to link the infant observations with the treatment of a neurosis during the girl's latency period, marked by anxiety and bossiness. The mother-infant relationship's brusque and speedy qualities thwarted the girl's development of intimacy. To understand how she had internalized such components of their relationship, I will combine various data sources. I will then argue that by combining PIP observations and empirical research we gain a deeper understanding of the relations between the child's external milieu and her internal development. Video and therapy material will be presented.

3/ PATHWAYS IN THE SESSION: ON PIP TECHNIQUE AND COUNTERTRANSFERENCE

Once the therapist and family has established contact, many technical challenges emerge. The focus will be on how I maintain contact with the parent(s), the baby, and my Self, and how this is reflected in therapeutic interventions. Counter-transference pressure in me can result in slips, metaphors, body language, anxiety symptoms, and a dramatizing tendency. These phenomena are helpful to understand what goes on between mother and baby and within each of them. I will also discuss how I observe and conceive of the baby's efforts to preserve her peace of mind. One example is when she avoids the external mother, whom she experiences as incomprehensible, by closing her eyes. Her aim is presumably to safeguard good aspects of the internal mother, but the result may be that unhappy remnants continue in mother and child. Videos from sessions will be shown.

4/ PATHWAYS IN REVERSE: RECONSTRUCTING THE IMPACT OF POSTNATAL DEPRESSION IN A WOMAN PATIENT

Therapists' PIP experiences also influence technique with adult patients. I suggest we develop a deepened understanding of *primitive despair*, a familiarity with handling high-speed interchanges between *container and contained*, a sharpened focus on *para-verbal communication*, a greater ease in acting as *participant observer* and taking a "helicopter view" on the clinical process and, finally, a propensity to *reconstruct*, with patients, traumatic influences from infancy that impact on their

present distress. The latter will be demonstrated with the analysis of a depressed middle-aged woman. Her insistent view of me as aloof and nonchalant, plus her description of an obviously depressed mother, inspired me to reconstruct her present despondency as an aftermath of her mother's postnatal depression. I will account for her varying reactions to this suggestion and the relief that it eventually brought about.

ABOUT THE PRESENTER



Björn Salomonsson is an Adult and Child training psychoanalyst of the Swedish Psychoanalytical Association, Stockholm, working in private practice and at the Mama Mia Child Health Centre. He is also Associate Professor at the Unit of Reproductive Health, Department of Women's and Children's Health, Karolinska Institutet. His research and publications focus on psychoanalytically inspired parent-infant therapies (theory, practice, and outcomes), child analysis and the 'weaving thoughts' case presentation method. His books, "Psychoanalytic Therapy with Infants and Parents: Practice, Theory and Results" and "Psychodynamic

Interventions in Pregnancy and Infancy: Clinical and Theoretical Perspectives" were published in 2014 and 2018 by London, Routledge. A third book, written with Majlis Winberg Salomonsson, was published 2016: "Dialogues with Children and Adolescents": A Psychoanalytic Guide" (Routledge) and: "A quoi pensent les enfants?" (Erès).

FEE

*Earlybird registration deadline is **April 19, 2019**.*

Fee includes a light lunch

Regular: \$165 / \$175

CAPCT Member: \$140 / \$150

Student: \$100

CICAPP Student: \$100 (*stipend available*)

In the event that you must cancel your planned attendance at this event, notice will be required in writing no later than Friday, April 19, 2019 to be eligible for a refund of ticket purchase. All refunds are subject to a \$25 administration fee. No refunds will be issued after April 19, 2019.

REGISTRATION

Online: www.capct.ca

Mail: CAPCT/CICAPP Administration Office, 17 Saddletree Tr., Brampton, ON, L6X 4M5

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