

Thank you Dr. Levin, our institute's administrator Zan Christensen, as well as Stan Case for creating this venue, and especially you the audience for listening and participating. Having my first post-didactic year as a SPSI clinical associate during the pandemic isolation that we've all endured has felt at times like being on a desert island or at least wandering the wilderness. Events like tonight are an appreciated invitation to visit our shared professional home.

But speaking of desert islands, music fans sometimes discuss the top albums they would take if marooned on one. Extending the topic to papers, I'd add Dr. Levin's to my personal mix. Using both clinical material and brain-centered psychoanalytic theory, he powerfully demonstrates how he has evolved as a clinician and theoretician since training and stayed open cognitively, affectively and unconsciously to his patients. After giving such a convincing blow by blow account of the emotional, psychosomatic and mental image events in that second patient vignette, Ron acknowledges it didn't exactly happen that way. He honestly and compellingly speaks of the underlying process as puzzling and murky, but provides ideas of how to better understand and tolerate it. And I'm sure listeners tonight will have clinical and theoretical ideas and comments about this material. Regardless of what level we examine the cases, Dr. Levin shows how frequent and in depth work can preserve an effective balance between insight oriented interpretations bridging the past and present into a cohesive narrative with an emotionally engaged "being" with the patient at the level of implicit relational knowing.

Ron's use of a musical intervention as well as his emphasis on attunement and being in the right relational key and rhythm queued up my own musical association to the tune of the Entertainer. I know that I may not be doing myself or SPSI any favors in looking hip and contemporary department by extolling the virtues of this 'cool new music' called ragtime. But considering the music was repopularized in the 1970's right before I was born, the song is analogous to a speck of light so to speak from the night sky of my early childhood. Serving undoubtedly as an early integrative container, it lay waiting to be rediscovered. As an adult with access to streaming music and internet, I found myself listening more to the song's composer and learning of his life and times. You may know Scott Joplin as the King of Ragtime. Born into a musical family of railway laborers in Texarkana, he grew up around work songs, gospel hymns, dance music, but also in adolescence received extensive classical music training from the German Jewish immigrant Julius Weiss. As the leading developer of a new art form, the classic rag, Joplin combined the harmonic schemes of Western classical music, with John Philip Sousa march tempos, and African-American folk music rhythms and syncopation. This is an only in America integration.

This creative blending of styles reminds me of the ideals of psychoanalytic training program here at SPSI to teach and be a home to a wide range of psychoanalytic clinicians and theories. I even find myself wanting to prove my own bonafides and show off this wide tent we have here at SPSI. In the interest of time I'll spare you my joy rhapsodizing about Freudian metapsychology to Kleinian splitting and projective identification to Kohutian self objects to attachment, infancy, neuropsychanalysis, and the

big jump from 1 to 2 person psychology- Our curriculum committee members are master Tetris players around this packing this all in.

Instead I'll use my association to Joplin to ground my effervescent excitement about holding on to those theories. Joplin's use of syncopation was key to the catchiness and feel of rag time. Syncopation is how musical rhythms can be played together to emphasize the off-beat. The regularity of the piano player's left hand is paired with the right hand's melodic liberation. Like many artists creating work that might seem to be vulgar or folk, Joplin could be defensive about his approach. "Syncopations are no indication of light or trashy music," he said, "and to shy bricks at 'hateful ragtime' no longer passes for musical culture."¹ Modern Albanian artist Anri Sala further expands on the value of syncopation of "how it pulls the beat, how it resists becoming the beat, how it offers an alternative space adjacent to it, whether in a rhythmic situation or, figuratively, a social or political one. ...It disturbs a perception of time as a regular flow, producing the feeling that time itself may come out of joint."² Quotes applicable to our work and own times!

I invoke syncopation as an entrée into approaching the consideration of altered states that Ron calls for in his paper. In that area, I found a paper by Lewis Aron and Annabella Bushra particularly useful³, I will share the paper's citation as I highly encourage interested audience members to read it themselves, but here are some highlights. They emphasize that since Freud's turning away from hypnoid states to explain and cure hysteria, the role of dynamic states of consciousness in therapy has been less explored. In part, this is due to our profession's conflicts and ambivalence about the role of suggestion in our work. And at various times, phenomena like depersonalization and derealization have been considered more pathological as opposed to bridges to more adaptive, creative, self-expanding states. Indeed one can see a strong societal interest in bringing psychedelics into the therapy room, which is above my paygrade to critically examine this evening.

But consciousness, can be seen as dynamic neuropsychological continuum from hyperarousal to more relaxed or drowsy states, as well having a quality distinct in reverie, daydreaming, and the pre-and post-sleep hypnagogic/hypnopompic hallucinatory imagery (with the latter more primed to occur in the therapist during periods of sleep deprivation in parenting young children I can attest). The mid-century analyst Bertram Lewin suggested that just as the surgeon cannot ignore the basic situation of anesthesia, so we cannot forget the ratio of sleep and wakefulness in an analytic patient⁴. He also imagined the therapy hour an altered hypnotic situation where resistance could be seen as the patient being too much awake or too much asleep⁴. As Aron summarized, a traditional transference interpretation might be seen as saying "Wake up I'm not really your father, stop dreaming and distorting reality, wake up". And if instead the analyst interpreted defenses stopping the patient as seeing the analyst as father, the analyst was saying something like "Allow yourself to go to sleep, loosen your ties to reality and let yourself dream that I am your father here." Ron's playing of the blues could be seen as an interpretation of the latter type as well as a relative gift of self-disclosure. Now tracking this all in the form of dialogue can be difficult, let alone all of the minute parts of hour, including the patient's quality of thought- abstract or concrete as Ron tracks in his concept of scale confusion- as well as their facial expression, postures, body gestures, tone and rhythm of speech. And that's just the patient and

not the analyst's internal state. It's a balancing act that may require a simplification and filtering out of details, important or not, for purposes of coherence.

Back to Joplin- He eventually wrote an opera about both the value of education for African American men and women as well as the triumph of reason over superstition. Entitled *Tremonisha*, it eventually won a Pulitzer Prize in 1970s and is now well regarded as an imaginative part of the American operatic canon. But its sole contemporary performance by a non-professional cast lacking costume and sets- all paid for by Joplin himself- was received to lackluster response in 1915 at the Lincoln Theater in Harlem. Joplin's friend described the performance and how "its special quality (would have been) lost on the typical Harlem audience (that was) sophisticated enough to reject their folk past but not sufficiently so as to relish a return to it."⁵ His performance just predated the cultural and academic flowering of the Harlem Renaissance in the 1920's and 1930's.

Speaking of sophistication and altered states, contemporary theorists like Bromberg now stress dissociation as an "interpersonal process," and Maroda highlights the need for a "shared madness" and the experience of merger in a highly charged affective way that patients need for a sense of engagement. And there's the notion that analysts, like our patients may have our own idiosyncratic tendencies to work more in some kinds of altered states than others, which attracts us to certain patients. I myself find a gap between the part of me that loves deliberating the concrete and linear theories like I shared (e.g. Hello Patient- Here I am helping you to mentalize, insert ego where id was, reintegrate split off selves, transmutingly internalize me) vs the one working more intuitively. And, for those interested, I include a link to an encyclopedic paper by Marks Tarlow which reviews the self-organizing, emergent, non-linear dimensions of psychotherapy and discusses many rich theories like Bowlby meets the brain in Alan Schore's regulation theory, the emotional prowess of our right hemisphere, and even fractals.

Analytic training helps to bridge clinical deliberation and intuition. The best of our classes, case conferences, and consultants create a sense of safety in bringing in the 'raw data' of our work. They encourage us to: share images or ideas that come to mind even if they don't totally make sense (which scale confusion can help explain), be aware of the potential for enactments in the group or dyad discussing the data, and recognize how we may show in the quality of our presentations aspects of the countertransference and ourselves that are only partially conscious. These are frequently enlivening and invigorating experiences where the bottom up processing of primary sensory and affective experience meets the top down conscious understanding of our work.

But just like that Harlem audience, any of us as individuals or a group may have days or situations where we simply do not relish a return to the fray below our elevated theory, frame, and authority. Whether you call it vicarious introspection, trial introjection, or responding to scale confusion, Ron shows the value of empathy even when the search for understanding takes therapist and patient to strange and upsetting places. There is a courage in acknowledging as Ron did that the truly therapeutic exchange at

its core may be quite confusing. That the signals we recognize and create in our therapeutic work may be noisier than what we would prefer. And as trainees, with less experience and eloquence than Ron, pulling together less filtered clinical material can feel and sound less like an obviously integrative work like one of Joplin's syncopations, and more like just messy or out of rhythm efforts. Working with clients' insecure attachment, fractured and beleaguered self states, people who can push and pull between the need to idealize, but outcompete, while hypervigilant to threats of coercion and abandonment. The countertransference can be compared to riding out limbic hurricanes or having a reasonable conversation while riding a mechanical bull. I add Dr. Levin's paper to the encouraging guidance of faculty and candidates alike whom are largely 'good enough' at tolerating the mess, encouraging our creativity and development of a sense of authority as well as modesty and inspiration at our wondrously complicated work.

In conclusion, I appreciate being chronologically middle age, but more like an adolescent in my own 'analytic journey.'. And as Winnicott says don't expect maturity out of an adolescent- it would I just be pseudo maturity. So thank you for your kind attention and opportunity to present my admittedly broad discussion, with my somewhat self -preoccupation as a trainee, tonight. I am really interested in what the audience has to say about the case, altered states in our work, and their own views and experience as metaphorical time travelers and archeologists grappling with scale confusion in encounters.

1. (<https://www.pianistmagazine.com/blogs/scott-joplin-and-the-history-of-ragtime/>, n.d.)
2. <https://www.artnews.com/art-in-america/features/muse-syncopation-63149/>, as Anri Sala as told to Natalie Bell
3. Aron L, Bushra A. Mutual regression: altered states in the psychoanalytic situation. J Am Psychoanal Assoc. 1998;46(2):389-412. doi: 10.1177/00030651980460020302. PMID: 9684221.
4. Lewin, Bertram. Dream psychology and the analytic situation. Psychoanal Q. 1955;24:166-199
5. https://en.wikipedia.org/wiki/Treemonisha#cite_note-8
6. Marks-Tarlow, T. The non-linear dynamics of clinical intuition. Chaos and Complexity Letters. 2017; 8: 1-24. Retrieved from : <http://www.markstarlow.com/wp-content/uploads/2017/03/Nonlinear-Dynamics-of-Clinical-Intuition.pdf>