Mechanisms of Change in Relational Psychoanalysis

- ## Jeremy D. Safran, Ph.D.
  - New School for Social Research
- NYU Postdoctoral Program in Psychotherapy & Psychoanalysis

- www.safranlab.net
- www.therapeutic-alliance.org

Relational Psychoanalysis

- Synthesis of a number of influences
- Interpersonal psychoanalysis
- Object relations theory
- Self Psychology
- Feminist and postmodern theory

- Emerged in part as a critique of mainstream American ego psychology
- Inherently a synthetic approach

Ongoing assimilation of multiple empirical influences

- Attachment theory and research
- Mother- infant developmental research
  - Daniel Stern
  - Ed Tronick
  - Beatrice Beebe
  - Boston Change Process Study Group

Three interdependent mechanisms of change

- Relational

- Affective

- Conceptual

Technical & Relational Factors

- Technical and relational factors are completely intertwined
- All interventions are relational acts
- Impact of intervention is a function of its relational meaning to both patient and therapist
- One cannot not communicate

- All interventions communicate therapist's state of mind & feelings
- Even dissociated feelings will color meaning of intervention

Interpersonal Beings

- Human beings are fundamentally interpersonal creatures
- Biologically wired for connection
- Develop in an interpersonal context

Emotion

Emotion and evolution

- Adaptive function
- Immediate, bodily sensed appraisal
- Action tendency information
- Internally generated information about self in relationship to environment
- A primal form of communication

Human beings are hardwired to read each other's emotion displays

- Emotion plays key role in communicating needs to others

Affect Regulation

- The capacity to attend to, reflect on and make constructive use of a wide range of emotions

- Deficit in affect regulation skills plays a key role in most psychological/emotional disorders including psychosomatic

- Development of capacity for affect regulation takes place in context of relationship with regulating other (self & interactive regulation)

Multiplicity & Dissociation

- There is no unified self
- Multiplicity of self-states
- Multiple self-other configurations develop out of representation of different patterns of self-other interactions occurring over time
- Self-other configurations linked by emotion

Self-states

- Self states vary in term of the extent to which they are dissociated from one another
- Degree of dissociation is a function of intensity of developmental trauma
- Trauma is often cumulative in nature

Influence between therapists & patients is bi-directional

- Therapist is not a neutral or objective observer

- Cannot stand outside of interpersonal field

- Influence between patient & therapist is bidirectional and partially outside of awareness

Dyadic systems perspective on therapy


Two-person Psychology

Nonverbal communication

- Implicit mutual influence takes place through nonverbal communication
- Therapists are typically only partially aware of the role they are playing in influencing patient

Transference/countertransference Enactments

- Repetitive interactional patterns that inevitably become established between all patients & therapists

- Shaped by both participants' unique personal histories, conflicts and ways of relating to others

- Part of the ongoing fabric of psychotherapy
- Both patients & therapist unwittingly contribute to them
- enactment vs Enactments
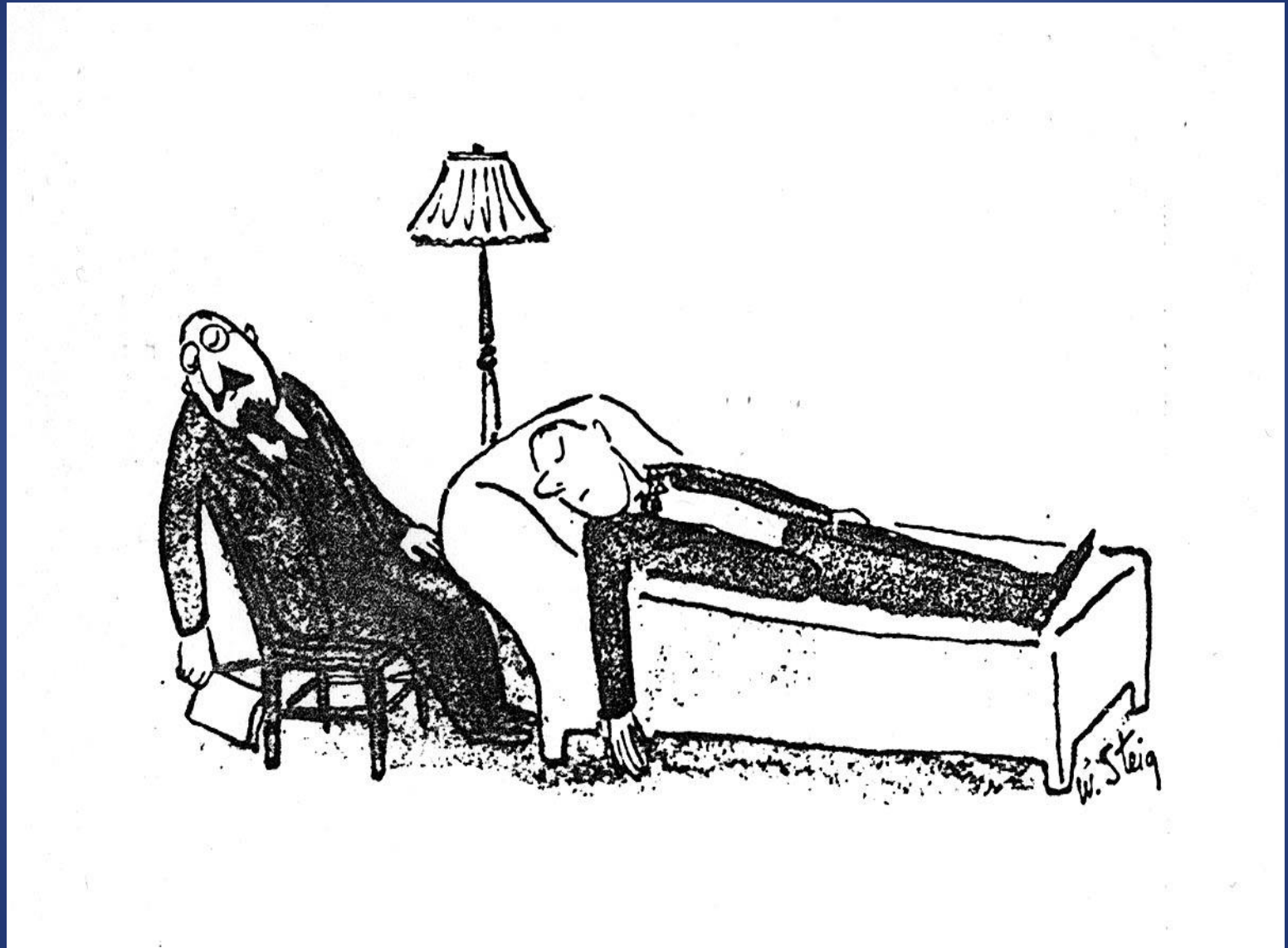
"See? Even you hate me"

Dissociated self-states are enacted

- Many of the concerns and experiences that patients bring into treatment
- Cannot be symbolized in words
- Unformulated or dissociated experience brought into treatment by patients through actions and nonverbal behavior

Therapeutic relationship as disregulated system

- Patients' dissociated affective experience interferes with their ability to communicate needs and elicit helpful helpful responses from others

- Can be dis-regulating for others including therapist

- Need versus "neediness" (Emmanuel Ghent)

Affect regulation mechanisms

- Affect attunement (Daniel Stern)
- Containment (Bion)
- Therapist self-regulation
- Therapists must be able to tolerate their own feelings in order to tolerate and affirm patients' feelings
- Self & interactive regulation (Beatrice Beebe)

Knowing our patients from the outside in

- Therapists can only come to really know and understand people by becoming a part of their interpersonal worlds

- We feel what it is like to be part of their interpersonal world

- We unconsciously read patients' nonverbal communications
- And we act in response to what they are communicating/doing to us
- Doing is a kind of communicating

Change involves multiple intertwined processes

- Change in internal objects (implicit relational knowing)
- Growing capacity to stand in spaces between multiple self-states
- Growing capacity to access, tolerate and make constructive use of a wide range of affective experiences
- Growing capacity to regulate own feelings & make use of others to regulate feelings

Internal working models changed through new relational experience

- Therapist begins as (is transformed into) old object

- Over time evolves into new object (Fairbairn)

- Contributes to change in patient's internal objects
  - Implicit relational knowing
  - Felt ways of being with others

How does this occur?

- As therapists we engage in an ongoing reflection on the nature of our own contributions to relational scenarios playing out

- Reflecting on our emerging feelings provides us with information about our action tendencies

- Reflecting retrospectively on our actions

Therapeutic metacommunication

- Acknowledging our own contributions to ourselves and to our patients
- Inviting patients to collaboratively explore who is contributing what
- Developing a shared construction of what is taking place
- Understanding & disembedding are two sides of the same coin

Symbolizing dissociated feelings and change in self-representation

- Internal working models change as a result of accessing, reflecting on and symbolizing previously dissociated (unformulated) affective experience

- Discovery and construction take place in context of relationship with therapist

Making the unconscious conscious?

- Mechanism of change is not one of putting feelings into words

- New words can be bi-product or marker of the change process

- It involves tolerating the painful feelings of rage, contempt, despair, sadness, shame, guilt, impotence and self-loathing that are evoked in us

- Becoming aware of and accepting responsibility for our own contributions to enactments that are playing out
- Becoming aware of and acknowledging our own disregulating feelings to ourselves
- So that we can serve as surrogate affect regulators for our patients

Therapists' state of mind as an instrument of change

- Therapeutic metacommunication can facilitate the process of therapists transitioning into a helpful state of mind
- Symbolizing/verbalizing the "unsayable"