Mechanisms of Change in Relational Psychoanalysis

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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."

"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 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”