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Evolution of Process

EDITED BY

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Foreword: Voyaging the Relational Sea Change

Spyros D. Orfanos

About 37 years ago, I was struggling with the idea of whether to study psychology as an undergraduate. I had taken a few courses and was not particularly impressed with the field, neither its empirical nor Freudian zealots. And the Fordham University Jesuits with whom I was studying at the time had turned me off to ancient philosophy and comparative literature—two particular interests of mine. I considered the Jesuit's approach a serious misunderstanding of text, ideas, and life. I always believed Nietzsche's Zarathustra was right: “God is dead,” and I believed that the gods were alive in biology, history, culture, the unconscious, and chance.

My state of intellectual melancholia was beginning to take its toll on me. And then things changed. The change was no doubt complex, but it was not complicated. It involved *Eros* and it also involved *Logos*. I decided to give the study of psychology one last try, and I registered for a class in abnormal psychology, which happened to be taught by an unassuming, bearded man named Stephen Mitchell. This young professor had a flair for teaching and a scholarly style that juggled precision, pluralism, and passion. He taught about the suffering and treatment of people by making references to Goethe, the existentialists, and psychiatrists like Harry Stack Sullivan and R. D. Laing. He lectured and discussed the nuances of interaction among psychology, culture, and politics. And he seemed to have a restless spirit of inquiry. His was a psychology that inspired. I switched my college major to psychology.
Stephen A. Mitchell went on to emerge as a central figure in the development of the relational point of view in psychoanalysis. His ideas and unique contributions will someday be carefully considered and evaluated for their brilliance and creativity. But Mitchell did not stand alone as the sole advocate for the relational point of view. A community of like-minded analysts and scholars were already on the job, so to speak.

We often think of Greenberg and Mitchell’s (1983) *Object Relations Theory in Psychoanalysis* as the beginning of relational thinking but that is not quite right. There was a “before the beginning” phase that involved creativity, both conceptual and clinical. Contributions from analysts like Heinrich Racker, Merton Gill, Edward Levenson, Darlene Bregman Ehrenberg, Irwin Hoffman, and a number of philosophical (feminism and constructivism) and sociopolitical developments (the demise of the medical model and the insertion of the subject into the clinical narrative) comprised this before the beginning phase. The early contributions and developments that preceded the comparative psychoanalytic opus of Greenberg and Mitchell were necessary for the evolution of the relational point of view. But it is a principle of the relational view that often we cannot tell exactly when something starts and when it exactly finishes. History is construction. We can, however, surmise that the emergence of the relational point of view was revolutionary in psychoanalysis and that it involved a community of clinicians and scholars. This community did not emerge overnight but over time with its individuals engaged in mutual scholarship and nonlinear learning. True, there were leaders, some public and some less public, as is the case with any creative group, but the leaders tended not to be positivists as is so often the implicit demand placed on leaders. The relational perspective was not centered on the ideas of one leader or scholar. Mitchell has often been set up by critics as the solo leader of the relational movement, but he would have been the first to dismiss himself in that role. Having studied community psychology for a spell, he was too savvy to feel that one individual could responsibly establish a tradition of innovation—a core collective was needed. Mitchell facilitated the creation of an informal core of relational scholars.

The papers in this volume attest to the success of the unusual professional community that was formed by the relational point of view. The 20 contributors to this volume demonstrate an originality of thinking and action (practice) that taken together demonstrate the continued creative spirit generated by the relational revolution. They write about clinical process as if they had bodies, were situated in time, space, culture, and society and struggling for credibility and authority (Shapin, 2010). Marx was wrong; not all revolutions are taken over by clerks.

Why refer to the relational perspective as revolutionary? I shall try to outline an answer to this by way of borrowing from those who study creativity
and aesthetics (Sternberg, 1999). But it is understood that there is no a priori scale that renders one psychoanalytic model more creative than another. Creative contributions differ not only in their amounts but also in the types of creativity they represent. Sigmund Freud and Anna Freud were highly creative psychoanalysts, but the nature of their contributions was different. Sigmund Freud proposed a radically new theory of human motivation that he called a Copernican revolution in thought, and Anna Freud elaborated on and modified her father’s theory. According to Sternberg, creative contributions can be categorized into those that accept current paradigms and attempt to replicate or extend them and those that reject current paradigms and attempt to replace them. Accepting the current paradigm can mean leaving the field as it is with perhaps some redefinition or movement forward in increments (in the direction it is already going). Greenberg and Mitchell describe this as a “preservative” strategy. Rejecting the current paradigm can mean (1) a redirection or (2) a reinitiation in either small steps forward or substantial leaps (reinitiation represents a major paradigm shift). Greenberg and Mitchell describe this as an “alternative” model. In music, Beethoven’s work can be viewed as a redirection from the classical style of music that had been used by Mozart and others. He used many of the same classical forms as had his predecessors, but he also showed that a greater level of emotionality could be introduced into the music without sacrificing the classical forms (Kivy, 2001). In psychoanalysis, Lacan (2002) can be seen as redirecting French psychoanalysis by “a return to Freud” and his defining of the unconscious as “the discourse of the Other.”

Reinitiation, the second manner by which a current paradigm is rejected, is a bit more complex than redirection. Creative contributors who are engaged in reinitiation suggest that the field or subfield has reached an undesirable point or has exhausted itself moving in the direction that it is moving. But rather than suggesting that the field or subfield move in a different direction from where it is (as in redirection), the creative contributor suggests a different direction from a different point in the multidimensional space of contributions. In effect, the contributor is suggesting that people question their assumptions and “start over” from a point that most likely makes different assumptions. Mitchell (1988, 1997) questioned the assumptions of many of the dominant psychoanalytic models of his day (ego psychology, the Kleinian tradition, and interpersonal psychoanalysis) and argued for a fresh approach. According to Aron and Harris (2005) he described these developments as revolutionary rather than evolutionary but also understood the aesthetic and constructive aspects of such designations as being in the service of theory building. It is unlikely that the relational revolution in theory and action is a Copernican change. Mitchell believed the relational model was “better” and “more useful.” He explained in an interview with Rudnytsky (2002), “It explains people–clinicians as well as
patients—to themselves much better. It’s also more consistent with a whole range of movements in other intellectual disciplines” (p. 118).

In 1983, Greenberg and Mitchell borrowed the term *paradigm shift* from the work of the famed American historian and philosopher of science Thomas Kuhn. In 1963 Kuhn published his highly influential *The Structure of Scientific Revolution*, a book about scientific revolutions and the periods of great upheaval when existing scientific ideas are replaced with radically new ones. The concept of paradigm was a constellation of shared assumptions, beliefs, and values that unite a scientific community and allow normal science to take place. At the time, the dominant philosophical view in the English-speaking world was logical positivism, and Kuhn's ideas challenged the belief in the orderly accumulation of scientific knowledge. In fact, Kuhn argued that adopting a new paradigm involves a certain act of faith. Moreover, he questioned the validity of the concept of objective truth and theory-free observation. But there were problems with the term *paradigm* primarily related to definition. Kuhn's ideas dropped out of favor in numerous intellectual circles. In psychoanalysis, this was partly because the scientific narrative lost its dominance and was now valued as just one narrative choice out of many. Thus, a descriptive method used by a historian of science seemed to fade.

The more current term used by many relationalists to describe the dramatic changes in thinking and action is the metaphor *sea change*. This term is drawn from a phrase in a wonderfully evocative song from Shakespeare's *The Tempest* connoting transformation. Ironically for psychoanalysts, the lines of the song evoke radical change in the presence of the death of a father. Transformation implies a loss. In this case, the father may be Freud and his notions of drive.

While relational studies have been at the center of practically all the major developments and innovations in psychoanalytic psychology for over a quarter of a century (Orfanos, 2006), Greenberg and Mitchell did not originally imagine a relational school of psychoanalysis. But a tradition has indeed evolved over time with a number of women and men having made astonishing contributions to theory and practice under the umbrella term *relational*. This volume does not aspire to offer the final word in an authoritative and definitive voice in a dialogue that is still very much ongoing. Its specific contribution lies in the implicit case it makes for the existence and viability of polyphony.

The tempo and momentum of creativity in relational studies seemed to find its rhythm in the early 1990s and has not slowed down. Relationalists mutually inform each other and transform each other through their writings and public actions in psychoanalytic institutes and at national and international conferences. This is a testimony to the importance of the psychological sense of community that the relational revolution maintains.
The distinguished thinkers and outstanding writers presented in this volume on clinical process tell us stories. All their stories, except for Ehrenberg’s, have been published in the first decade of the 21st century. And almost all of the contributors were there during the first sparks of the relational revolution in the 1980s and continue in the present to push the theoretical envelope. Their ideas have not stayed static with just replication of concepts and actions. They continue to redirect and reinitiate. The small miracle of the volume is that there is nothing nostalgic or sentimental about the tone of the papers. The clinical stories told here are enlightening because they are more than their content. They are the kinds of clinical stories relational analysts tell each other when there is time and encouragement and an atmosphere of creativity. There is a healthy intermingling of the theoretical along with the clinical. I am thankful to the editors Lew Aron and Adrienne Harris, both in their own right major innovators of the relational point of view as demonstrated in this volume, for having conceived of the current collection of clinical process stories.

Can a volume of clinical process stories change the way we practice the art of psychoanalysis? Probably not, but it can certainly help us think differently and more deeply. All educators know that learning is nonlinear and that it involves a mutually constructed relationship over time with elements of agency and chance. The papers assembled demonstrate a remarkable inventiveness. A reader can be dazzled by them; she or he can be enriched and even galvanized. But the authors do not always evoke agreement from the reader: That would not be a relational aesthetic. The amazing papers that follow will have concrete elements that can serve as background guides to those who understand that the clinical is learned by way of great study and ongoing disciplined practice of the type that allows for personal expressiveness and spontaneity. I have read just about all the papers previously as journal publications, with the exception being Lew Aron’s afterword, but as with any truly good work rereading these papers makes sense in a different way this time around. The selections do not include all the strong clinical articles published under the relational point of view in recent times, but they are some of the best.

While the papers are clinical in nature, they do have wider social implication. Taken as a whole, they form a mutually productive synchrony. Ideas in individual selections build on each other, and there is a steady expansion of the conversation on clinical process. There are echoes here of the individual and collective creative flow found among Athenian philosophers, tragedians, and sculptures in the 5th century B.C.E. and among Parisian painters, poets, and composers in the early part of the 20th century. The independence and the recognition of each other as part of a larger, cocreative project counter the typical Western tradition of the individual scholar as a bounded being. There is nothing more practical and relational than that.
By way of orienting the reader and providing a preview, the papers are arranged in chronological order. They are broadly about clinical engagement, enactment, impasse, nonverbal dimensions, the relational unconscious, and clinical theory. All but three present detailed clinical material. The great wealth of contributions in this collection begins with the trailblazing ideas of Ehrenberg on the therapeutic relationship and its subtle particulars. Her radical work on what we now call intersubjectivity began in the mid-1970s in the “before the beginning” phase of the relational perspective. Her contribution here on psychoanalytic engagement emphasizes the transactional field in which the subjectivities of each in the analytic dyad are influenced by overt and covert reactions of the other. Her clinical emphasis on the intersubjective posits that insight is often the result of change rather than the cause of change.

It should come as no surprise to those who work in the relational tradition that clinical phenomena are implicitly or explicitly constructivist (created by the dyad). Enter Hoffman, whose clinical theory of “dialectical constructivism” is at the core of his relational sensibility. Phenomenologically, he may be the theorists of ambiguity par excellence. For him, the radical center of therapeutic action is not the moment of interpretation; it can be located in the dialectic of spontaneous, personal involvement, and critical reflection on the process. Hoffman is also profoundly grounded in the existential believing that life exists against a background of death. With the notion that there is a thin line between the idealization of the analyst and resentment of the analyst for his or her privileged position in the analytic situation and world, he offers two rich clinical vignettes. The vignettes are about the coconstruction of meaning in the face of mortality.

In a creative chapter on psychoanalytic enactments, Slochower tackles questions about clinical misdemeanors and gives numerous examples of such. She distinguishes secret delinquencies from serious ethical violations that disrupt the treatment (i.e., having sex with patients, stealing from them, or exploiting them in other ways). Misdemeanors are about self-interest. In my own clinical practice, I know that I will on occasion bring a cup of coffee into the session, write a note about something on my mind not having to do with the therapy, or emotionally withdraw from a patient who bores me. Obviously, these misdemeanors are not all equal and may involve enactments that are shaped by the emotional quality of my relationship with my patients. I feel guilt about these misdemeanors, and I am less than bold about bringing critical reflection to such events; I am more likely to bring self-judgment to them. My patients tend to ignore such moments perhaps for both conscious and unconscious reasons. No doubt, the power differential in the room plays a role in this. We are committed, argues Slochower, to placing our patients’ needs above our own and to addressing whatever resistances interfere with doing this. But this is another instance of a psychoanalytic ideal in collision with the actual.
In a different register, Seligman presents a wealth of material on the developmental perspective, and he does so without resorting to reductionism. While there is no integrated developmental model of relationality, there is ample evidence Seligman writes for thinking about babies as wired for human interaction. Moreover, there is evidence for a clinical theory and technique that places engagement, rather than positivist observation, at the center of therapeutic action. With the decentering of the Oedipus complex and the emergence of dissociation as a defensive organization with varying degrees of rigidity and fragmentation, Seligman builds a developmental view that supports clinical psychoanalysis not as reparenting but as the restoration and integration of aspects of self-experience that are detached or disavowed. A stunningly detailed clinical example of the relevance of infant research and its applicability to adult treatment is offered by Beebe. Her case study of a lengthy, face-to-face psychoanalysis examines moment-to-moment communications, affective climate, and the variety of forms of implicit nonverbal intersubjectivity. Using dual-screen videotaping that shows the faces of both patient and analyst, she allows the reader to see the connections between her groundbreaking research on infants and the swift, subtle, and coconstructed interactions in adult analytic work.

Impasse is a major experience in much of psychoanalytic work, and relationalists have developed various ways to conceptualize it and to work with it. Pizer’s paper in this volume is one important example. He is interested in “how impasse can work in the wings like a silent killer.” With his usual evocative expressive writing style and moving clinical content, he presents a case study that has two phases with a 14-year break in between (the first phase was a psychotherapy and the second an analysis). He focuses on what makes therapy and analysis relational and concludes that it is “the overarching and ultimate commitment to a thoroughgoing, mutual, open, and explicit reflection in treatment dialogue on the multiple conscious and unconscious meanings of our reciprocal interactions....” His actual analysis of a simple and not uncommon remark by his patient brings to focus not only impasse, dissociation, and distributed self-states but perhaps most importantly also the necessity for joint courageous inquiry.

Knoblauch, in a paper that has not been previously published, compares clinical process to the process of improvisation in jazz. The “talking cure,” he explains, is limited. For instance, many traumatic experiences are unspeakable. What makes jazz a particularly good metaphor for psychoanalytic process is that it requires “careful attention to nonverbal embodied dimensions of communication, particularly rhythm, tone and gesture, for recognizing and expressing affect.” Knoblauch finds that we pay more attention to “structures” of experience in the subjectivities of analysands and analysts rather than attending to “process.” He advocates a shift of analytic attention from the former to the latter. In a tour de force writing exercise of
a narrative sequence with a patient he calls Denise, Knoblauch discovers 31 points of foci for attention occurring on both symbolic and subsymbolic registers. This type of expansion of attention enables the analyst and ultimately the patient to broaden awareness and thus to make for a more significant clinical experience.

There was profound grief and mourning over the sudden death of Steve Mitchell in 2000. He had been one of the initiators of an international relational membership organization (the International Association for Relational Psychoanalysis and Psychotherapy) that hoped to have its inaugural conference in early 2002. Despite the deep sense of loss, we continued with the planning of the conference, which was dedicated to the memory of Mitchell. The opening plenary presentation was given by Davies. There was an unspoken, perhaps unconscious, group question in the air on the morning of January 19, 2002, as to how the creativity of the relational revolution would be affected by Mitchell’s absence. Davies gave us the mesmerizing case of Karen, which broke new ground on the matter of “impasses as enactments that one cannot get out of but one can’t get into because of the analyst’s dissociated shame-riddled self-states.” It is my belief that upon the completion of Davies’s presentation all 1,009 members of the audience in the Grand Ballroom of the Waldorf-Astoria Hotel in New York City realized that, while the loss of Mitchell was costly, the creativity of the relational perspective was alive and well.

Among the many innovative theoretical ideas offered by the relational sea change in psychoanalysis is that of the third. What makes it particularly innovative when clarified by Aron is its clinical utility. Clinical utility is a hallmark of the relational approach. Aron rightly argues that impasse often leaves no space for thinking. It creates a closed system. In part, Aron bases his own ideas on Jessica Benjamin’s seminal conceptualizations about the third. Thirdness is a way to conceptualize reflection and symbolization so that the analytic dyad can deal with getting stuck in doer and done, tug-of-war interlocking dynamics, and complementary splitting. In a surprising and brilliant turn, Aron goes beyond the clinical in his afterword and applies the notions of thirdness to professional institutions and theories.

Bass takes up the matter of clinical interlocks and enactments in the context of the analytic frame and rules. While the frame has been understood to be a therapeutic structure with boundaries for the process of therapy to unfold, Bass creativity conceptualizes its intersubjective dimensions. Using clinical material that rapidly goes back and forth, he nimbly demonstrates the utility of Ferenczi’s “elasticity of technique” and flexibility and argues that the establishment of the frame is, in addition to a boundary structure, an integral part of the process itself and reflects the conscious and unconscious aspects of both patient and analyst. He convincingly explains, “Over
time I have come to recognize that any frame for an ever deepening analysis benefits from allowing more play to stretch and fit the unforeseen."

In a shift from the previous clinical themes, the next paper tackles the crucial matter of the relational unconscious. Elise’s clinical material highlights a relational approach to oedipal dynamics. She considers maternal subjectivity and desire (including her own self as analyst). Using myth metaphors, she explores the impact of desexualization of the maternal on the development of her female patient’s sexuality. She proposes “that an oedipal fantasy where maternal and paternal figures compete for the daughter, as do Demeter and Hades in the Persephone myth, is not truly triangular for the daughter but two dyads split apart.” Through a chance encounter, Elise’s patient is pressed to contend with her analyst’s sexually agentic being—a being that is both maternal and sexual.

Focusing on the analyst’s countertransference, Cooper hones in on “analyst disclosure” and particularly analytic reverie (more quieter moments). Influenced by the many contributions of Thomas Ogden, Cooper uses exquisite self-reflection to show how for him, unlike for Ogden, “reverie is more fleeting, imperfect, and a more porous vessel.” Odgen focuses on the dialectical interplay of the analysand and analyst states of reverie, bringing forth a third analytic subject. Cooper’s manner of reverie, however, leads to private, imagined interpretations of what has been enacted and conscious attempts to reveal the analyst’s experience to better understand the transference–countertransference. Cooper reconceptualizes such as “analyst-disclosure” as opposed to “self-disclosure” and as related to the analyst’s ethical imagination. Such disclosures allow the patient to see the analyst’s mind at work. He gives two strong clinical vignettes that serve to help his patients better understand enactments of the transference–countertransference.

While Philip Bromberg’s vitalizing contributions to the relational literature are numerous and highly influential, it may be that his most important explorations have to do with personality functioning (especially but not limited to traumatization). He understands processes such as an “ongoing, nonlinear repatterning of self-state configurations.” These configurations are in a continuing dialectic between dissociation and conflict. In this paper he suggests that retaining the notion of unconscious fantasy interferes with the acknowledgment that the clinical process is inherently relational. He believes the same about mental functioning. He argues for a more flowing, impressionistic view of transitional process than that offered by the hard-edged concept of unconscious fantasy.

Next, Salberg explores one of the least written about topics in relational analysis: termination. Given the aim of deep and layered engagement, ending treatment can be a great loss for both participants in the dyad. It is no wonder that “the mutual process of attaching and detaching, of growing closer, and then saying good-bye” pulls for strong feelings and sometimes
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strong dissociative processes. Offering brutally honest personal material and detailed clinical process notes with patients, Salberg makes an argument for termination as enactment. In the case of her patient Ellen, she knowingly “insisted” on ending the work albeit for good reasons, but later it turns out that it was reparative related to the original trauma—the death of Ellen’s brother.

The postmodern self with its multiple realities, varieties, and open systems pulls for chaos and complexity theory and nonlinear dynamic systems (NDS). Harris is one of the most astute relational theorists and clinicians considering NDS development in discussions of analytic change. Whether conceptualizing gender in general or an individual parent mourning the loss of a spouse she is thinking about multiple, deep, and dynamic positions. In her paper here on clinical impasse, Harris writes elegantly about impasse in the analyst, specifically in the process of mourning in the analyst. She opens herself up to the task of mourning. Given that chaos theory holds that small differences are sufficient for transformative movement, she argues that “mutative action is potentiated by virtue of an analytic stance, or rather by shifts in the internal world of the analyst.” It is not a question of action or speech. Such dichotomies no longer hold. Clinical momentum, Harris argues, must come from authentic change in the analyst. She knows all too well that authentic change is nonlinear and that our experience of it is speckled with return and repetition.

The social psychologist Kurt Lewin once remarked, “There is nothing as practical as a good theory.” Stern, who in the past introduced the highly useful concept of “unformulated experience,” has been recently developing a theory of narrative. He holds that narrative does not result from the analyst’s objective interventions but is the outcome of emergent and coconstructed clinical process. Like most relationalists, Stern believes that the relationship of patient and analyst “is one of continuous, mutual unconscious influence. Neither the patient nor the analyst has privileged access to the meanings of his own experience.” The aim is not interpretation or narrative in the form of text interpretation but the “broadening of the range within which analyst and patient become able to serve as one another’s witnesses.” He uses case material to show how patient and analysts can become “partners in thought” rather than get stuck in unresolved enactments and their underlying dissociations. The case resolutions often lead to new narratives, ones that are emergent and coconstructed. The stories told then further connect Stern to his patients and the other way around.

Striking a different note on clinical process, Gabbard and Ogden highlight the special ongoing maturational issues for psychoanalysts. After beginning with the admission that “few of us feel that we really know what we are doing when we complete our formal psychoanalytic training,”

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they emphasize that much of analysts’ growth and development really takes place after they graduate. They outline eight maturational experiences that can play important roles in the development of analytic identity. These types of experiences range from “developing a voice of one’s own” to “working with consultants” to “daring to improvise.” The aim is to “keep changing, to be original in their thinking and behavior as analysts,” to speak for oneself.

Lastly, if for Hamlet, “The play’s the thing,” then for Ringstrom improvisational play is the thing. And the thing here is the healing liberation that improvisation can create for an analytic dyad. It is about a kind of mutually enhanced free associational process involving scripts, assigned roles, and dramatic sequences. Improvisation is a way to “cultivate” playing with thoughts, feelings, and interactions that arise both within and between an analytic dyad. For Ringstrom improvisation is “more than just being spontaneous” for it involves moments of mutual surrender to the creation of threerness (i.e., improvised script) versus submitting to the other’s domination. In his work with a patient with a victimized manner, improvisation allowed for the experience to be “refreshing versus stagnating, uplifting versus depressing and expanding versus compressing.”

For years now, Paul Wachtel has stood at a slight tilt to the world of psychology and psychoanalysis. His interests in the integration of various forms of psychotherapy, his pluralism, and his emphasis on action in the context of reflection have made for some interesting and innovative ideas. In Chapter 18, Wachtel critiques the linear, archaeological vision implied by “surface and depth” dichotomies and the emphasis in psychoanalysis of two domains: the nursery and the consulting room. Using vivid case material he demonstrates the importance of spending a significant amount of session time discussing patients’ daily life as a way of getting at why they are having difficulty in their life. The call to mind the “gap,” as he calls it, is not a downgrading of the importance of affect, motivation, or presentation of self and other but rather a rightful placing of focused inquiry and patterned action.

Overall, this volume challenges you, the reader, in what I consider to be a lively and engaging way. It looks at clinical process issues in a way that is enthusiastic and meaningful. We have here a treasure of views about contemporary relational practice. If the art of relational psychoanalysis is action under uncertainty, then the 19 papers presented here stimulate plenty of new ideas for dealing with the suffering of our patients and our own humanity and the ongoing complexities of clinical encounters. With such amazing ideas, clinicians can keep busy learning for another generation. And in the spirit of the relational sensibility, I venture to say that what the reader brings and how she or he voyages “on such a full sea” of clinical process can be what will make this volume a great one.
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