

This handout is based on information in Finlay, L. (2015). *Relational Integrative Psychotherapy: Process and Theory in Practice*, Chichester, Sussex: Wiley.

Chapter 14 Relational psychoanalytic theory in practice

Diverse theoretical streams converge in the field of 'relational psychoanalysis' (Aron, 1996; Mitchell & Aron, 1999) making it an integrative *tradition* rather than a particular school (see figure 1). The streams meet in a common focus on relational unconscious process, child development and attachment, and the way that special attention is paid to regression and transference.

Relational psychoanalysis diverges from traditional forms in its *two-person* psychology approach where people are seen as always in-relation with others. Rather than an emphasis on the instinctual drives highlighted by traditional theory, interpersonal relationships are seen as the basis of human development. There is an attempt to mediate between the intrapsychic, intersubjective and interpersonal with a focus on the role of relationships in both creating and healing suffering. A person's learned patterns of interactions are seen to be the root of their psychological problems. These patterns are then enacted and re-worked in the therapy situation.

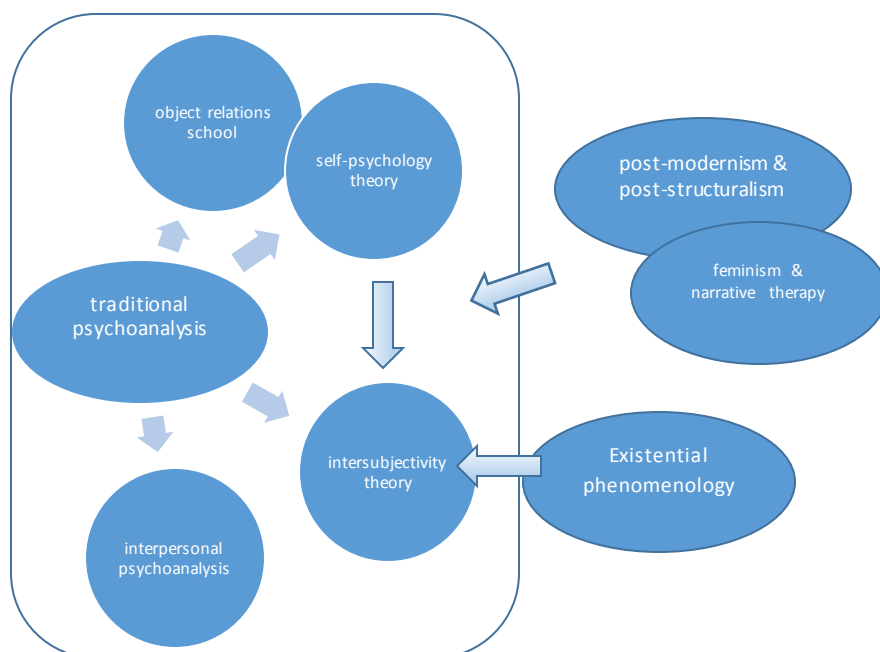


Figure 1 The Relational Psychoanalytic field

Transference

Transference is the phenomenon whereby we transfer feelings, attitudes or wishes about a past person or situation, onto another person or situation in the present (and this occurs mostly out of conscious awareness). This happens in 'real life' as well as therapy. In therapy, clients might project onto the therapist aspects of themselves (e.g. shadow self) or relationships from the past (e.g. parents). The transference can be based on a real relationship (such as the therapist representing

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the 'mother' of the client-'daughter') or a fantasy one (e.g. where the therapist is idealised as a 'magical healer' or the 'parent-one-longed-for').

Of particular concern for **relational-developmental** therapists is how unresolved child development needs get re-enacted in therapy through the process of *projecting* onto the therapist and therapeutic relationship. A client who has been habitually disparaged by a parent is likely at some point in the therapy to feel (and fear the possibility that) the therapist is critically judging the client in turn. In a *negative* transference, regardless of the therapist's actual behaviour, the client could regularly need reassurance that the therapist is not thinking about the client harshly. In *positive* transference, an idealising version might appear where the client feels they've found a more loving, supportive, non-judgmental 'parent' who can be trusted. But even this experience is ambiguously layered in *juxtaposition* where past deprivations are thrown in painful relief. Here, for instance, a client may resist letting a therapist 'in' – it hurts too much because the client then realises what it is they never had.

In Kohut's (1984) **self-psychology** theory, three types of *self-object* transference relate to attempts to complete early developmental needs relating to 'narcissism' (seen as a healthy stage in child development): mirroring, idealization and twinship. This theory highlights the use of significant other (as a selfobject) to experience one-self in the other's mind as a way of building a sense of self.

In practice, the focus on transference can be a powerful tool in intersubjective relating. Part of our challenge in therapy is to become aware of its presence and to distinguish its different layers, appreciating multiple possible meanings. That the process is largely out of our immediate awareness makes this more difficult. It then becomes impossibly complicated if we understand there to be multiple selves or subjectivities in the room as each will be experiencing various transferences. *Just who is relating to whom?!?*

Projective Identification

Projective identification (PI) is one of the more fascinating, mysterious, seductive processes which occur in the 'between' of relationships. It describes a **transference** process where problematic parts of one's self become somehow re-enacted in relation with another. If we find ourselves experiencing emotions (rage, shame, anxiety) or bodily sensations (pain, dissociation) which seem strange in that they do not appear to belong to us, we could be receiving a project identification. It is as if the client has passed something onto us that they would rather not have or feel, i.e. the client 'projects' this unwanted stuff onto the therapist, who then acts/responds impulsively in that manner (i.e. in 'identification'). Responding to PI we can have a sense of being taken over by this projection.

In our work for our client, it is perhaps inevitable to find sometimes that we intuitively pick up and mirror certain feelings or experiences. Not only are we pulled into the client's internal world, we also bring our own into the relationship. Out of the confusion of entangled intersubjective, transferenceal boundaries, the self-aware therapist will ask the key question: 'Does this belong to me or has it come from my client?' Then the real work of the therapy can begin...

Managing transferences

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Decisions about how to manage transferences depend in part on the relationship, context and the therapist's theoretical frame. **Psychoanalytic** therapists place the interpretation of transference at the very core of their work while some **humanistic** therapists deny such unconscious processes even exist! Integrative therapists find ways to bring these polarised positions into harmony.

In **relational psychoanalytic** work, transference is seen as an opportunity to engage with dissociated parts of self and provide a "relational antidote" (DeYoung, 2003, p.132). Ideally, the client is moved from behaving in automatic ways to being more aware of their needs and process.

I find it useful to ask myself three particular questions as part of tapping into possible **counter-transferences**:

- Who am I for this client?
- How am I being impacted by this client?
- What part of me comes forth when I am with this client?

In the process of being responsive to a client's relational world it is important that *past history is not simply repeated*. It is the therapist's job to notice when we have been ensnared. Then we need to find different, more creative and corrective/reparative, ways forward. It helps to face the emergent transferences head on with questions like:

"What are you imagining I'm thinking?"

"I'm sensing you're angry with me. I'm wondering if there is an echo here of the way you used to feel angry with your father?"

"You seem to expect me to feel disappointed in you. Does that remind you of anyone from your past?"

"I'm aware of feeling quite maternal at the moment. Are you sensing that too? How old are you feeling at this moment?"

Concluding reflections

The experience of feeling ourselves hooked, and even bewitched, often makes transference experience both poignant and painful. As therapists, we are required to accept, tolerate and manage various transferences and projections. Ultimately we welcome them in - like a *host with guests*. They are to be welcomed as they offer us a **relational compass** to guide the therapy.

I believe that transference exists and that it occurs routinely – if subtly - at different levels in all our relationships. As a phenomenologist I would deny transferences are a product of an 'unconscious' as such and, instead, would say they may be currently *out of awareness*. (Stolorow & Atwood's intersubjectivity theory particularly appeals in bridging **phenomenology** and **psychoanalysis**). And it's important to bring them into awareness as they can interfere with treatment.

Rather than imposing interpretations about possible transferences, I favour relationally sharing some of my responses and asking the client, *if something might* have a resonance related to a person or situation in the past. If a client is angry with me, there may be an element of them projecting their mother onto me – a mother they are furious with. But the client might also be angry with *me* for good reason; it might be important for me to accept (and see it more positively) that protest and take some responsibility. Automatically assuming that only a transference relationship

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exists –and that is all - diminishes us both in my mind. It misses an opportunity to relate in an open, here-and-now way.

While we can get caught up in various relational processes (be they benign or malignant), it is also important for us to keep part of ourselves a-part from the entanglements, to be **reflexively aware** and monitoring. It helps sometimes to take responsibility for understanding why this particular projection is managing to 'land', i.e. what sensitivity or vulnerability is there in *me* which offers fertile ground for it? This is where our own therapy and supervision comes in.

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