THE RELATIONAL PULSE:
FROM FOUNDATIONS TO DYNAMIC DIFFERENCES AND EXPANSION TODAY
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Description and Orientation

This course explores central aspects of, and approaches to, the analytic situation from the vantage point of the relational school today, in all its vibrant differences and persistent growth. Founding concepts common to relational analysts will serve as our departure points in tracing the thrust, and controversies, of the school today.

Two strong orientations shape my course design:
1) A comparative emphasis – to highlight relational pluralism, stemming from lively differences in the school and new international influences.
2) An interest in serious disorder and primitive states – to probe new therapeutic means, nonverbal and nonreflective, underemphasized in the founding relational era, and now at the cutting edge of interest.

The course has four sections: Section I covers core facets of the analytic situation, with varied views on the unconscious, the object, transference, and more. Section II throws open the dyadic model through field theory, sharply contrasting views of enactment, and a gripping case that animates the theme of mutuality. Section III guides us through unmentalized states, sensory-motor registers, and methods to foster mind from conditions of nondevelopment or disorder. Section IV synthesizes through consideration of technique and therapeutic action.

When units have supplementary reading on theoretical antecedents, I will present a brief historical context for the topic in class.

Class 1: Overview of Course

Learning objectives: Candidates will be able to describe today’s expansion of the relational school through growing ventures into new populations and the influx of new theoretical perspectives.

SECTION I: CORE ELEMENTS OF THE PSYCHOANALYTIC SITUATION

Class 2: Differing Views of the Unconscious: Narrative (Phantasy) vs Emergent Meaning

Reading

Supplementary
Read over two weeks. PP 73, 77-84 for Class 2; 84-96 for Class 3
Whether there are longings and fears that impart a preformed shape to our experience (phantasy) is our subject. Some relational analysts, oriented toward object relations, hold this view, while Stern and Bromberg, interpersonally-influenced, find a different structuring phenomenon in self-states, with meaning that gets articulated in the analytic relationship.

**Learning Objectives:** Candidates will be able to discuss divergent views of the unconscious.

**Class 3: Evolving Views of Transference**

**Reading**


**Supplementary**


Freud’s view of transference as resistance - the patient’s need to repeat rather than remember - is our jumping-off point. From a one-person perspective, Joseph sees the analyst using the intensity of the transference to loosen the patient’s defensive, distorted views of his historic objects. In Hoffman’s constructivism, the patient doesn’t distort, but rather brings a construction about how the experience will go, supported by plausible perceptions. Ogden’s view, expressed in his article about Isaacs’ phantasy, is that transference is not repetition: it is the patient’s “way of thinking for the first time,” a disturbing experience from the past.

**Learning objectives:** Candidates will be able to describe evolving perspectives on transference over time and their theoretical origins.

**Class 4: What is Your View of the Object? From Libidinal Target to Interactional Pattern**

**Reading**


Lisa Director: Introduction to the Panel.

Andrew Druck: Contemporary Freudian view, tracing the classical
object from instinct theory to LaPlanche’s view of the mother’s entry into the child’s unconscious through an enigmatic message
Paul Williams: British independent who sees the object as phantasy, in the form of a human figure
Anne Alvarez: post-Kleinian, who bridges infancy formulations, eg of “expectancies,” with the Kleinian notion of an internal world
Stephen Seligman: relationalist with developmental view of interactional formats that structure self-experience

**Supplementary**

A survey of evolving views of the object serves as a summary of the relational school itself. While the ’83 Greenberg & Mitchell book broke ground for the significant other’s place in the formation of mind, advances in infancy research have led to radical reformulations of the object, embraced differently among relationalists. These, in turn, inform any analyst’s view of therapeutic action.

**Learning objectives:** Candidates will be able to compare differing conceptualizations of the object and their clinical implications.

**Class 5:** *What is Your View of the Self? Unitary vs Decentered Perspectives*

**Reading**

OR:

AND:

**Supplementary**

The tension in the field, and among relationalists, between theorists who embrace an integral versus a multiple view of the self is traced historically by Mitchell (1991). Later (2003), he summarizes this survey and weighs in on another option: direct experience of each moment, considered the ideal of “no-self” in Buddhism.

Colorful applications of the debate are seen in Lachmann’s case vignette, which reflects his self-psychologically informed view of singularity. Slavin’s commentary on the case is drawn from his belief in multiplicity.
Learning objectives: Candidates will be able to discuss unitary and multiple formulations of the self and their rendering in technique.
SECTION II: DEEPENING AND EXPANDING THE DYADIC MODEL

Class 6: Models of Intersubjectivity and the Third

Reading

Supplementary

The two-person model at the core of the relational turn has been vastly expanded by more recent, and varied, views of intersubjectivity. To Benjamin, intersubjectivity entails mutual recognition and space within it, which she traces from patterns in infancy. Such early forms of the sharing of minds—vocalization, affect matching, etc.—are seen by Beebe et al. as prelinguistic roots of later intersubjectivity.

Ogden's third is his notion of the entity cocreated by the interpenetrating unconsciousnesses of patient and analyst. From a Kleinian view, thirdness arises outside the dyad as an oedipal product. Britton describes disturbances when triangular space, in his terms, isn’t achieved.

Learning objectives: Candidates will be able to identify varied views of intersubjectivity and grasp their respective applications.

Class 7: Differing Understandings of Enactment: Content vs Process, Retrospective vs Prospective

Reading

Supplementary
While widely accepted as a phenomenon in the analytic interchange, large theoretical differences exist about how to understand enactment. Relationalists prioritized enactment as the medium through which dissociated experience gained symbolic access. But BCPSG challenged the notion that enactment captures content within a patient; they use Black’s vignette to argue that enactment offers change via process, not content. Aron and Atlas set aside the patient’s history to view enactment as a rehearsal of a future change the patient seeks.

Should enactment be verbally transcribed? Grossmark advocates an analyst’s entry into the enactive “flow,” without commentary.

**Learning objectives:** Candidates will be able to critique differing perspectives on enacted experience.

**Class 8: Enlarging the Dyad to the Analytic Field**

**Reading**


**Supplementary**


Enlargement of transference-countertransference through ideas of intersubjectivity, is further expanded through a field perspective.

The Barangers see patient-and-analyst as a bi-personal field; Kleinian phenomena and the frame lend events the quality of a fairytale. Integrating Bion, Ferro views the patient’s productions as narratives of his internal world, and the analyst’s role as co-narrative transformation.

Stern contrasts such models with interpersonal-relational field theory, which, to him, is more co-constructed with contributions from the analyst’s inner world, and a place for external reality.

**Learning objective:** Candidates will be able to explain the concept of the field, and how it broadens earlier notions of transference-countertransference.

**Class 9: Clinical Illustration of Mutual Influence**

**Reading**


Joyce Slochower, pp.1-10; Tony Bass, pp. 1-10: Discussions.
I will supply these papers.
Supplementary

The core relational concepts of this section – intersubjectivity, enactment, sociopolitical forces – come to life in this strong vignette. In a startling session with a woman abandoned by her mother and threatened by her stepfather, Silverman has a migraine which impairs her vision. The "blindness" comes from her patient's unprocessed terror, but also from her own intergenerational history of the Holocaust. Silverman's choice to tell her patient that she "can't see" impacts the patient's inability to access her own trauma.

Areas of shared vulnerability can be the basis of mutual growth, but also of impasse, as Elkind writes.

Learning objectives: Candidates will be able to analyze the workings of mutuality in various forms, and apply it to their cases.

SECTION III: EXTENDING RELATIONAL PRACTICE: NONREPRESENTED PHENOMENA, SERIOUS DISORDER, CULTIVATION OF MIND

Class 10: The Nonverbal Realm: In Dysfunction and Health

Reading
Fort Da, 14:11-35. For this unit: Section, “It Takes Two Minds to Think One’s Disturbing Thoughts,” pp. 18-24.

Supplementary

We look at protomental forms of experience characteristic of some patients' fragmentary minds.

Bion's work on developing sensory impressions into thinkable data leads our inquiry. He and Bick, in her paper on the psychic function of the skin, see containment as the essential processing agent.

Levine addresses the need to construct representations, prior to thinking, in patients who lack such components. Among the approaches he surveys is the Botellas' figurability, entailing the analyst's production of an image unavailable to her patient.
Today, nonreflective, implicit processes are seen as integral to healthy representation, as infancy researchers like Lyons-Ruth writes.

**Learning objective:** Candidates will be able to identify nonverbal forms of experience and steps that advance representation.

**Class 11:** What is Your View of Thinking?: Changing Notions, From Reason to Reverie

**Reading**


**Supplementary**


The classical goal of insight and control over irrationality has given way, to some relationalists, to an agenda of expanding patients’ mental processes so they can transform data into more meaningful, creative experience.

Lecours & Bouchard map mental function from its crudest forms in patients’ body stimuli to higher symbolic expression, that we may be called on to elaborate.

Reflective function requires separation, says Tuch, without which patients may find the analyst’s own reflectiveness intolerable.

Ogden sees a person’s increasing capacity for dream-thought serving the ultimate aim of “dreaming oneself into existence.”

**Learning objective:** Candidates will be able to describe changes in analytic views of thinking from the classical to contemporary era.

**Class 12:** On Psychosis: Variety of Responses

**Reading**


**Supplementary**

Bion’s work has led to an embrace of a psychotic dimension to personality – evacuative, rendering inability to think. Three approaches to psychosis and severe personality disorder are examined. Eshel calls for letting go of boundaries to enable an analyst’s extreme vicarious experiencing of the patient’s pain. A psychotic patient brings about an intersubjectively-informed response from Suchet. Williams advocates a third position by the analyst in work with psychotic anxieties.

*Learning objective:* Candidates will be able to describe responses to psychosis differentiated by placement of the analyst’s position.

**Class 13: When Relatedness is Damaged or Undeveloped:**

**Two New Conceptualizations of the Analyst’s Role**

**Reading**


**Supplementary**


Two new modalities for being-with patients outside the usual reach of verbally reflective engagement, are presented: the analyst as catalyst and psychoanalytic companioning.

These articles illustrate the sensorimotor experience and/or areas of nondevelopment, explored in Section III, and at times encountered in patients raised amidst brutality or neglect. Director and Grossmark argue that, while object relations offers insights into such phenomena, the relational analyst’s use of her subjectivity makes for new approaches, meaning-making, and growth of mindedness.

Hirsch and Newirth bring to life an ongoing debate between interpersonal and object relational wings of the relational school, on such matters as deficit, and the nature of the patient-analyst dyad.

*Learning objective:* Candidates will be able to discuss two new conceptualizations of the analyst’s role designed to reach patients whose pain or isolation is not initially communicable by language.

**SECTION IV: THERAPEUTIC ACTION, TECHNIQUE, AND THE ROLE OF THE**
ANALYST’S PERSONHOOD

Class 14: The Question of Technique

Reading


Supplementary

In our final classes, we consider broad commentaries on therapeutic action, technique, and the role of the analyst’s personhood in determining those aspects of the analytic situation.

Mitchell traces the loss of uniform methodology to the demise of classical technique. He illustrates varieties of the analyst’s interaction through three analysts of differing orientations. He shows how he uses elements from each approach, in a case, while synthesizing them through his own personhood and view of the analyst’s role.

Tublin argues that the pluralism of the relational school itself is responsible for the lack of shared technique. He advocates a new role for relational technique, formulated in terms of an analyst’s “intent.”

Purcell looks back at his training in a psychiatric institution to conclude that technique is superceded by “a way of being” embodied by each analyst, that is the instrument of change.

Learning objective: Candidates will be able to explain sources of the lack of uniform relational technique, and identify principles common to all relational approaches

Class 15: Therapeutic Action

Reading


What psychic changes need to occur to bring about the goal, whichever technique is chosen?

For this summary discussion, we draw on perspectives already read, and sample two analysts from distinct relational groups, who differ in their notions of the mechanisms of change.

From an object-relations perspective, Cooper sees change in the patient’s modification of his relationship to internalized objects. Stern, drawing on dissociation theory and interpersonalism, focuses on the articulation of experience, previously unformulated, made possible by a loosening of the field.
Learning objective: Candidates will be able to differentiate, and discuss, central mechanisms of change as seen by differing analysts in the relational school.