The development of a therapeutic relationship

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I would like to show that the development of a therapeutic process, of an analytic process, it implies the construction of a therapeutic relationship

A therapeutic relationship is never automatically guaranteed. So it has to be built. Research carried out, has underlined either the capability of the analyst, or the needs of the analysand. Nevertheless, in my opinion, some important aspects that I would like to emphasize in this text, have been left aside. These aspects have been revealed in my practice as determinants. In this sense I would like to underline the active role of the patient, and the mutual interdependence of both partenaires.

I will highlight those basic aspects which strongly contributes to create a therapeutic relationship.

We need to create an empathic connection between therapist and patient. That connection is interrupted very often so it needs frequent restoration. This restoration needs a rhythm in the interchanges, so as to reach mutual attunement.

The importance of the concept of rhythm has been underestimated in the development of the treatment. Rhythm is the primary order of human relationships. It allows the encounter with the other. Knoblauch[1] states rhythm is the very nature of man's whole constitution. It contributes to create the transitional space necessary for the appearance of symbols.

So that rhythm creates the necessary condition for the appearance of one of the most sophisticated concepts of contemporary psychoanalysis: thirdness. This is the path we need to follow, from the primary rhythm to the symbolic third, the omnipresent third that preserves the therapeutic relationship.

1. FROM THE ANALYSIS TO THE COUNTERTRANSFERENCE

The conditions in which psychoanalytical practice evolves have changed greatly from Freudian times. 120 years haven't passed in vain. In the early years of the history of psychoanalysis Freud was very preoccupied with transference. He was then concerned about boundaries, and now we're concerned about bonds, in those times Freud and the first generation of psychoanalysts were troubled by limits, now we are focused on links.

In the early years of psychoanalysis Freud and his followers were determined to clearly establish the limits of psychoanalysis, both external and internal. On the external side, the aim was to extend the practice of psychoanalysis to fields previously occupied by medicine, as on the internal side, it was a matter of establishing the conditions and requisites to carry out psychoanalysis, with special emphasis on the analyst's training needs, and in addition, the prohibitions that it requires.

I refer mainly to a relationship thought of in terms of subject-object, characterized by a radical asymmetry where the patient is considered almost exclusively as the passive part of the relationship, responsible for the therapeutic process difficulties, resistances, stagnation, negative therapeutic reactions and distortions of truth. So the analysis sometimes takes on a persecutory aspect, incompatible with the promise of liberation, implicit from the very beginning in the Freudian message. Liberation from neurotic miseries, sexual drive, and the tyranny of the Superego.

In those years Freud shows a constant concern for the transference's effects, of which he had already been very aware of in the case of Anna O. Freud's followers, often poorly analysed, have to face upsetting situations: transference in all its manifestations, erotic, hostile, idealizing. Finally, the countertransference itself. One way to protect the analyst is to place him in a position of objectivity, superiority, and abstinence.

In its classic version, the analyst is invested with the power of objectivity, the patient on the other hand is an alienated subjectivity whose truth resides in the other, an incoercible, unmanageable other, a radical alterity never to be resolved.

Lewis Aron explains with clarity in A meeting of minds:

"The traditional model of the analytic situation retained

1. Knoblauch, S. H. The musical edge of therapeutic dialogue. The Analytic Press, London, 2000.

the notion of a neurotic patient who brought his or her irrational childhood wishes, defenses, and conflicts into the analysis to be analyzed by a relatively mature, healthy, and well-analyzed analyst who would study the patient with scientific objectivity and technical neutrality. The health, rationality, maturity, neutrality, and objectivity of the analyst were idealized, and thus countertransference was viewed as an unfortunate, but (it was to be hoped) infrequent, lapse".

This thesis reaches its zenith in the work of Jacques Lacan. For the great French master, the big Other (l'Autre) is also the owner of the symbolic order that determines the subject's desire, otherness, the language they are unable to dominate, as well as the Law they have to obey. The subject in turn is divided, characterised by lack of being. In fact, patients are not quite the agent of their words: the more they say the more is spoken by the Other. The words they use carry a meaning which exceeds his capacities.

However, in the 1950s, after the Second World War, social reality changed enormously, disorders, which were to shape the paradigm of the pathology of the late twentieth century, appeared in all their harshness: post-traumatic stress disorders and all the other personality disorders.

At the same time, in the ranks of psychoanalysis, discordant voices begun to reconsider the management of transference, but above all, of countertransference. On this side of the Atlantic, a group of Melanie Klein's followers highlighted what until then had been silent, the analyst's difficulties in handling their countertransference, as one could not speak freely about it. In a more than remarkable (amazing) coincidence, Heinrich Racker, who had migrated to Argentina, highlighted the need to address the issue.

Beyond the management proposed by the different authors, the introduction of countertransference in the analytical field, which had been concealed, is a matter of great importance for the future, as it designates the change from a subject-object relationship to an intersubjective one. As Stephen Mitchell (quoted by Aron) points out:

"If the analytic situation is not regarded as one subjectivity and one objectivity, or one subjectivity and one facilitating environment, but two subjectivities, the participation in and inquiry into this interpersonal dialectic becomes a central focus of the work".

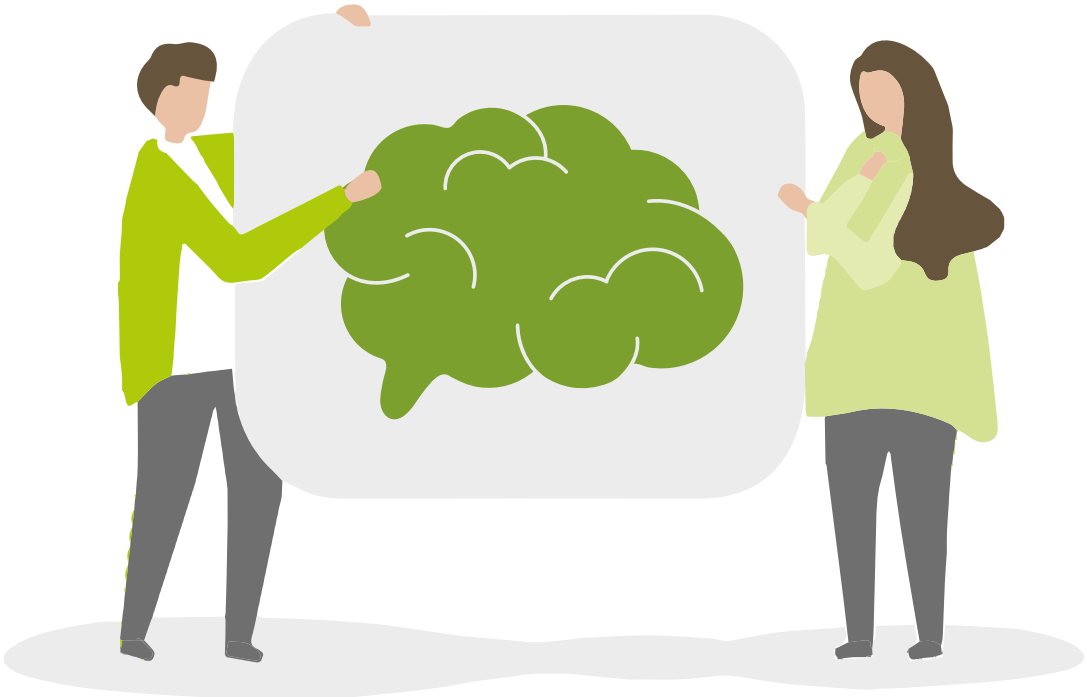
Thus, the construction of the therapeutic relationship and the implication of the analyst are again placed in the centre of analytical practice.

The return of countertransference to the psychoanalytic field does not mean that we must stop working on its supervision, nor does it mean its disappearance from our own analysis. The question regarding countertransference open the possibility of asking ourselves about the analyst's subjectivity, that is to say, we can draw a line of argument from the countertransference to the current controversies about enactments or self-disclosures.

2. FROM THE COUNTERTRANSFERENCE TO THE SUBJECTIVE IMPLICATION OF THE ANALYST.

In this second part we will consider three basic aspects for the construction and development of the therapeutic relationship. Three concepts that, in our view, sustain a strong relationship: rhythm, attunement and thirdness.

Attempts to think about the relationship including the analyst, not just as the Other of the patient, have led us, from the hand of Winnicott, Stern and others to the matrix of relationships, the primordial relationship. And although, as Jessica Benjamin says, paying special attention to the primordial relationship has led us to consider the role of sexual difference and also the figure of the father as



secondary, it has all been worthwhile.

Coming back to the primordial relationship, as we are looking for what aspects of that matrix of relationships, can be useful for development of the therapeutic relationship, especially now when in our daily practice, the clinical treatment of disorders and psychosis has largely displaced that of neurosis.

We could refer to the works of Daniel Stern (1985), Beebe and Lachmann (2002), Tronick (1998) or Trewarthen (2002), who have a large number of works on this subject, however it was Ricardo Rodulfo in a recent text, who put us on track regarding the importance of rhythm in the therapeutic relationship. In this booklet titled Curvaturas, he says: rhythm cuts the body, and precisely that cut is what facilitates, what allows meeting the other. Setting aside the enigmatic aspect of the phrase "the rhythm cuts the body", however, the idea that the rhythm facilitates the meeting with the other is probably the common ground uniting all the authors cited.

Rhythm is what allows the subject to know that there is another person with whom to interact. Lara Lizenberg says that in the seventh century, for the Greeks, rhythm was the particular and distinctive form of human character. However it is evident that in human beings there is a very primary tendency towards rhythm. As in games, poetry, music and dance, rhythm is an essential part of the true nature of the human make up.

Steven Knoblauch is an analyst who has shown particular interest in the importance of rhythm, for him rhythm is a fundamental element of the therapeutic relationship. He maintains that breaking of the rhythm, is sinonimus of disease in many fields of health. He offers us a very interesting case – Lenny-, in which we can appreciate the importance of rhythm, in that case, the rhythm of breathing.

Rhythm marks the encounters and the capacity for understanding the other. It allows the appearance of the feeling of being there for the other, which as Winnicott pointed out, is so important in psychoanalytic practice. Knoblauch reminds us of the importance of rhythm, breathing, the body, as core dimensions of experience to regulate the affective field, all of which condition the possibility of symbolizing activity. In our opinion it's not about replacing one order with another, it is about understanding that both are equally necessary, that symbolic exchanges are preceded and facilitated by much more basic ones, where the affects are synchronized.

Breaking of the rhythm in the mother - infant exchanges, as in the analyst - analysand exchanges, could be considered as breaking the attunement, breaking the affective attunement, a concept of Daniel Stern that seems very adequate to describe the process of creation of an affective relationship, on which the possibility of a therapeutic process is supported.

Thanks to Winnicott, it's clear that this therapeutic process takes place in a transitional space, that it's to say, an intersubjective space, one that goes beyond the subjectivity of each partner. Now psychoanalysis is able to recognize the inevitable implication of the analyst in the rupture of that space, which allows us and forces us to think about the possibilities of restoring it.

The experience of attunement, of connection, of empathy, is continuously interrupted and it is the task of the analyst, with the collaboration of the patient, to restore it.

Jessica Benjamin is of enormous use in the recognition of the responsibility of the analyst in the rupture of the analytic space. In her work since the publication of Bonds of love, she has developed indispensable work for the understanding of the processes of rupture of the therapeutic space, and how to restore it.

This decentring of the analyst's place was a task that could not be postponed, however, it brings us back to the problem of sustaining the relationship. In the classical conception of psychoanalysis, the figure of the analyst was unquestionable. As Benjamin (quoted by Aron) points out:

> *"If, however, we are mindful of our failures, gradually we will learn together to recover from ruptures in attunement, and thus become sensitive to and use more effectively the inexplicable gaps created by the patient's unintegrated or warring self-parts and the analyst's failure to contain them.*
>
> *Thus moments of excess that fail to evoke a mirroring knowledge can serve instead to signal the unformulated, undifferentiated malaise, despair or fear".*

The idea of an analytical third will allow us to understand how the analytic relationship goes beyond the mere processes of suggestion or empathy. Understand also that the analytical relationship survives the misunderstandings, errors and damage inevitably caused by the analyst. Let us remember Piera Aulagnier's idea of primary violence. As it's remembered by Marilyn Nissim-Sabat, for Aulagnier, the "violence of interpretation" does not refer only to failures of maternal interpretations of infant behavior and interactions. Rather, "violence" is endemic to interpretations as such. And this violence "is to the benefit of the future constitution of the agency called I". Also the role of the mother in Laplanche's theory of general seduction. Or even the contrary feelings that assail the analyst working with psychotic patients, as Harold Searles reminds us in his work The effort to drive the other person crazy:

> *"The therapist's or analyst's growing out of such ways of responding is not simply a matter of his learning a technique more appropriate to the patient's genuinely ambivalent, poorly integrated state. To become more useful to his patients [the analyst] he must in addition be prepared to face his*

own conflict between desires to help the patient to become better integrated (that is, more mature and healthy) and desires, on the other hand, to hold on to the patient, or even to destroy him, through fostering a perpetuation or worsening of the illness, the state of poor integration. Only this kind of personal awareness prepares him for being of maximal use to patients."

This third or thirdness, has had different formulations. The first to define it was Lacan, however, his conception of the analytic relationship, together with the vicissitudes in his teaching, probably prevented the French genius from making a more accurate formulation. Nonetheless, as Benjamin pointed out, Lacan saw the third as that which keeps the relationship between two persons from collapsing.

We need to wait for the development of an intersubjective field within psychoanalysis so that the idea of the third, present in numerous previous formulations, can be created. Although the priority must be attributed to Thomas Ogden, it is nevertheless Jessica Benjamin's conceptualization that seems better suited to our practice.

For this psychoanalyst and feminist, the third is the logical evolution of that primordial synchrony that gave us the rhythm between mother and infant, that would be the third rhythm. Subsequently the third takes on new features: moral, shared and analytical. In every case it means the recognition of the other as someone equal and different from me, with a mind and an unconscious like me.

Jessica Benjamin has said that this third has no origin in the Oedipus complex nor in the father as castrator. The only usable third, by definition, is the one that is shared. Thus, I contend that thirdness is not literally instituted by a father (or other) as the third person; it cannot originate in the Freudian oedipal relation in which the father appears as prohibitor and castrator. And, most crucially, the mother or primary parent must create that space by being able to hold her subjectivity and the needs of the child in tension.

But the idea of the third and thirdness is especially important in our practice as it allows us to restore the relationship when it is damaged, that third is an internal mental space in Benjamin's words, which guarantees the return to a relationship that has overcome the impasse.

We want to close this reflection with a small clinical vignette that perhaps reflects our idea of the shared or analytical third. It was a particularly difficult moment with a patient of mine, diagnosed with schizophrenia, who produced a repeated feeling of drowsiness in me. Until one day the patient expressed it clearly, "you are falling asleep". The recognition that this was so, and my subsequent request for help to the patient to understand what was happening to us, meant recognizing that he was aware that his words were empty, but even more, it led us to face the worrying fact, that often when driving his car on the way to work, it was he who suffered this very dangerous drowsiness behind the wheel. And this allowed us to work on it collaboratively.

CONCLUSIONS

Rhythm, affective attunement, analytical third are concepts that allows the analyst a closer understanding of our implication in the therapeutic process and thus, increase the possibilities of going forward in our work, an effort that the new pathologies, and the new modes of relation, demand from us.

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