Relational Psychoanalysis and Psychotherapy Integration: An Evolving Synergy

INTRODUCTION

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This book is about the integration, in theory and practice, of relational psychoanalysis with a variety of psychotherapeutic approaches that have traditionally been considered "non-analytic". Its aim is to offer a perspective on psychoanalytically informed clinical work that is inclusive rather than polarizing. We believe that this is a book whose time has come. The contemporary relational turn in psychoanalysis, with its increasing interest in attachment theory, infant research, embodied experience, dynamic systems theory, cognitive science, and neuroscience, makes possible a more open dialogue with therapeutic approaches that have traditionally remained outside the psychoanalytic sphere than was feasible within the more inward-focused classical psychoanalytic framework.

The attempt at integration is not a new phenomenon. Throughout its history, psychoanalysis has been characterized by a fundamental tension between creativity and constraint, progressiveness and orthodoxy. While Freud himself was continually reworking his theories in light of new discoveries, he was also careful to maintain tight control over the direction of psychoanalysis. Challenging Freud could be a complicated and at times, costly act, resulting in the expulsion of some of the most creative psychoanalytic thinkers from Freud's inner circle.

One of the most creative of these early psychoanalytic thinkers was Sandor Ferenczi, who was one of the first analysts to consider the impact of the analyst's subjectivity in the psychoanalytic situation (Ferenczi, 1932). Aron (1991) traces the origins of relational theory to Ferenczi's contributions and to his differences with Freud. Known as the analyst of "last resort"

(Ferenczi, 1932, p. xix), Ferenczi was deeply concerned about helping his patients, many of whom were "hopeless cases" referred to him by other analysts from all over the world. Describing himself as an "empiricist," (Ferenczi, 1931, p. 419) Ferenczi believed it was the analyst's responsibility to devise a treatment that would most effectively treat the patient's problems. In the service of this goal, he conducted numerous experiments with technique.

In the history of the link between relational psychoanalysis and psychotherapy integration, the original effort to integrate psychoanalysis with other therapeutic approaches can be located in Ferenczi's technical experiments. Prior to becoming an analyst, Ferenczi had earned his medical degree in Vienna in 1984 and interned at various hospitals in Budapest, where he specialized in neurology and neuropathology. He also developed his skill in hypnotism, publishing numerous short papers on hypnosis. After becoming an analyst, Ferenczi continued to use a variety of relaxation and meditation exercises with his patients. Calling for the occasional need for "active interference in the patient's psychic activities to help over dead points in the work of the analysis" (Ferenczi, 1919, p. 196), Ferenczi's technical experiments in what he called his "active technique" involved hypnotic, relaxation, and behavioral suggestions. He wrote,

> I have…learnt that it is sometimes useful to advise relaxation exercises, and that with this kind of relaxation one can overcome the psychical inhibitions and resistances to association. I need hardly assure you that this advice is only put to the service of analysis, and only concerns the bodily self-control and relaxation exercises of the yogi in that we hope to learn from it something of the psychology of these adepts. (Ferenczi, 1925, p. 226)

Aware that his experiments were likely to arouse criticism from the more conservative psychoanalysts in Freud's circle and most importantly, from Freud himself, Ferenczi was careful to emphasize that his interventions were purely for the purpose of furthering the psychoanalytic process, and further, made a point of explicitly tracing the origins of his active technique back to Freud.

Freud had advocated that in cases of anxiety hysterias, or phobias, it was often necessary to encourage the patient to engage in the very anxiety-arousing behaviors he had been avoiding—a directive that in a contemporary cognitive behavioral framework might be termed exposure. Advocating for the necessity of active intervention in cases where the treatment appeared to be stalled, Ferenczi (1919) wrote, "We owe the prototype of this 'active technique' to Freud himself. In the analysis of anxiety hysterias on the occurrence of a similar stagnation—he had recourse to the method of directing the patients to seek just those critical situations which usually caused them an attack of anxiety; not with the idea of 'accustoming' them to these situations, but in order to free the wrongly anchored affects from their connections." (p. 196).

In collaboration with Otto Rank, Ferenczi further elaborated on his ideas in their jointly authored The Development of Psycho-analysis (Ferenczi & Rank, 1925). In this work, Ferenczi and Rank outlined their proposal for modifying psychoanalytic technique--when indicated by the specific needs of the case--by introducing active intervention, setting a date for the end of treatment, and potentially even re-incorporating hypnosis into psychoanalysis. They suggested that at some point integrating psychoanalysis with other therapeutic techniques would offer clinical advantages, writing,

> From this point of view of the practical application the splendid isolation which was indispensable to the creation and development of psycho-analysis need then no longer be

> strictly adhered to: indeed, we should not wonder, if the point were finally reached when other psycho-therapeutic methods which had proven themselves useful according to analytic understanding (as we tried to show, for example, in hypnosis) were legitimately combined with psycho-analysis. (Ferenczi & Rank, 1925, p. 64)

Again, they were careful to trace their proposal back to Freud, continuing,

> Freud himself had such future possibility of the mass application of psycho-analytic therapy in mind when he expressed the opinion that it was very probable that "the pure gold of analysis might be freely alloyed with the copper of direct suggestion and that the hypnotic means of influence might again find its place." (p. 64)

Despite their efforts to demonstrate to Freud and his adherents that their ideas were a natural extension of Freud's own, Ferenczi and Rank came under criticism from Freud and his more conservative followers.

In the history of relational psychoanalytic ideas, Ferenczi is probably best known for his controversial experiments with mutual analysis, in which he and his patient Elizabeth Severn (at her insistence) took turns analyzing one another (Ferenczi, 1932). Ferenczi ultimately abandoned this technique, deeming it unworkable and concluding that a better solution to unresolved issues in the analyst is a better analyzed analyst. However, in times of emotional turmoil, Ferenczi himself often turned to his friend and colleague, Georg Groddeck, with whom he engaged in a sort of mutual analysis for most of his life. In fact, we contend that Ferenczi's analysis with Groddeck can itself be considered an "integrative" relationally oriented psychoanalytic treatment! Groddeck, the self-proclaimed "wild analyst" (Groddeck, 1977, p. 7) was a pioneer in psychosomatic medicine, practicing as a spa physician at Baden-Baden, where he incorporated psychoanalysis, hydrotherapy, massage, suggestion, hypnosis, and dietary restrictions into his

talk therapy treatments of primarily chronically ill patients. After Freud introduced Ferenczi to Groddeck in 1917, Ferenczi spent many summers at Groddeck's sanatorium, where, while undertaking spa treatments, he and Groddeck analyzed one another (Rudnytsky, 2002). Following Will (1994), Rudnytsky (2002) identifies Groddeck's experiments with mutual analysis as a precursor to Ferenczi's.

While for 20 years, Otto Rank had been a member of Freud's closest circle, the publication of The Development of Psychoanalysis (1925) and The Trauma of Birth (1924), which challenged the centrality of the Oedipal complex as the nucleus of neurosis, ultimately led to his break with Freud. Rank's own work led to the development of brief therapy, a modality that was adopted and further developed by Alexander and French (1946), who described their modifications to psychoanalytic technique as a continuation and realization of ideas first proposed by Ferenczi and Rank. Like Ferenczi and Rank, Alexander and French (1946) advocated for adapting psychoanalytic technique to fit the specific needs of the patient. Their recommendations for modifications included adjusting session frequency, giving directives to the patient concerning his daily life, interrupting the treatment for a particular period of time in preparation for termination, regulating the transference relationship to meet the specific needs of the case, and making use of real-life experiences as an integral part of the therapy. They emphasized the importance of taking into account the external events in a patient's life and giving the patient active direction and help when indicated. Further, they proposed models of brief psychotherapy, even going so far as to contend that some patients might be helped in just one session.

Many of these threads of innovation in psychoanalysis were adopted and further developed by psychoanalytic schools of thought that remained outside the psychoanalytic

mainstream. Unfortunately, the conservative turn of American psychoanalysis in the 1950s brought with it a narrow definition of psychoanalysis that characterized it as an elite, pure, scientific treatment suitable only for an elite group of patients--and specifically, as not psychotherapy. For a thorough historical review of how psychoanalysis came to define itself so narrowly, we direct the reader to A Psychotherapy for the People: Toward a Progressive Psychoanalysis (Aron & Starr, 2013). The authors identify a series of binaries in which psychoanalysis has been situated, and trace the history of how psychoanalysis came to define itself as distinct from and in opposition to psychotherapy. Documenting the focal debates of the 1950s among mainstream analysts in the United States, Aron and Starr (2013) demonstrate how this "definition via binary opposition" created a hierarchy in which psychoanalysis was both distinguished from and valued over psychotherapy, with the consequence that psychoanalysis has dangerously contributed to its own marginalization within the field of psychology. They call for a broader and more flexible definition of psychoanalysis, one that has wider applicability and that includes the potential for integration with other therapeutic approaches.

The relational paradigm, itself an integrative school within the discipline of psychoanalysis, provides a fertile base for explorations in psychotherapy integration. Since its inception, relational psychoanalysis has radically re-conceptualized and integrated ideas from classical psychoanalysis, interpersonal theory, ego psychology, and object relations theory. As it continues to evolve, relational thinking has increasingly incorporated findings from developmental research, attachment theory, systems theory, and neuroscience. At a time when the psychoanalytic world is shrinking, interest in relational psychoanalysis continues to grow, attesting to its vitality and accessibility. In connecting psychoanalysis to current research and contemporary cultural ideas, relational writers form a bridge to the larger world of modern

psychology. This development has the potential to play a critical role in the future of psychoanalysis, which has become increasingly marginalized in today's society. While diversity of approach as well as theoretical perspective is increasingly becoming the norm, in the popular imagination, the stereotype of the silent analyst behind the couch still prevails.

Many alternative therapies still define themselves in opposition to psychoanalysis, reacting to a static and misleading impression of how contemporary psychoanalysts think and work that is, to some degree, created by psychoanalytic writers themselves. We believe that this written focus is misleading, and that in fact, most psychoanalytic practitioners are more flexible in their actual practice than is apparent from the literature. Many psychoanalysts have followed in Freud's footsteps, continually re-working their understanding of theory and practice, while behaving in the clinical setting in ways that are not conveyed in written accounts.

Practicing psychoanalysts are increasingly moving toward psychotherapy integration, incorporating therapeutic techniques developed outside of psychoanalysis into their clinical work. Although psychotherapy integration has not yet been widely discussed in the relational literature, there are signs of an increasing tendency toward integration among psychoanalysts who work within a relational framework. Clinical conversation, attendance at conference presentations on psychotherapy integration, and enthusiasm among many analysts for training in Cognitive-Behavioral Therapy (CBT), Eye Movement Desensitization and Reprocessing (EMDR), Dialectical Behavior Therapy (DBT), and other modalities, all point to this trend. In practice, many trained analysts, like the majority of psychotherapists (Norcross, 2005), frequently draw upon techniques associated with therapies developed outside of their home school, without necessarily consciously considering their work integrative.

The relational movement and the modern-day psychotherapy integration movement (movement may be an exaggerated term for the small group of analysts investigating integration at the time) developed concurrently, in the late 1970s to early 1980s, and in close proximity to one another. Key theorists of the two groups were affiliated with the same New York universities and training institutes. This proximity facilitated an increasingly popular cross-fertilization of ideas that have their roots in psychoanalytic thinking and other diverse perspectives. While these two groups had different aims and developed somewhat independently, both were responses to a psychoanalysis that had, by the force of its complex history, become rigid, exclusive, and overly conservative (Aron & Starr, 2013).

Relational psychoanalysis developed through selectively integrating across psychoanalytic models. Considered by the psychoanalytic mainstream to be a diluted, if not utterly bastardized, version of psychoanalysis, the relational paradigm triggered heated debates within the psychoanalytic establishment about how to define the limits of psychoanalysis. These debates were the focal point of many conversations among relational theorists in the emergent years of its history. In contrast, psychodynamically oriented therapists developing an integrative perspective were less interested in the question of analytic authenticity. Those who strongly identified with the integrative movement were, by definition, open to incorporating the perspectives and technical innovations of non-psychoanalytic schools of psychotherapy.

The publication of Paul Wachtel's (1977) Psychoanalysis and Behavior Therapy is considered by some to mark the beginning of the contemporary psychotherapy integration movement. Integration was not an entirely new concept; theorists from earlier decades had argued on behalf of therapeutic flexibility (see Goldfried, et al, 2005 for a comprehensive history of integrative thought). Writing before the relational school had formed, and anticipating many

of its concerns, Wachtel addressed the limits of the classical analytic approach that dominated psychoanalytic practice at the time. An analyst by training, Wachtel inveighed against many of the older psychoanalytic tropes, including the vertical model of mind and analytic neutrality. He argued that insights emerging from a behavioral paradigm of the nature of human experience and the change process could complement psychoanalysis, leading to a more comprehensive theory and more effective practice.

Although Wachtel positioned behavioral thinking as his ideological counterpoint to traditional psychoanalysis, in doing so, he presented concepts that are at the heart of relational thinking. Among them are the notion that the patient's relationships and other aspects of lived experience are data equal in importance to that of the patient's inner life; that it is essential to examine the relationship between inner and outer life; and that it may be fruitful at times for the analyst to actively intervene with the patient. Wachtel's book was followed by other integrative texts, some of which also examined psychoanalysis in relation to other psychotherapies. For example, Wachtel and Wachtel (1986) and Gerson (1996) wrote about the relevance of family systems thinking to psychoanalytic work, exploring the ways in which theory and techniques developed from this perspective could be useful to the analyst. Other writers considered a variety of related questions, including the underlying commonalities across the psychotherapies (Goldfried, 1982; Ryle, 1982).

The use of behavioral concepts to address limits in classical psychoanalysis was alienating to many analysts. In 1983, Greenberg and Mitchell published Object Relations in Psychoanalytic Theory, followed in 1988 by Mitchell's Relational Concepts in Psychoanalysis. The basic tenets of relational thinking were laid out in these books. The relational psychoanalytic paradigm allowed analysts to retain their analytic identity while dramatically changing their

practices and their ideas about human nature. Both movements gained ground in the 1980s, as each provided alternatives to what had become an uncomfortably rigid and questionable set of analytic practices. Each of these paradigms spoke to a generation of therapists who both loved psychoanalysis and struggled with their concerns about the limitations of psychoanalysis as it had been conceived thus far. Both groups established organizations during this period. The Society for the Exploration of Psychotherapy Integration (SEPI) was founded in 1983, and in 1988, the relational movement found its first home as a freestanding track of study in the New York University Postdoctoral Program in Psychotherapy and Psychoanalysis. Although physically proximal, the groups did not engage with one another with any frequency. This limited engagement has meant that many analysts have not considered the integrative possibilities of relational theory, even though it is a paradigm that invites both theoretical and technical integration.

Two important theoretical developments that have contributed to the broadening of technique are the two-person model of understanding human behavior and the clinical situation, and the move toward a constructivist position in psychological theorizing. The two-person model at the heart of relational thinking is drawn from both interpersonal and object relations theory. It moves psychoanalytic theorizing away from structural and developmental models in which the object of study is the individual mind, thought of as separable from its social surround (Greenberg and Mitchell, 1983; Mitchell, 1988). The two-person paradigm emphasizes that social and other aspects of the individual's context are highly determinative of the individual's way of functioning in the world. The interdependence of person and social environment is ongoing throughout life, as experience shapes subsequent experience. Proposed as a counter to the classical model of analytic neutrality, the two-person model served as the ideological basis

for a new kind of therapeutic process in which the new types of engagement that were experienced by the patient with the analyst were key to creating psychic change. Importantly for integrative practitioners, this idea, perhaps more than any other innovation in psychoanalytic theorizing, brings psychoanalysis in line with behavioral models, and indeed, with mainstream psychology (Wachtel, 2008). It has the potential to radically change our approach to treatment, as it lays the groundwork for a theoretical understanding of how a broad variety of technical interventions may be compatible with psychoanalysis.

If we are influenced in an ongoing way by experience, then our growth is impacted by all of the experiences we have. While one source of new experience is, of course, living in and examining the therapy relationship, this is not the only potential source of growth. Indeed, the therapy may suffer if it is overly focused on itself. There are two important treatment implications here. First, a great deal may be gained by carefully attending to and promoting change in a patient's life outside the treatment. While it is likely that most, if not all, analysts actually do this, few explicitly articulate how they talk with their patients about their daily lives. Given the psychoanalytic injunction against suggestion and advice-giving, this type of conversation is likely to be under-reported, partly because it is difficult to have these types of conversation in treatment and completely avoid suggestion. Second, a variety of experiences within the therapy situation may be change promoting. For example, teaching patients to relax or manage anxiety using concrete skills may allow them to widen their movement in the world in a way that facilitates personal growth. Thinking integratively opens up a vast range of possible technical interventions for the analyst.

Psychoanalysis is a particular way of understanding human experience. Relational thinkers are wide-ranging in their theoretical beliefs; as is common in any theoretical orientation,

one school can contain opposing viewpoints. Still, core relational theorizing is compatible with other contemporary ways of understanding human experience, including the constructivist approach to cognitive behavioral therapy (Mahoney, 1995; Guidano, 1987; Guidano & Liotti, 1983). Many psychoanalysts are unaware of the constructivist thread in cognitive behavioral theorizing. The better-known rationalist version of CBT posits that patients suffer because of distorted thinking that must be corrected (Beck, 1976; Ellis, 1973). In this view, the therapist is positioned, much like the analyst in earlier analytic models, as the one who knows what is correct, and whose job it is, through rational argument, to encourage the patient to adopt the therapist's more adaptive views. In contrast, cognitive behavioral constructivists are interested in understanding the development of an individual's way of seeing the world and the internal validity of this worldview as a result of the combination of biological proclivity and experience. From this perspective, human meaning systems are uniquely constructed over time, as the individual moves through the social world. The constructivists' goal is to help patients understand the origins of their worldview and to challenge aspects of it that are maladaptive in the context of their current lives. In addition, most analysts are unaware of the even more recent but highly sophisticated theories of present-day functional contextualists such as Hayes, Strosahl and Wilson (2012), who have made the human capacity to code experience in language and its consequences on how we process experience the heart of an essentially behaviorist model that is compatible with relational thought.

Some of these theorists draw on many of the same sources as psychoanalysts. For instance, the founder of attachment theory, John Bowlby (1962), was a psychoanalyst himself, and specifically linked attachment theory to psychoanalytic practice. Guidano and Liotti (1983) also make extensive use of attachment theory, finding it a useful framework for understanding

behavior patterns in adults. In a special issue of The Journal of Psychotherapy Integration (see Gold, 2011, and Connors, 2011), attachment theory is argued to be a potentially unifying theory for all psychotherapies. Bowlby provided a more empirically based, and therefore more widely acceptable and developmental theory than that of Freud or Klein. The accessibility of attachment theory has insured that it has found its way into many integrative approaches (Gold, 2011). It provides a blueprint for an understanding of human development and interconnectedness that unites psychoanalytic, behavioral, cognitive, and somatic therapies.

The psychoanalysis/psychotherapy dichotomy (Aron & Starr, 2013), in which psychoanalysis is both distinguished from and valued over psychotherapy, is problematic when considering the variety of patient populations who consult analytically oriented therapists. Within the analytic community, senior analysts have the most access to patients who are prepared to become "real" analytic patients--that is, to make analysis of the therapy relationship the central focus of treatment. (When one talks to one's analytic colleagues about their own treatments, one wonders how much this is actually happening, as reports of all kinds of assistance and support abound.) The majority of self-identified analysts work with patients who are not committed to being analytic patients, which can create an uncomfortable tension between therapists' and patients' goals. These patients, usually seen with less frequency or in briefer treatments, often prefer the therapeutic relationship, or even insight, to be low on the list of possible foci. They want to focus on their own lives, and they often want concrete help. The continued emphasis on interpretive or transference work as the sine qua non of psychoanalysis may in part be contributing to its marginalization and decline, as more and more therapists struggle with the disquieting idea that they are not really analysts if their patients will not engage in analysis. Psychotherapy integration, with its emphasis on flexibility of technique, offers

another way for analytically inclined therapists to approach their work and apply it to a wider range of patients and circumstances (Stricker and Gold, 2005). Technical flexibility does not have to mean abandoning an analytic perspective.

While many analysts are not familiar with new developments in other psychotherapeutic orientations, theorists of other approaches are similarly not well informed about contemporary changes in psychoanalysis. This state of affairs has led to an unfortunate, and in our view, unnecessary polarization in our professional discourse and in the education and training of future clinicians. In a world in which advances in psychotherapeutic technique are being made at a rapid pace, it is sometimes difficult to discern whether there is simply too much to learn about the psychotherapies, or whether some theorists have a vested interest in maintaining a negative view of other approaches. In any case, all schools of psychotherapy deal with largely the same sets of phenomena. All psychotherapies deal to a greater or lesser extent with questions about the nature of the therapy relationship and the change process. Theories of psychotherapy must address the basic elements of human experience. These include meaning systems and questions of identity, or how people think about themselves and their object world; affect, or how people process emotion, which includes bodily experience; behavior, or what people actually do and don't do; and the social world and how people relate to it.

The ubiquity of these shared concerns sets the stage for what can be hostile engagement, studied ignorance, or creative co-engagement. Creative co-engagement requires a productive framework that respects all perspectives. Assuming an integrative technical style does not have to mean abandoning a psychoanalytic outlook, but not all integrative models are based on a particular theoretical orientation. Efforts at psychotherapy integration have been organized along four lines (Norcross, 2005). Technical eclecticism, the least theoretical, emphasizes determining

the best intervention for a particular problem; it is not theoretically focused. Theoretical integration uses a conceptual framework to elucidate a logical strategy for combining therapies. The common factors approach examines the essential elements shared among all therapies in order to understand key elements of the change process. The fourth approach is most useful for those having a core theoretical outlook, psychoanalytic or otherwise. It has been termed assimilative integration (Messer, 1992). In this model, the meta-psychology of a home orientation is retained and techniques not commonly associated with the orientation are re-framed in terms of the home model. This model calls upon us not to simply add techniques to our repertoire, but to incorporate them using terms that are consistent with the framework of our primary orientation. In an essential distinction, Frank (2001a) notes that we can distinguish between a psychodynamic model for understanding human nature and psychoanalytic technique. One can resonate with the theoretical richness of psychoanalytic theorizing about human nature without exclusively working within a narrowly psychoanalytic technical framework. In separating personality theory from practice, the analyst is freed up to make use of alternative treatments. Interestingly, Frank suggests that this separation of theory and praxis may even lead to questioning core assumptions about one's theory. If this is true,

The most fully explicated integrative technical shifts to date have to do with two issues, that of increased attention to the patient's life outside of the treatment setting, and the use of action techniques in treatment. While in no way minimizing the value of transference-based work, Frank (2001b) questions the value for many patients of focusing only on self-understanding, particularly as derived from exploring the therapy relationship. He argues that many, if not most, patients will benefit from a shift in focus to their lives outside of the treatment setting, and from a careful effort to encourage new behaviors outside of the treatment room. This

effort will usually require some form of skills training as well as sophisticated and emotionally nuanced coaching toward increased self-efficacy. Frank, as well as Gold and Stricker (2001) and Wachtel (1977, 1997, 2008) all expound upon this point, and on its connection to relational thinking. The logical extension of theorizing that new experience is mutative is that there is a potential for many types of new experience to be mutative. If change is not predicated on the re-creation and working through of central conflicts within the therapy relationship alone, then psychic change may occur if circumstances outside the treatment setting can be altered. And, clearly, there is now a place for suggestion, advice giving, skills training, and other forms of therapeutic activity that have often been ignored in the interest of maintaining allegiance to a particular conception of correct praxis.

This idea is also a logical extension of theorizing about self-states and dissociation (Bromberg, 1998; Stern, 1990) within a relational framework. While today, many of us take for granted that we want to know about our patient's lived lives, it was traditionally believed that such knowledge was not essential, as the patient would inevitably live out his conflicts within the treatment setting. We now know that people act differently, even experience themselves differently, sometimes markedly so, as a result of external circumstances. It is risky to assume that the patient who appears in our office greatly resembles the patient in the outside world. For this reason, it is important to have a thorough knowledge of the patient's life outside of the treatment room. Paying close attention to what our patients tell us about their lives gives us good information about what types of events produce what types of reaction, information we might not otherwise obtain from the relatively narrow interpersonal field of the therapy situation.

Attempts to avoid suggestion can be more inhibiting of the therapist than useful to the patient. In an integrative framework, therapy can provide all manner of new experience in

session or encourage changes in behavior in the outside world. Support and guidance in engaging in new behaviors or new interpersonal, emotional, or even sensory experiences, may all alter the psychic economy in ways that advance the therapeutic agenda. It may not make sense to privilege one type of new experience over another. What is analytic above all is the commitment to understanding events through the lens of analytic thinking, and to exploring with the patient (when possible) the meanings of these new experiences, including, but not limited, to events, both fantasied and actual, in the therapy itself.

A third and crucially important question, one that has received even less attention in the literature, concerns the use of non-analytic techniques to manage affect. The prominence of Wachtel and Frank's work may skew perception that the most important contribution an integrative perspective has to offer is a consideration of how we integrate so-called action techniques that encourage new behaviors into analytic therapy. A more recent, and equally promising, trend concerns the incorporation into analytic treatments of techniques aimed at increasing the capacity for emotional regulation.

Stein's (1998) elaboration of two principles of affective functioning provides a framework for thinking about the roles of affect in therapy. The first principle, which she calls affect articulation, holds that affects are meaningful sources of information about ourselves and our world, and may be used in the service of expanding the self. Psychic structure is transformed through affective experience and the processing of such experience, including processing it within the context of a therapeutic relationship. The second principle, which she calls affect sparing, describes our capacity to avoid, blunt, or otherwise manage intolerable affects. Stein hypothesizes that perceiving and elaborating affective experience enables an individual both to have greater understanding and to contain more pain (so the first principle acts on the second,

and vice versa). The therapist's role is to aid both in articulation and sparing, always moving between the two. Psychoanalysts tend to rely on the analytic situation and on their own capacity for appropriate empathic attunement and reflection to accomplish this end.

For some patients, this is quite effective. Skilled psychoanalysts may have little need for techniques beyond their listening and reflecting and interpreting skills in order to foster affect articulation. In fact, this can be one of the key strengths of the analytic approach. However, there are many techniques arising out of Gestalt or body-based traditions that can be helpful in deepening affects (Gendlin, 1996; Perls, 1969; Daldrup, et al, 1988). There are times when it is easier for the patient to move more into his or her own affective state if guided by the therapist in these types of structured exercises. For instance, some patients respond well to guided affective experiences involving imaginary dialogues or visualization exercises, with the therapist functioning more as a facilitator. And certain types of extra-analytic homework, such as journaling, can be quite useful in this vein. As more analysts experiment with these techniques, the literature on reaching hard to engage patients may be enriched.

The process Stein calls affect sparing is of enormous importance in virtually all psychotherapy. As Fonagy (2002) and his collaborators have argued, psychoanalytic treatment always includes working to improve the patient's capacity for affect regulation. Helping patients tolerate strong and destabilizing affects is often a priority in many treatments. Disruptive affect may range from a relatively manageable but highly unpleasant excess of anxiety or dysphoria in a higher functioning patient to the nearly crippling states of terror or emotional lability associated with such chronic functioning styles as borderline conditions as well as with more transitory reactions to trauma. For many analysts, the ideal approach for such dysregulation is an intensive treatment, and analysts, not without reason, are quite encouraged by research indicating that this

type of treatment has value. But many patients are not able to engage in intensive treatment, and of those who do, not all will respond optimally. Even those who are able to achieve a higher level of functioning still need to survive while therapy is in progress, or in future periods of extreme stress. Every analyst is confronted with the dilemma of how to support a patient who is prone to affective flooding. It is here that tools that have been developed primarily outside of psychoanalysis can be extremely useful. The skill-based techniques of DBT, meditation and mindfulness training, relaxation training, somatic experiencing, neurofeedback and other approaches described in the following chapters are some of the most valuable contributions along these lines. In an assimilative model, their efficacy can be understood in terms that are consistent with psychoanalytic thought. Any techniques that can help a person with affect regulation can also be considered to have potential to increase that person's capacity for reflective functioning, which is highly desirable from an analytic perspective.

There are many reasons for the growing interest in psychotherapy integration. First among them is concern for patients, as good clinicians of every orientation are motivated to be more effective. Another pragmatic reason is that flexibility is a necessary response to patient demand. Many patients specifically request CBT, or are interested in short-term, problem-focused treatments that lend themselves to this approach. And finally, over the course of a dynamic treatment, there are occasions when a patient or therapist may feel that an alternate approach might be useful. We have often been asked by colleagues to conduct a CBT intervention as an adjunctive treatment for a patient in a dynamic therapy. Although it is possible to separate out elements of the treatment in this way, it is complicated to discern where the line between dynamic and behavioral work really lies. It can also feel burdensome to the patient, who must now engage in two therapies. In our experience, working integratively does not negatively

interfere with the trajectory of the dynamic treatment; neither does it make insight or enactment impossible. Rather, the use of these techniques can be incorporated into the analytic work in a manner that is beneficial to the treatment. We agree with Stein that patients might benefit from their analyst's ability to intervene more directly and helpfully with symptom relief for overwhelming affect states such as panic, as well as for other symptoms (Stein, personal communication).

There is little doubt that the issue of psychotherapy integration will become more and more relevant for analysts in the coming decades. This is partly due to patient demand, but also because the new generation of therapists is likely to be trained in multiple models. It's quite heartening that at least a small percentage of therapists in training are still interested in learning about psychoanalysis, at least in large urban settings in the U.S. But these new clinicians, like every set of new clinicians before them, will come to psychoanalysis at a particular time and social context, forcing a re-definition of the field, as has been the case for prior generations. One promising direction for the continued vitality of psychoanalysis, as paradoxical as it might seem, is the incorporation into psychoanalysis of a wider plurality of perspectives and applications. We believe that if psychoanalysis is to flourish, it must more directly acknowledge the larger world of the psychotherapies and invite respectful dialogue with it.

This book might not have been possible two decades ago, when the general attitude of psychoanalysis toward integration ranged from hostility to indifference. Without having been explicitly acknowledged, broad integration has slipped into the mainstream of analytic culture. So much so that it took almost no time at all to assemble the group of writers who were invited to participate in this volume. The book is divided into two sections. In the first, analytic thinkers Safran and Messer and Gold and Stricker, who have been at the forefront of explorations in

psychotherapy integration, outline some of the major concepts and developments in this area. These chapters outline a basic framework for considering the theoretical and pragmatic questions surrounding psychotherapy integration. They create a platform from which to consider the chapters in the rest of the book, in which a wide variety of integrative approaches are described.

To our great delight, many of our authors are voices you may not yet have heard. They are highly trained and seasoned clinicians who (with one or two exceptions) identify as psychoanalysts. Each of them grapples with the problem of how what they do relates to the broader world of psychoanalysis, and yet each has enhanced their work by looking beyond what is commonly recognized as psychoanalysis. They courageously offer the reader insight into how they have accomplished this task. The first set of these chapters examines the integration of psychoanalysis with other therapeutic schools. Shanok and Bresler discuss integrating psychoanalysis with CBT; Magid explores the integration of psychoanalysis and Zen practice; Leddick addresses the use of neurodynamical feedback, a technique that allows for improved self-regulation of the neurophysiological processes underpinning consciousness; and Rappoport describes her work with somatic experiencing. The second set of chapters addresses integration in working with particular patient populations. Rothschild describes her work with substance abusers, Petrucelli with eating disordered patients, Lyons with difficult patients, and Gerson with couples.

Finally, we conclude with some thoughts on the future of psychoanalysis and psychotherapy integration. Frank offers his vision for a psychoanalysis that is open to integration; Feindler and Kahoud discusses the challenges of training future clinicians in multiple modalities; and Paul Wachtel offers his reflections on the implications of the work described in these chapters for the integrative movement in general as well as for his own approach to

psychotherapy integration. In our view--and it is our hope that by the time you have finished this book, you will agree—psychotherapy integration is a revolution in the making.

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