

Chapter 1

Orienting Perspectives in Contemporary Psychodynamic Thought

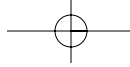
The world is full of partial purposes, of partial stories. . . . To sum up, the world is “one” in some respects, and “many” in others.

—William James, “The One and the Many”

The growing emphasis on theoretical pluralism in contemporary psychodynamic thought has generated divergent views of the human condition, problems in living, and the therapeutic endeavor. Clinical scholars have enlarged the boundaries of the field over the years, and recent lines of study have been shaped by work in such varied disciplines as neuroscience, cognitive psychology, experimental psychology, personality and social psychology, philosophy, linguistics, political science, social thought, theology, literature, history, and education. Psychoanalytic thinkers continue to share basic propositions about the nature of personality and relational life, as we will see, but the modes of understanding encompassed in the broader psychodynamic tradition are increasingly varied in focus, purpose, and method.

The moves toward theoretical pluralism have revitalized the field of psychoanalytic studies and deepened interdisciplinary interest in a range of projects. Current lines of inquiry—focused on concepts of self, relationship, and social life—reflect fundamental concerns in contemporary thought and culture. Psychodynamic perspectives continue to shape ways of seeing the human situation and inform conceptions of health, well-being, and the common good; vulnerability, need, and problems in living; and crucial elements in psychosocial intervention.

Although the pluralist context of contemporary psychoanalysis complicates our efforts to distinguish the core propositions and essential concerns of psychodynamic understanding, most thinkers emphasize the following domains of concern in their understanding of the broader tradition: (1) conceptions of unconscious emotional and cognitive processes as well as underlying motivational systems; (2) conceptions of conflict and compromise among opposing tendencies or needs; (3) conceptions of defense, coping, and adaptation; (4) basic assumptions about the role of attachment, caretaking systems, and relational experience in the establishment of personality



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organization, capacities for relatedness to others, and patterns of interpersonal functioning; and (5) conceptions of self, subjectivity, and personal meaning. In the domain of psychosocial intervention, practitioners have established pragmatic, integrative perspectives that emphasize the role of the practitioner-client relationship, interpersonal interaction, and experiential learning in efforts to address a range of problems in living. Clinicians increasingly draw on cognitive, behavioral, humanistic, and ecological perspectives in their attempts to develop integrative approaches to helping and care.

In light of these developments, now is a good time to examine the broader landscape of psychodynamic thought and to see what foundational theorists and recent thinkers offer the field of social work and the other helping professions—to reconsider the nature of the relationship between psychoanalytic understanding and clinical practice, to clarify mutual interests and potential sources of conflict, and to identify ways in which psychodynamic concepts enlarge and inform ways of working in psychosocial intervention.

The Development of Psychodynamic Thought

Ongoing revisions of psychoanalytic theory, often compared to paradigmatic shifts in science, have changed the course of psychodynamic thought. Most broadly, contemporary thinkers distinguish two fundamental perspectives in the development of psychoanalytic understanding: the drive paradigm, based on Sigmund Freud's classical instinct theory, and the relational paradigm, which takes relational elements, rather than biological drives, as the core constituents of human experience (Greenberg & Mitchell, 1983; Mitchell, 1988; Mitchell & Aron, 1999). In his seminal formulation of the relational perspective, Stephen Mitchell focused on a varied group of thinkers in Great Britain and America who converged in their view of the person as a social being. He writes:

We are portrayed not as a conglomerate of physically-based urges, but as being shaped by and inevitably embedded within a matrix of relationships with other people, struggling both to maintain our ties to others and to differentiate ourselves from them. In this vision the basic unit of study is not the individual as a separate entity whose desires clash with an external reality, but an interactional field within which the individual arises and struggles to make contact and to articulate himself. Desire is experienced always in the context of relatedness, and it is that context which defines meaning. Mind is composed of relational configurations. The person is comprehensible only within this tapestry of relationships, past and present. (Mitchell, 1988, p. 3)

The growth of relational psychoanalysis, shaped by Mitchell's comparative studies and efforts to establish an integrative point of view, has been paralleled by more general moves toward interpersonal and social perspectives in the broader field of psychotherapy (Wachtel, 2008). Practitioners increas-

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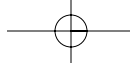
ingly emphasize the ways in which interpersonal, family, social, and cultural conditions influence personality development, resilience and vulnerability, and health and illness. In the context of psychotherapy, representatives of the psychodynamic, cognitive, behavioral, and humanistic traditions have come to recognize the powerful role of the therapeutic relationship and interactive experience in efforts to promote change, growth, and health (Borden, 2008a, in press; Wampold, 2007).

In spite of the prominence of relational perspectives, however, Freud continues to provide critical points of reference in contemporary thought. Many writers characterize the development of psychodynamic theory as an ongoing reaction to his drive psychology (see, e.g., Wolitzky & Eagle, 1997), and most thinkers continue to relate their particular domains of study to the broader concerns of the intellectual tradition that he established (Elliott, 1994; Flax, 1990, 1993; Marcus & Rosenberg, 1998). In the field of neuroscience, researchers increasingly acknowledge Freud's early efforts to develop an empirical psychology, linking his attempt to form a neural model of behavior to contemporary lines of inquiry (see, e.g., Edelman, 1992; Kandel, 2005, 2006; Sacks, 1998).

Recent translations of Freud's writings promise to deepen interest in his contributions. In order to place contemporary perspectives in context, I begin the book with a review of Freud's theoretical systems. I trace the development of his thought, describe his models of the mind, and consider his work in light of contemporary neuroscience and emerging lines of inquiry in developmental psychology and relational psychoanalysis.

Emergence of Relational Perspectives

While Freud's drive psychology shaped psychoanalytic understanding through the first part of the century, growing numbers of thinkers challenged his instinctual model of motivation and elaborated alternative perspectives that increasingly emphasized interpersonal and social domains of experience. The work of Alfred Adler, C. G. Jung, Otto Rank, Sándor Ferenczi, and Ian Suttie constituted the earliest efforts to broaden the scope of psychodynamic thought. Suttie rejected Freud's instinct model and theorized that innate needs for love and relationship are primary motivational forces in human development. Although his writings remain largely neglected in the contemporary literature, he prefigures key concepts in relational thought and anticipates fundamental concerns in contemporary culture and social life. In chapters 3, 4, and 5, I explore the contributions of these early revisionists, long neglected in the mainstream literature, and show how their growing emphasis on interpersonal experience and the social environment prefigures major shifts in psychodynamic understanding. They emerge as crucial figures in the transition from drive psychology to relational perspectives.



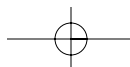
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In the following chapters, I examine the development of relational theories in Great Britain and America, which continue to inform contemporary understanding of personality, psychopathology, and therapeutic practice. The widespread experience of trauma, loss, and mourning after World War I led to the development of new relational perspectives in London during the 1920s. Beginning in the late 1930s, further revisions of psychoanalytic thinking were carried out by a second generation of theorists, which included Melanie Klein, W. R. D. Fairbairn, Donald W. Winnicott, and John Bowlby. As we will see, their contributions have shaped the development of the relational paradigm. Although Klein preserved Freudian notions of instinct and privileged the internal realm of fantasy in her theoretical system, she introduced a series of concepts that provided critical points of departure for Fairbairn, Winnicott, and Bowlby in their efforts to elaborate interactive social perspectives. I review her theoretical system in chapter 6.

Fairbairn introduced theories of development, personality organization, and psychopathology that constituted the most radical break with the classical drive paradigm. I review the core concepts of his object relations perspective in chapter 7. Like Suttie, he proposed that the core tendency in human experience is to establish and preserve connections with others. He conceived of development as a maturational sequence of relations with others, focusing on progressive experiences of dependency and individuation in the mother-child relationship. He theorized that personality or self is constituted and structured through ongoing internalization and representation of interpersonal experience. Fairbairn's theoretical system was influenced by his clinical practice with abused children and impoverished families, and his views have increasingly shaped conceptions of social work intervention with vulnerable groups.

As the leading representative of the Independent Tradition in the British psychoanalytic movement, Winnicott introduced original points of view that have enlarged understandings of personality development, psychopathology, and therapeutic elements in clinical practice. I present his theoretical formulations and clinical perspectives in chapter 8. As we will see, his work has brought about major reorientations in psychoanalytic thinking. More than any other theorist, he emphasized the crucial functions of caretaking figures in the development of the person, linking disorders of the self to impingement and disruption in the "holding environment" of infancy and early childhood.

As he developed his thinking, he increasingly focused on the character and quality of subjective experience in his understandings of self, emphasizing concepts of inner coherence, personal meaning, agency, vitality, authenticity, play, and creativity. In recent years he has been recognized as a seminal figure in contemporary psychoanalysis, and his theories continue to influence work in developmental psychology, the humanities, philosophy, religious studies, and the mental health disciplines.



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Bowlby drew on Darwinian thought, ethology, cognitive psychology, systems theory, and psychoanalytic studies of children who had been separated from their mothers in developing his concept of attachment. I review his contributions in chapter 9. In his account of human development, the fundamental need to establish contact and connection has adaptive roots in biological survival. His work has informed a tradition of observational research that documents ways in which infants actively seek stimulation and promote attachment to primary figures who provide support and protection. Bowlby believed that working models of self and others, established in early interactions with caretaking figures, guide information processing about relational experience and shape patterns of behavior across the life course. More than any other thinker, he attempted to bridge internal and external domains of experience and to describe processes that influence psychic structure and modes of interpersonal functioning.

The interpersonal tradition in American psychiatry, originating in the distinctive contributions of Harry Stack Sullivan, Karen Horney, and Erich Fromm, rejected classical Freudian thought and introduced social models of personality development, psychopathology, and therapeutic intervention in the 1930s and 1940s. I present the developmental concepts and clinical formulations of Sullivan and Horney in chapter 10 and relate their views to fundamental concerns in clinical practice.

Sullivan elaborated a psychology of the self that centered on interpersonal domains of human experience. Drawing on American pragmatism and the social thought of Jane Addams, George Herbert Mead, Charles Cooley, Edward Sapir, and William Thomas, he conceptualized personality development as successive stages of interpersonal relationship. He deepened our understanding of the ways in which interactive fields shape varying organizations of self and social behavior and introduced pragmatic approaches to psychosocial intervention, focusing on the concrete particulars of the clinical situation.

While Sullivan's developmental formulations centered on the nature of relational experience in the early caretaking environment, he considered the influence of cultural, political, and economic forces in his understandings of behavior and problems in living. He increasingly addressed social problems in his later work, focusing on poverty, racism, and severe mental illness. Further contributions by Horney enlarged understandings of self and continued to examine the ways in which social, cultural, political, and economic conditions influence conceptions of personality, gender, relational life, and neurosis.

Like Winnicott, Heinz Kohut focused on the phenomenology of selfhood, deepening our conceptions of subjectivity and relational life in psychoanalytic understanding. I trace the emergence of his psychology of the self and present the core concepts of his model in chapter 11. He described the essential connection between the self and others as the "selfobject

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relationship,” regarding this bond as the crucial element in the maturation of a cohesive sense of self. Kohut related problems in functioning to earlier lapses and failings in early interactions with primary caretakers and reformulated notions of psychopathology to include arrests or deficits in the development of the self. He emphasized the restorative functions of relational experience in his models of therapeutic action. His psychology of the self increasingly informs empirical study in neuroscience and developmental psychology.

The Relational Paradigm

The contributions of the foregoing thinkers shaped the development of three schools of thought that have served as the foundation for relational psychoanalysis, most broadly characterized as object relations psychology, interpersonal psychoanalysis, and self psychology. I examine the defining features of these theoretical traditions and describe the basic concepts and deeper concerns that distinguish the broader relational paradigm in chapter 12. In doing so, I lay out overlapping conceptions of personality development; health, well-being, and the common good; and vulnerability, psychopathology, and problems in living. In the closing chapter I review core elements of psychosocial intervention in light of relational understanding and show how comparative perspectives enlarge the scope of clinical practice.

The relational paradigm focuses our attention on fundamental concerns in contemporary psychotherapy, as I show in chapters 12 and 13, and it provides crucial contexts of understanding for development of practice methods within the helping professions. In the domain of psychosocial intervention, relational perspectives center on the interactive contexts of treatment. Concepts of therapeutic action emphasize the role of the professional relationship in the process of change and the functions of empathic attunement, interpersonal interaction, experiential learning, modeling, and reinforcement in efforts to deepen understandings of self, others, and life experience; strengthen coping capacities; and negotiate problems in living.

Relational Perspectives and Evidence-Based Practice

In the field of evidence-based practice, relational perspectives promise to strengthen approaches to assessment, case formulation, and treatment planning. Practitioners from divergent schools of thought in contemporary psychotherapy increasingly recognize the helping relationship as *the* facilitating medium of intervention, and converging lines of study document the ways in which the client and the practitioner influence the course and outcome of the therapeutic process (Borden, 2008b; Norcross, 2002; Roth & Fonagy, 2005; Wachtel, 2008; Wampold, 2001, 2007).

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The relational schools of thought focus our attention on the role of interpersonal expertise in the establishment of the therapeutic alliance and deepen our appreciation of underlying vulnerabilities and patterns of behavior that compromise engagement and precipitate strain or rupture in the helping relationship, limiting opportunities for change and growth. Concepts of therapeutic action show how practitioners can make flexible use of the experiential dimensions of the therapeutic process in light of various capacities, the nature and circumstances of specific problems in functioning, and the individual, social, and cultural contexts of the client. Relational perspectives center on the dyadic, reciprocal nature of the helping process and view the practitioner as a participant-observer, emphasizing the importance of subjective elements and mutuality in formulations of therapeutic interaction. From this perspective, the helping process occurs *between* subjects rather than *within* the individual. As we will see, relational lines of understanding provide complex ways of conceptualizing interactive experience that enlarge formulations of interpersonal behavior in existing models of evidence-based practice (see APA Presidential Task Force on Evidence-Based Practice, 2006).

Comparative Theory, Critical Pluralism, and Pragmatism

The seminal thinkers in the history of psychoanalysis have set forth powerful accounts of the human condition, offering divergent conceptions of self, relational life, the social surround, and therapeutic action. They focus our attention on overlapping domains of experience from different points of view and enlarge ways of seeing, understanding, and acting in the clinical situation. The growing range of perspectives in the broader psychodynamic tradition enriches the field of clinical practice, as we will see in the following chapters, but it creates challenges as well.

In the course of our development as clinicians, we must inevitably negotiate fundamental tensions between more pure conceptions of the helping process, more idealized versions of the therapeutic endeavor, and more pragmatic renderings of what we do as we carry out our work (Borden, 1994, 2000, 2008a, in press; Strenger, 1997). Some clinicians search for an all-encompassing point of view that promises to unify conceptions of personality, problems in living, and psychotherapy. As we will see, Freud, Klein, Fairbairn, and Kohut offer moving accounts of the human condition, fashioning grand theories of personality development and psychopathology that serve as the foundation of the therapeutic endeavor.

Other practitioners recognize the limits of any particular thinker or theory, realizing that all renderings of the therapeutic endeavor inevitably fail us as we engage the concrete particulars of our work, preferring to draw on a variety of perspectives in view of the actual demands of the helping process,

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refusing to embrace any single version of therapeutic action. Winnicott, for example, remains committed to a pluralism and pragmatism in his clinical activities; suspicious of grand theory, refusing to practice “standard psychotherapy”; and steadfast in his efforts to carry out “experiments in adapting to need” and develop individual approaches to care. Sullivan, too, is committed to pragmatist ethics in his practice, focusing on the details of intervention (see Strenger, 1997, for comparative account of “purist” and “pragmatic” perspectives in contemporary psychotherapy).

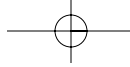
Most practitioners come to characterize their clinical approach as eclectic. Yet, as I have emphasized in critiques of social work education and clinical training programs, there is surprisingly little consideration of comparative perspectives that help clinicians think critically about the ways in which they integrate different concepts, empirical findings, and technical procedures over the course of intervention. Drawing on the philosophical contributions of William James, I have shown how conceptions of pluralism and pragmatism provide frames of reference for critical thinking in comparative approaches to clinical theory (Borden, 1994, 1998, 2000, 2008a, in press). I briefly review these formulations here in order to provide orienting perspectives as we consider the strengths and limits of divergent thinkers and modes of therapeutic practice in the following chapters.

Notions of pluralism emphasize the limits inherent in human understanding. James (1907/1946) argues that no single theoretical system can in itself fully grasp the complexity of actual experience in the real world, and he urges practitioners to approach concerns from multiple independent lines of understanding. There are equally valid descriptions of phenomena that contradict one another, he observes, and divergent perspectives can potentially lead to insight and understanding.

In this sense James challenges notions of grand theory, which presume to set forth universal truths, arguing that theoretical formulations provide only partial, limited renderings of experience (Borden, in press). He reminds us that the world of concrete personal experiences is full of multiplicities, ambiguities, confusions, and contradictions (James, 1907/1946). As he explains, the pluralist rejects “abstraction,” “absolutes,” “fixed principles,” and “closed systems,” searching instead for fact, concreteness, action, and adequacy (James, 1907/1946, pp. 43–81).

In his pragmatic conception of truth, James (1907/1946) explains: “The true is the name of whatever proves itself to be good in the way of belief and good, too, for definite, assignable reasons” (p. 76). If we take an idea to be true, he wants to know, “what concrete difference will its being true make in any one’s actual life? What, in short, is the truth’s cash value in experiential terms?” (p. 200). For James, truth *happens* to an idea—is made true—through experience (see Borden, in press).

In working from a Jamesian pluralism, then, practitioners regard theories as *tools for thinking*. “Pragmatism unstiffens all our theories, limbers



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them up and sets each one at work” (James, 1907/1946, p. 53). We recognize that each theoretical system encompasses various domains of concern, purposes, rules, and methods that can potentially enlarge or limit ways of seeing, understanding, and working in the clinical situation.

In the pluralist approach to theory that I have described, the foundational schools of thought provide contexts of understanding for engagement of different ideas, empirical findings, and technical procedures over the course of intervention (Borden, 2008a, in press). The practitioner masters multiple theories and therapeutic languages, drawing on concepts and procedures from a range of perspectives in light of the particular circumstances of the clinical situation. The clinician focuses on the individual case, with its particular complexities, ambiguities, and uncertainties, which grand theoretical schemes inevitably fail to represent. Pluralist orientations attempt to foster dialogue across the divergent perspectives that shape the field, working to broaden ways of seeing and understanding as practitioners explore what is the matter and what carries the potential to help. Clinicians explore various points of view and critically evaluate approaches in light of the possibilities and constraints of the clinical situation.

There is an ongoing tension between unity of approach and awareness of alternatives in pluralist approaches to treatment, and the fundamental challenge for the practitioner is to establish a point of view that allows one to engage divergent perspectives *and* preserve a personal idiom and distinctive ways of working in the clinical situation (Borden, 2008a, in press; Strenger, 1997). Following a Jamesian pragmatism, the clinician does not aim for purity of approach. *What matters is what works*, and the practitioner determines the validity of theoretical formulations on the basis of their *effectiveness* in the particular clinical situation (see Borden, 2008a, in press). In working from a critical pluralism, as Strenger (1997) reminds us, the clinician does not deal with “theory for theory’s sake but ultimately with a craft committed to helping people” (p. 123). We explore these concerns further in the final chapter as we consider recent attempts to develop comparative perspectives and integrative approaches in the broader psychodynamic tradition.

