

Chapter 12

Emergence of the Relational Paradigm

They are not all exploring elephants. Some may be grappling with giraffes. To try to contain the same reports within one framework may lead to strange hybrids: four stout legs; a long, graceful neck; four thin legs; a long trunk; and so on.

—Stephen Mitchell, *Relational Concepts in Psychoanalysis*

As we have seen, the work of Adler, Jung, Rank, and Ferenczi constituted the earliest attempts to broaden the field of psychodynamic understanding. Although this first generation of theorists introduced independent points of view, they shared overlapping concerns, emphasizing the roles of relationship and social life in their conceptions of personality development, health, problems in living, and therapeutic action. Drawing on their work, as the preceding accounts show, a series of creative thinkers in Great Britain and America continued to enlarge and elaborate relational perspectives. Over time, the contributions of Klein, Fairbairn, Winnicott, Sullivan, and Kohut shaped the development of three schools of thought in contemporary psychoanalytic understanding, broadly characterized as object relations psychology, interpersonal psychoanalysis, and self psychology.

The foregoing lines of inquiry have brought about a relational turn in contemporary psychoanalytic understanding. As Paul Wachtel (2008) observes, we have increasingly come to realize that “human beings exist in relationships, whether those relationships be to other people with whom they have ongoing interactions, to imagoes of past important figures, to cultural traditions, values, and identifications, or to images and experiences of their own past, present, and future selves” (p. 1). This defining feature of human experience has shaped conceptions of therapeutic practice across the major schools of thought. Clinicians have increasingly recognized the crucial role of the helping relationship in psychosocial intervention and the functions of empathic attunement, interpersonal interaction, and experiential learning in efforts to facilitate change and growth. Converging lines of study document the fundamental importance of the therapeutic alliance and interactive experience in the outcomes of treatment (see Norcross, 2002; Wampold, 2007).

In the first part of this chapter, I review the domains of concern that distinguish the foundational schools of thought. In the second section, I

describe the defining features of the larger relational paradigm, outlining conceptions of personality and self; health, well-being, and the common good; and vulnerability, psychopathology, and problems in living. I consider the strengths and limits of the relational paradigm and identify concerns in the continuing development of theory, research, and practice. In the following chapter I describe core elements of psychosocial intervention in light of relational understanding and show how conceptions of pluralism and pragmatism strengthen integrative approaches in clinical practice.

Foundational Schools of Thought

Object Relations Psychology

More than any other thinker, Fairbairn's developmental psychology serves as the foundation for contemporary object relations thought. Object relations perspectives focus on intrapsychic representations of self and others. Theorists emphasize concepts of internalization and representation in formulations of development, personality structure, and self-organization. Although various thinkers differ in their conceptions of the cognitive and emotional processes believed to mediate the development of personality, they all assume that the internalization of interpersonal experience shapes inner representations of self, others (objects), and modes of relating (self in relation to others). Concepts of representation serve as the basis for Bowlby's formulation of internalized working models of self and relational life; they also inform Joseph Sandler's influential rendering of the representational world (Sandler & Rosenblatt, 1962) and Otto Kernberg's (1976) focus on self and object representations. More broadly, we find overlap in cognitive formulations of personal constructs, schemas, and the assumptive world (Berlin, 2002; Fonagy & Target, 2007; Wachtel, 1993, 2008).

While theorists believe that core representations originate in ongoing interactions in the social environment, they assume that such schemas are also influenced by individual differences in constitution and temperament, unconscious fantasy process, early developmental experience, and life-shaping events; accordingly, they do not see working models as veridical representations of actual experience. What is central in understanding object relations perspectives is the realization that we experience others as we *perceive* them, not necessarily as they actually are (Wachtel, 1993).

Concepts of motivation center on the fundamental need for attachment and connection through life. Developmental lines of study focus on the nature of early caretaking experience and emerging capacities for relatedness. Basic prototypes of connection established in infancy and childhood, preserved in the form of internalized representations of self and others, are believed to shape subjective states of self, perceptions of others, and modes of interaction.

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Formulations of psychopathology focus on the nature of inner representations and the ways in which working models of self and others limit perceptions of experience, precipitate dysfunctional behaviors, and perpetuate representative problems in functioning. From this perspective, the tendency to repeat maladaptive patterns of interaction reflects ongoing efforts to preserve continuity and cohesion in sense of self and to maintain connections with important figures from the past.

Concepts of therapeutic action emphasize the role of relational provisions and experiential learning in the context of the treatment process. From this perspective, the therapeutic relationship and ongoing interaction in the clinical situation facilitate efforts to revise inner representations and develop more effective ways of processing information and negotiating relational experience.

Object relations theories have increasingly informed empirical research on personality development, psychopathology, and therapeutic intervention. Independent lines of research provide considerable support for views that infants are pre-adapted to establish relationships and engage in complex forms of interaction with caretaking figures (see, e.g., Beebe & Lachmann, 1988; Demos, 1992; Fonagy, 2001; Fonagy & Target, 2007; Schore, 2003a, 2003b; Stern, 1985). Longitudinal studies point to the critical role of attachment styles and early dyadic caregiving systems in personality organization, interpersonal functioning, and patterns of coping and adaptation (Fonagy, 2001; Fonagy & Target, 2007; Schore, 2003a, 2003b; Sroufe, Egelund, Carlson, & Collins, 2005; Sroufe, Egelund, & Kreutzer, 1990). Object relations formulations of unconscious mental processing and concepts of self-representation have informed cognitive study of perception, memory, and learning (for reviews, see Bornstein & Masling, 1998; Fonagy, 2001; Fonagy & Target, 2007; Westen, 1998). Social psychologists have employed object relations constructs in investigation of social perception, causal attribution, and interpersonal influence (see, e.g., Aronson, 1992; Bornstein & Pitmann, 1992; Fonagy, 2001; Roth & Fonagy, 2005). Clinical researchers have explored ways in which inner models of relational experience and patterns of social cognition precipitate problems in functioning associated with depression, personality disorders, and other forms of psychopathology (for reviews, see Blatt & Homann, 1992; Blatt & Zuroff, 1992; Fonagy & Target, 2007; Luborsky & Barrett, 2006; Masling & Bornstein, 1994; Roth & Fonagy, 2005; Schore 2003a, 2003b; Westen, 1998).

Interpersonal Perspectives

While object relations perspectives emphasize the role of internalization processes and cognitive representations of self and others, interpersonal lines of inquiry focus on the *interactive determinants* of personality and the social contexts of relationship. As such, they complement the emphasis on intrapsychic phenomena in object relations approaches. Sullivan provides

the most comprehensive theory of personality and psychopathology, and his thinking continues to influence conceptual foundations and therapeutic practice in this tradition.

As we have seen, Sullivan locates personality or self in the social field. In departing from structural models of the individual, he defines personality as “the relatively enduring pattern of recurrent interpersonal situations which characterize a human life” (Sullivan, 1953, pp. 110–111). He conceives of self as process shaped by interactive experience in relational fields. Personality, he argues, can “never be isolated from the complex of interpersonal relations in which the person lives and has his being” (p. 10).

According to his developmental theory, vulnerability and conditions of care in early relational experience inevitably generate anxiety and restrict ways of negotiating need. Over time, the individual elaborates repetitive patterns of interaction in ongoing efforts to adapt to the requirements of particular interpersonal environments, maximize satisfaction and security, and preserve connections with others. His formulations of psychopathology, or “dynamisms of difficulty,” emphasize defensive operations and self-defeating, maladaptive ways of relating.

Concepts of therapeutic action center on the interactive nature of psychosocial intervention. By way of review, Sullivan views the clinician as a “participant-observer” in the interactive field of the therapeutic situation. The clinician not only is an observer focusing on representative patterns of interaction but is engaged in the interpersonal process as “subject” and “object” (see Wolitzky & Eagle, 1997, p. 63).

Therapeutic intervention explores problematic aspects of interactions with others, including the clinician, and provides opportunities for experiential learning that enlarge ways of being and relating. A growing body of research has documented the effectiveness of interpersonal approaches in treatment of a variety of problems in functioning (see reviews by Luborsky & Barrett, 2006; Messer & Warren, 1995; Roth & Fonagy, 2005).

Self Psychology

As the preceding chapter shows, clinical scholars have continued to elaborate Kohut’s original models of personality development, psychopathology, and psychotherapy. By way of review, conceptions of motivation encompass the primary need for connection and relationship in human experience but emphasize a fundamental thrust to establish and maintain a unitary, integrated sense of self. Following Kohut’s formulations, conceptions of personality development emphasize the ways in which the empathic provisions of primary caretaking figures or “selfobjects,” attuned to the child’s subjective states, facilitate the emergence of a cohesive, vital sense of self. Caretakers with mature psychological organizations perform crucial regulatory functions for the developing child that foster the vitalization and structural cohesion of the self.

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From this perspective, caretaking functions are gradually internalized as psychic structure, strengthening capacities to regulate inner states and maintain continuity and stability in sense of self. The individual is increasingly able to carry out the regulating, integrating, and adaptive functions that had previously been provided through selfobject experience. Lapses and failings in the relational surround undermine development, leading to structural deficits and defensive strategies limiting further disorganization of self and disruption of functioning. Disorders of the self are characterized by difficulties in negotiating need, regulating emotion, maintaining self-esteem, and pursuing meaningful goals (see Gardner, 1999; Schore, 2003a, 2003b).

Concepts of therapeutic action stress the role of relational experience in efforts to strengthen the self. The clinician provides empathic, attuned self-object experiences that facilitate development of psychic structure and enhanced functioning. Self psychological perspectives recognize ongoing needs for dependency, connection, and affirmation through the life course. For Kohut (1984), health, well-being, and the good life depend upon the “responsive selfobject milieu” (p. 21). Self psychology has emerged as an influential perspective in contemporary psychoanalysis and clinical social work, as we have seen, and a growing number of researchers are linking core concepts with empirical lines of inquiry in neuroscience and developmental psychology (Schore, 2003a, 2003b).

The Relational Paradigm

The foregoing schools of thought were established as independent perspectives within the broader psychodynamic tradition, and there was surprisingly little communication among representatives of the groups in the development of their formulations (Borden, 2000). In the early 1980s, however, psychoanalytic scholars began to carry out comparative studies of theoretical systems in efforts to identify the defining features and common elements of different points of view.

In their classic work *Object Relations in Psychoanalytic Theory*, published in 1983, Jay Greenberg and Stephen Mitchell explored representative lines of study set forth in the interpersonal, object relations, and self psychological traditions, clarifying shared assumptions, concepts, and themes that would serve as the basis for subsequent formulations of the relational perspective. They distinguished two competing paradigms in psychodynamic understanding: Freud’s drive model and the relational model, which encompassed the views of a variety of thinkers associated with object relations, interpersonal, and self psychological traditions. In their formulation of the relational paradigm, the basic focus of attention is not the individual but the interactive fields in which we work to establish connection, preserve ties, and differentiate ourselves. Relations with others, actual and internalized, rather than instinctual drives, are the core constituents of human experience.

In their comparative study, Greenberg and Mitchell (1983) observed that the interpersonal perspectives of Sullivan, Horney, and Fromm emphasized actual behavior in the social field and the realities of the outer world but lacked a fully developed theory of intrapsychic processes. By contrast, Klein's theoretical system, the object relations theories of Fairbairn and Winnicott, and the self psychology of Kohut centered on intrapsychic domains of experience but failed to adequately consider the role of actual behavior in the social field. Each perspective thereby provided correctives for the other and offered the possibility of enlarging the focus of clinical practice.

Mitchell (1988, 1993, 1997, 2000) continued to explore overlapping themes and issues in relational thought, fashioning an integrative perspective that would encompass the major traditions and the views of the major theorists. In the course of his writings he explored fundamental domains of concern in psychoanalytic understanding from a relational perspective, enlarging conceptions of self, constitutionality, infantilism, sexuality, and narcissism. He established a journal devoted to relational thought, *Psychoanalytic Dialogues*, in 1993 and founded the International Association of Relational Psychoanalysis and Psychotherapy. In the years since his death in 2000, thinkers have elaborated theoretical and clinical perspectives, broadening the scope of the field. The contributions of Emmanuel Ghent, Irwin Hoffman, Lewis Aron, Jessica Benjamin, Jody Davies, Nancy Chodorow, and Neil Altman have been particularly influential in the development of relational psychoanalysis (see Mitchell & Aron, 1999, for a review of seminal papers).

Although the paradigm encompasses a variety of perspectives, we can distinguish overlapping conceptions of personality development; health, well-being, and the common good; psychopathology; and concepts of therapeutic action. I review core concepts in the following section, enlarging earlier accounts of the relational perspective (Borden, 2000, 2008b).

Personality Development

Theorists emphasize fundamental needs for contact, connection, and relationship through the life course in their conceptions of motivation. As we have seen, Bowlby regards attachment as a function of instinctual, reflexive behaviors that preserve self and facilitate development. Other thinkers, notably Fairbairn, Sullivan, and Winnicott, emphasize what they see as an innate need and desire for relatedness in its own right (for further discussion of these points, see Mitchell, 1988, pp. 17–40). Kohut stresses the role of others in efforts to establish and maintain a cohesive sense of self and identity.

Relational experience and social surrounds shape the development of mind, personality, and self. From this perspective, the core constituents of human experience are relations with others. While drive psychology explains

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psychic structure as the outcome of instinctual process, relational lines of understanding see personality as the developmental sequelae of ongoing interpersonal experience; personality is structured through ongoing interactions with others in the social environment. The self, the core of the person, is constructed in a relational matrix. Empirical research in developmental psychology and neuroscience has increasingly informed relational conceptions of development (see Doidge, 2007; Kandel, 2005, 2006; Schore, 2003a, 2003b).

From the perspective of object relations psychology, as we have seen, structures of mind encompass representations of self, others, and interactive experience. According to interpersonal lines of understanding, personality or self is realized in social contexts and continually mediated by interactions with others. Thinkers conceive of social relations as biologically rooted, genetically encoded fundamental motivational processes; biological and relational experience constitute ongoing cycles of mutual influence in the development of personality and the social surround through the life course (see Borden, 2000; Ghent, 1992; Mitchell, 1988, 1993, 2000).

Health, Well-Being, and the Common Good

Conceptions of health, well-being, and the common good emphasize the role of others in the development of the person and the generative functions of relationship, social interaction, and community through the life course. As Greenberg and Mitchell (1983) show in their presentation of the paradigm, overlapping traditions of social and political thought elaborated by Jean-Jacques Rousseau, G.W. F. Hegel, and Karl Marx provide philosophical contexts for relational views of human life and fulfillment. For Rousseau, social participation leads to higher forms of existence; the “social contract” allows the individual to transcend private, isolated experience and become part of a “larger whole” from which he or she “draws life and being” (Rousseau, 1762/1954, p. 58). For Marx (1845/1959), “human essence is no abstraction in each individual. In its reality it is the ensemble of social relations” (p. 244). By virtue of being human, people form relationships and seek social interaction. From this perspective, as Greenberg and Mitchell (1983) observe, “human satisfactions and goals are realizable only within a community” (p. 401). As we have seen, Adler emphasizes the crucial functions of social life and community in his views of health, well-being, and the common good.

Conceptions of health and maturity center on the development of basic structures of personality, self, and mind and corresponding capacities for relatedness that influence levels of functioning. Subjective states, inner representations of self and others, and modes of relating in the interpersonal field are fundamental domains of concern (Borden, 2000).

Mature identity is characterized by relative cohesion and continuity in sense of self, affirming but realistic views and expectations of self and others that reflect self and object representations, and stable and enduring relationships. Flexible ways of being and relating are signs of health; one is able to transcend the identifications and constraints of earlier relational life, engage in give-and-take with others in the outer world, and assimilate new experiences.

Theorists hold that conflict is inherent in the human situation, however, and they describe fundamental dilemmas in ongoing efforts to negotiate vulnerability, need, and desire through the life course; a number of thinkers describe “central polarities” and “opposing motivational thrusts” in formulations of conflict and compromise (see, e.g., Aron, 1996; Ghent, 1992).

Thinkers view sexuality as a central domain of human experience, regarding sexual behavior as a crucial medium for elaboration of fundamental dynamics in relational life (see Mitchell, 1988, for a critique of Freudian conceptions of sexuality and alternate relational views). Sexuality plays a central role in most intimate relationships, Mitchell (1988) observes, explaining: “This is not because pleasure regulation itself is the fundamental human aim . . . as Freud understood it. . . . Rather, it is the establishment and maintenance of relatedness that is fundamental, and the mutual exchange of intense pleasure and emotional responsiveness is perhaps the most powerful medium in which emotional connection and intimacy is sought, established, lost, and regained” (p. 107). He theorizes that the fundamental meanings of sexuality often originate in basic relational patterns of search, surrender, and escape, providing powerful transformative experiences.

Relational thinkers are increasingly challenging the pathologizing of difference and recognizing the diversity of human experience, enlarging conceptions of gender and identity. Theorists view homosexuality and bisexuality as normal variants in human development and generally do not pathologize other forms of sexual behavior that historically have been characterized as “perversions” (see Curtis & Hirsch, 2003, p. 74). Mitchell was a leading figure in efforts to depathologize conceptions of homosexuality in the field of mental health.

Winnicott and Horney link relational experience to qualities of personhood in their developmental perspectives, emphasizing notions of vitality, authenticity, creativity, and personal meaning in their conceptions of health, well-being, and fulfillment. For Kohut, maturity, health, and well-being depend upon evolving capacities to make use of relational experience in efforts to maintain inner cohesion, morale, and self-esteem.

From relational points of view, we generate meaning in the give-and-take of interpersonal life, and a number of thinkers draw on narrative perspectives and stress ways in which social surrounds influence efforts to process experience, construct meaning, and elaborate life stories (see, e.g., Borden, 1992,

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2000; H. Goldstein, 1990; Howard, 1991; Schafer, 1983, 1992). Most theorists integrate concepts of mastery, coping, adaptation, and self-actualization in formulations of health and well-being (Greenberg & Cheselka, 1995).

Vulnerability, Psychopathology, and Problems in Living

The relational perspective encompasses divergent conceptions of vulnerability, psychopathology, and social dysfunction. Some thinkers, notably Winnicott, Horney, and Kohut, emphasize “arrests” or “deficits” in the development of the self. Winnicott distinguishes “true self” and “false self” states of experience in his formulations of neurosis, defensive processes, and maladaptive behavior. Following Winnicott, Christopher Bollas (1989) introduced the term “normatic personality” to characterize people who sacrifice their individuality or personal idiom in conforming to values of society. Horney parallels Winnicott’s thinking in her relational conceptions of self and neurosis. Kohut traces structural deficits in the organization of the self to earlier lapses and failings in care that compromise capacities to regulate emotion, integrate experience, and engage in relational life. Drawing on Jung’s formulations, some thinkers emphasize concepts of dissociation in formulations of neurosis.

Other thinkers trace the origins of maladaptive behavior to rigid, anachronistic models of relational experience. In Fairbairn’s theoretical system, for example, internalized representations of interpersonal experience limit ways of being and relating in the outer world. Bowlby focuses on the ways in which working models of self, other, and modes of interactive experience skew perceptions of interactive experience and constrict relational life (see Fonagy, 2001).

Yet another group of theorists working in the interpersonal tradition emphasize outer domains of experience, identifying patterns of behavior in the social field that perpetuate problems in living. Sullivan, for example, speaks of “dynamisms of difficulty”; Horney and Wachtel speak of “vicious circles” of behavior.

Sullivan preferred the phrase “problems in living” over diagnostic classifications of mental disorders, as we have seen, and many relational thinkers influenced by the interpersonal tradition are critical of the disease model inherited from medicine (see Curtis & Hirsch, 2003). They see patterns of behavior as having been learned in the give-and-take of relational life; as such, they are understood as adaptive, reasonable ways of negotiating experience in view of particular circumstances and requirements for conditions of care. If problematic ways of being are learned, presumably, new ways of relating can be developed as well.

Adler and the core thinkers who formed the interpersonal tradition—Sullivan, Horney, and Fromm—explored the ways in which social, cultural, political, and economic conditions perpetuate vulnerability, problems in living, sexism, and racism. Fromm criticized the conformist personality he saw

in American culture. More recently, Paul Wachtel (1989, 1997, 2000, 2008) has applied psychodynamic perspectives in his writings on racism, oppression, and disenfranchised groups, and his compelling critiques of individualism and consumerism in American culture are informed by his integrative psychodynamic perspective.

Domains of concern in assessment of vulnerability and problems in living include subjective states; inner representations of self, others, and relational experience; and modes of interaction in the interpersonal field. According to contemporary object relations and interpersonal perspectives, dysfunction is a dynamic cyclical process “in which feared and anticipated relational events tend to be elicited and enacted by the individual” in interactions with others, who, in turn, respond in complementary ways (see Messer & Warren, 1995, pp. 119–120). Ironically, patterns of interaction tend to confirm maladaptive views and reinforce problematic behaviors. Wachtel (1993, 1997, 2008), drawing on Sullivan’s theory, emphasizes the role of fear and defensive operations that lead to avoidance of experience and compromise crucial skills in living.

Psychopathology is self-perpetuating because it is embedded in more general ways of being and relating established over the course of development. As Mitchell (1988) emphasizes in his integrative relational model, there is a “pervasive tendency to preserve the continuity, connections, and familiarity of one’s personal, interactional world” (p. 33). From the perspective of self-organization, Mitchell explains, problematic ways of being and relating are perpetuated because they preserve ongoing experiences of self. What is new is threatening because it lies beyond the bounds of experience in which one recognizes oneself as a cohesive, continuous being. From the perspective of object relations views, dysfunction is repeated because it serves to preserve connections to significant others. “What is new is frightening because it requires what one experiences as the abandonment of old loyalties, through which one feels connected and devoted” (Mitchell, 1988, p. 291). From the interpersonal point of view, dysfunction is repeated because it regulates fear and anxiety. Following Sullivan, Mitchell (1988) explains: “Security operations steer [the individual] into familiar channels and away from the anxiety-shrouded unknown” (p. 291).

Accordingly, however dysfunctional certain behaviors may be, they serve to preserve continuity and coherence in sense of self, maintain connections with internalized representations of others, and provide safety and security in negotiation of interpersonal experience.

The Relational Paradigm in Context: Inner Experience and Outer Realities

The larger relational paradigm centers our attention on fundamental concerns in human experience, as we have seen, and it provides orienting perspectives for continued development of theory, research, and practice

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methods. In this section, I expand earlier discussions of the relational paradigm in light of essential concerns in contemporary thought and clinical practice (Borden, 1999, 2000, 2008b).

In the broadest sense, relational perspectives encompass biological, psychological, and social domains of experience and bridge concepts of person and environment in process-oriented models of human functioning. Contemporary thinkers take a dialectical approach to human experience, connecting theoretical systems and empirical research through critical inquiry and comparative analysis. "Perhaps the most important aspect of the term relational," Aron (1996) wrote in his early formulation of the paradigm, "is precisely that it includes the relation between the individual and the social" (p. 63).

Similarly, Emmanuel Ghent (1992) was careful to explain that the term "relational" emphasizes "process as against reified entities and the relations among processes all the way along the continuum from the physical and physiological, through the neurobiological, ultimately the psychological, and for some, even the spiritual" (p. xx). Neil Altman (1995) drew on systems concepts and ecological models in his elaboration of relational perspectives, emphasizing the need to consider institutional, community, and social contexts of human difficulty in development of theory and research.

As a general frame of reference, the relational paradigm continues to provide contexts of understanding for practitioners in ongoing efforts to connect biological, psychological, and social domains of concern; to enlarge conceptions of person and environment; and to deepen appreciation of interactive processes at multiple systems levels.

In conceiving of self as fundamentally social, contemporary thinkers locate individuality in the interpersonal field and emphasize concepts of relationship, centering on the motivational force of attachment and the interactive nature of human experience through the life course. Core constructs provide ways of conceptualizing relational processes that shape personality development, coping, adaptation, health, and well-being.

In contrast to the deterministic character of classical Freudian thought, relational views of the individual stress notions of personal agency, intention, and will, elaborating the humanistic concerns that shaped the theoretical systems of Adler and Rank. As reviews of resilience research show, the course of life is not determined exclusively by past events or current environments; individuals process experience, create meaning, and shape their lives. Contemporary thinkers affirm the potential for self-determination, change, and growth, embracing humanistic perspectives that have informed social work practice from the start of the profession.

Relational lines of inquiry have deepened interest in notions of subjectivity, personal meaning, and the self. Drawing on the contributions of Sullivan, Horney, Fairbairn, Winnicott, and Kohut, contemporary theorists continue to consider ways in which relational processes and social environments

mediate the establishment of subjectivity and qualities of personhood, reflected in capacities to create meaning and generate experience that feels authentic, vital, sustaining, and empowering (see, e.g., Bollas, 1987, 1989; Chodorow, 1999; Wachtel, 2008; Winnicott, 1971a). As Jonathan Lear (1990) emphasizes, human reality is constituted by subjectivity: “*what it is* to be a person is shaped by *what it is like* for that person to be. The meanings, emotions and desires alive in a person’s soul play a crucial role in determining who that person is” (p. 4).

The individual’s subjective experience and personal meaning—what Oliver Sacks (1984) has characterized as the “human being first and last . . . the experiencing, acting, living ‘I’” (p. 177)—has become a central focus in contemporary psychotherapy. Psychodynamic perspectives continue to center on phenomenological experience and the individuality of the person as well as the social surrounds that shape ways of being, relating, and living. Some relational thinkers have embraced postmodern and constructivist perspectives that emphasize the ways in which meaning and understanding emerge from intersubjective experience in social life, challenging the fundamental assumptions of positivist science (see Mills, 2005, for a discussion of epistemological views in relational psychoanalysis).

Despite ongoing revision of theoretical formulations, relational conceptions of personality development and psychopathology remain problematic in certain respects. Here I briefly review concerns that have shaped critical discussion of theoretical formulations in recent years (for extended critiques, see Mills, 2005; Wachtel, 2008).

As we have seen, Winnicott, Fairbairn, and Kohut focused largely on the mother-child relationship and viewed caretaking systems as crucial determinants of health. They linked problems in functioning to lapses in early care and corresponding arrests in the development of the self, assuming that deprivations in maternal care and traumatic events during critical periods in infancy and early childhood inevitably place people at risk for subsequent psychopathology (Borden, 2000). Although empirical findings point to the importance of early caretaking systems in personality development and subsequent patterns of behavior (Sroufe et al., 2005), researchers emphasize the need to consider ways in which self-righting tendencies, use of relational experience, and social environments influence functioning across the course of life (see, e.g., Anthony & Cohler, 1987; Galatzer-Levy & Cohler, 1993; Stern, 1985; Walsh, in press; Westen, 1998). The findings of empirical research on risk and resilience challenge developmental arrest models of development and psychopathology (see Anthony & Cohler, 1987; Fonagy, 2001).

Mitchell (1988) argues that the developmental arrest theorists overemphasize the importance of the early mother-child relationship and reduce “lifelong relational issues to early, circumscribed phases” of childhood (p. 140). In doing so, he shows, they distort “the very nature of those issues and the ways in which they manifest themselves at different points throughout

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the life cycle.” Theorists and researchers have proposed alternative perspectives that emphasize “domains of relatedness” and “forms of social experience” rather than “critical periods” or distinct phases in conceptions of development through the life course (Stern, 1985, p. 34; see also Fonagy & Target, 2007; Schore, 2003a, 2003b; Westen, 1998).

Feminist thinkers have challenged core assumptions of psychoanalytic understanding in trenchant critiques over the last quarter century, arguing that theorists conflate formulations of female identity and motherhood; represent mothers as causal agents of psychopathology; fail to consider the cultural meanings of motherhood, gender inequalities, and differences in material resources; and privilege notions of separation and individuation in views of maturity and health (see Burack, 1998). Thinkers have drawn on the full range of relational theories in enlarging conceptions of gender, identity, and subjectivity, and a growing number of clinical scholars have applied feminist perspectives in the field of relational psychoanalysis, broadening the scope of theory and practice (see Benjamin, 1988, 1995, 1998; Chodorow, 1988, 1998; Dimen, 2003; Flax, 1990, 1993; Harris, 2005).

Critics from a variety of perspectives have argued that the foundational theorists emphasize intrapsychic phenomena over actual experience in the outer world, failing to recognize the influence of cultural, political, and economic forces in human life. Practitioners have attempted to broaden the scope of psychoanalytic understanding in recent years, emphasizing social concerns in their conceptions of vulnerability and need, focusing on disenfranchised, economically deprived groups whose problems in living challenge traditional conceptions of psychoanalytic psychotherapy (see Altman, 1995; Borden, 2006; Bucci, 2002; Javier & Moskowitz, 2002; Wachtel, 2008).

Relational perspectives have informed Wachtel’s writings (1989, 1997, 1999, 2002, 2003, 2008) on social justice and racism and his compelling critiques of individualism and consumerism in American culture. He bridges psychological and social domains of concern in his conceptions of the therapeutic endeavor, linking the health and well-being of the individual with patterns of life and values in community and culture.

Eric Ornstein and Carol Ganzer (1997, 2000, 2003, 2005) emphasize conceptions of vulnerability, diversity, and social justice in their applications of relational theory in social work practice in mental health, homeless, child welfare, and substance abuse settings. As they show in their accounts, relational approaches privilege the individuality of the client, offering ways of understanding the complexities of self and interpersonal life, and strengthening the individual’s sense of personal agency, narrative competence, and potential for change and growth.

As we will see in the last chapter, the orienting perspectives of self psychology, object relations thought, and interpersonal theory deepen our appreciation of the tenacity of problems in living and broaden our understanding of facilitating processes in psychosocial intervention.