INTRODUCTION

This book is about relational theories and their application to clinical social work practice. After tracing the relational thrust of social work practice throughout the profession’s history, it will review the writings of major psychoanalytic theorists who have contributed to the relational perspective. Following a description of the key developmental concepts that comprise relational theory today, the book will consider and illustrate the main components of treatment based on relational ideas. It will show their utility in work with a wide range of clients, including those from diverse cultural backgrounds. It also will consider the use of relational theory in short-term treatment and in work with families and groups. It will conclude with a discussion of some of the issues that arise in practicing and learning a relational approach in the classroom and in supervision.

RELATIONAL THEORY DEFINED

In this book we use the term “relational” to encompass numerous distinctive theories that are not well integrated. “Relational psychoanalysts share overlapping but not identical concerns, concepts, approaches, and sensibilities” (Aron and Harris 2005:xiii). Early relational thinking tended to focus on what infants bring to their environmental transactions, on the optimal characteristics of the care-taking environment, and how it nurtures the
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individual. Later and more contemporary contributions emphasize mutuality and interaction in the relationship between the self and others. Nevertheless, the different frameworks that fall within this rubric have certain commonalities. These frameworks

- recognize that human beings are social animals and emphasize the impact of interpersonal relationships and the social and cultural context on child and adult development
- place importance on creating a human therapeutic environment and tend to view the therapeutic relationship as central to the treatment process, emphasizing the experiential, reparative, and facilitating aspects of the relationship between clinician and client
- underscore the importance of the clinician’s empathic attunement to the client’s subjective experience and personal narrative. They stress the importance of clinicians putting themselves in the client’s shoes and being where the client is, the nature of the collaborative dialogue between client and clinician, and the mutual impact that client and clinician exert on one another during the treatment process
- tend to focus on the here-and-now and how the past becomes alive in the present
- give a prominent role to the impact of gender, racial, cultural, and other major types of diversity on human behavior and in the clinical situation and the process by which clinician and client come to understand one another
- recognize the strengths and resilience of people and their push for growth as well as what goes wrong in the course of development
- offer new perspectives on major concepts such as transference, countertransference, and resistance, as well as on the nature of the therapeutic dialogue

The principles that stem from relational theories can be applied to a multitude of problems. These include life crises and transitions, the effects of physical and sexual abuse and other types of trauma, emotional disorders, substance abuse, physical illness, disability, loss of loved ones, violence, parenting and family problems, and work issues. They have implications not only for individual long-term treatment but also for crisis and short-term intervention and work with couples, families, and groups. Because of their incorporation of contemporary views on gender, culture,
race, and sexual identity, relational theories are well suited to work with
diverse populations.

In this book we have chosen to include the relational theories and re-
search that have been put forth mainly by psychoanalysts and that reflect
psychodynamic thinking. Berzoff, Flanagan, and Hertz (1996) point out that
the psychoanalytic and psychodynamic terms, although sometimes used in-
terchangeably, are different. We agree with their view that “psychodynamic”
refers to a broad range of theory that reflects a way of thinking about the
mind, whereas “psychoanalytic” connotes a more specific theoretical per-
spective that comprises definite criteria (4–5). These authors acknowledge,
however, that the distinction is more difficult to make currently, particularly
as numerous psychoanalytic theories have been put forth and have moved
far beyond classical Freudian theory and ego psychology.

As chapters 2 and 3 discuss in detail, the evolution of relational theories
within psychoanalysis took place in two phases. In the first phase, numer-
ous psychoanalysts attempted to offer alternatives to or expanded Freud’s
drive-conflict model (Greenberg and Mitchell 1983). It included theorists
such as John Bowlby (1988), W.R.D. Fairbairn (1952), Sandor Ferenczi
(1932, 1933), Harry S. Guntrip (1969), Karen Horney (1945), Edith Jacobson
(1964), Melanie Klein (1932), Heinz Kohut (1971, 1977), Jean Baker Miller
and her colleagues at the Stone Center for Developmental Services and
Studies in Wellesley, Massachusetts (Miller 1977; Jordan 1997; Kaplan and
Surrey 1984); Otto Rank (1928, 1945), Renee Spitz (1945), Harry Stack Sul-

In the second phase of the development of relational thought, a different
group of writers who also rejected Freudian theory and ego psychology at-
ttempted to correct what they considered to be the fallacy inherent in earlier
relational formulations. The theorists that comprise this group of writers in-
leagues Bernard Brandchaft and George Atwood (1994), and many others.
These authors argued that the earlier relational frameworks suffer from being
one-person psychologies (Aron 1990). Instead, they urged the adoption of a
two-person psychology that regards all behavior as determined by a relational
or intersubjective field in which self and others are connected and exert a
mutual impact on one another. In their view, such a two-person psychol-
ogy attempts to overcome the separation between a person and others and
between past and present. A cornerstone of a two-person psychology is the
idea that people cannot be understood in isolation from the interpersonal,
social, and cultural context in which they are embedded in the present, although past experience is active in contributing to current behavior. This belief also is important in understanding what occurs in treatment as clinician and client come together and form a relational matrix that shapes the therapeutic process.


THE RELATIONAL CORE OF SOCIAL WORK PRACTICE

Relational thinking is not new to social work. Chapter 1 shows how social work practice has been relational at its core over the years, even in the period prior to the profession’s inception. In addition to being influenced by relational thinking, social workers anticipated many of the theoretical and clinical emphases of recent years, although they are rarely, if ever, given credit for their views by other mental health disciplines (Sheppard 2001). In commenting on this irony, Horowitz wrote, “Like Moliere’s Bourgeois Gentlemen who didn’t realize that he’d been speaking prose for more than forty years without knowing it, perhaps social workers should consider that we’ve been relational, postmodern, and cutting-edge for eighty years without knowing it” (1998:378).

SIGNIFICANCE FOR CLINICAL SOCIAL WORK

Perhaps an important reason for the increasing popularity of relational thinking among social work clinicians is that it is in keeping with core social work values and provides a theoretical rationale for many of the tried and true principles that have been characteristic of clinical social work practice over time. Relational theories are holistic frameworks that are consistent with the humanistic stance and values of the social work profession. They value the inherent worth of the human being, the uniqueness of the individual, beginning where the client is, the centrality of the client-worker relationship in the helping process, and the importance of genuineness and mutuality.
They embody a person-environmental focus of the social work profession and fit well with the existing body of clinical social work theory and practice. Although the application of relational theories to clinical social work involves advocacy of some practices that are familiar to social workers, such theories provide a rationale for these practices, give them new significance, put them in a different perspective, and extend them in important ways (Ornstein and Ganzer 1997).

IMPETUS FOR THE BOOK

There are several reasons for our choosing to write about the contributions of relational theories to clinical social work. Despite the growing interest in relational thought and the many books on this subject, there are few social work texts that integrate relational theories and show their treatment implications for clinical social work practice. Those volumes that do contain relational content tend to be written by psychoanalysts who come from the fields of psychiatry or psychology, are aimed at those who practice psychoanalytic psychotherapy, and usually address a particular relational theory rather than present an integrative perspective. More significantly, they do not contain case examples with social work populations or reflect the broad range of social work practice. Nor do they consider the empirical evidence for relational ideas and interventions. Yet the majority of social work students want to do clinical work, and both students and practitioners are eager to learn about relational theories and their treatment implications, as is evidenced by the popularity of courses that do offer this content both inside and outside schools of social work.

A second impetus for writing this book stems from our long-standing interest in demonstrating the applicability of the major concepts and treatment principles of contemporary psychoanalytic and psychodynamic theories to clinical social work practice and from our experiences in using relational thinking in our work with clients and students. Employing these frameworks has expanded our ability to understand and relate to a wide range of clients and has produced fundamental changes in the ways in which we listen, what we observe, where we focus, and how we use ourselves in the treatment process. We cannot imagine working without drawing on these perspectives and believe that a knowledge of these frameworks and will help other social work practitioners.

Finally, we are concerned and troubled about the trends that exist in our current academic and practice environments. In contrast to earlier times,
currently there is little, if any, curriculum space allocated to the teaching of contemporary psychodynamic theories and their application, and there are a diminishing number of full time faculty who have expertise in this knowledge base. Consequently, students graduate without acquiring even basic understanding of this body of thought. Upon graduation, many social workers take courses in psychodynamically oriented training institutes, but they are taught by members of other disciplines who generally are not conversant or identified with the nature of social work practice and with the types of clients that social workers generally see in agency practice. Many social work graduates begin to feel alienated from and lose their identification with the social work profession. In the practice arena, the health and mental health care systems, constrained by managed care, put less value on relationship-based therapeutic approaches and tend to emphasize cognitive/behavioral approaches. This climate has created a sense of urgency about articulating the contributions of dynamic thinking for future generations of social work clinicians.

Although there is an important place in the clinical social worker’s armamentarium for cognitive/behavioral techniques and other evidence-based practice interventions, we believe it is crucial for clinical social workers to operate with a more dynamic understanding of relational principles. Those engaged in clinical or direct practice must be able to make sophisticated assessments, exercise professional judgment, select appropriate interventions, and employ a high level of skill. We want them to be able to assess clients’ person-in-situation totality and to plan and implement interventions according to clients’ unique needs, problems, life circumstances, and backgrounds in ways that do justice to the complexity of their lives.

**PLAN FOR THE BOOK**

This book is intended primarily as a guide for clinical social work trainees, practitioners, supervisors, and instructors, and secondarily for individuals from other fields who are interested in learning about relational theories and their use in clinical practice. All of the authors currently are social work faculty, widely published, engaged in clinical practice, and members of the Association for the Advancement of Psychoanalysis in Clinical Social Work. We have provided numerous case examples that illustrate major concepts and treatment process. The clinical material is based on our practice, teaching, and supervision. To protect confidentiality and to present relevant
material, the case examples have been disguised and edited and sometimes reflect composite cases.

The plan of the book is as follows:

Chapter 1 discusses the close connection and fit between relational thinking and clinical social work practice. It shows how diverse social work practice models have included many relational principles and techniques throughout the profession’s evolution. It also considers issues related to the use of relational approaches in today’s world.

Chapter 2 describes the evolution of relational thought in its first phase. It discusses British and American object relations theories, the work of Sullivan and other social psychologists, Ferenczi’s contributions, self-psychology, and self-in-relations theory (the Stone Center).

Chapter 3 describes the continuing evolution of relational thought during its second phase. It considers Mitchell’s relational theory, intersubjectivity, and empirical findings on the therapeutic relationship.

Chapter 4 describes the major developmental concepts of relational theories and relevant research findings, including those from neuroscience. It considers concepts related to the relational matrix, which is composed of the self, others, and the interactions between them. It discusses the impact of infant studies and Lichtenberg’s developmental theory. It also discusses the impact of trauma and other common developmental derailments, gender development, and the influence of society and culture.

Chapter 5 describes how relational thinking shapes the assessment process. It begins by discussing the sources of the data that clinicians utilize, particularly the clinician–client interaction. Then it considers and illustrates crucial aspects of clients’ current and past life during the assessment process.

Chapter 6 describes and illustrates major components of the therapeutic process, including the importance of collaboration, the establishment of a therapeutic holding environment, empathic attunement, genuineness and spontaneity, self-disclosure, the mutual impact of client and clinician, bridging subjectivities, therapeutic responsiveness, the encouragement of new types of relational experiences, and the uses of interpretation. It also discusses issues that arise with respect to therapeutic boundaries.

Chapter 7 describes and illustrates the significance of transference and countertransference in the therapeutic relationship. It focuses especially on impasses and enactments that occur during treatment and how these can be managed.

Chapter 8 considers and illustrates the use of relational principles and techniques in work with clients from diverse and multicultural backgrounds.
Major foci will be on how the clinician must understand the client’s subjective experience, the impact of the clinician’s cultural countertransference that may interfere with this process, and the mutual impact of the client-clinician cultural subjectivities upon one another.

Chapter 9 shows the application of relational thinking to short-term treatment with individuals.

Chapter 10 considers and illustrates some contributions of relational thinking to work with couples, families, and groups.

Chapter 11 discusses some of the issues that arise in learning and teaching relational principles and techniques. It considers such issues as the challenges involved in learning new theoretical and practice paradigms, using a different stance in the therapeutic setting, and participating in and creating a less hierarchical and more mutual interchange in the classroom and supervision.

The epilogue summarizes key issues of the text and discusses the synthesis of relational theory with other contemporary theories, such as neurobiology and trauma theories.

Social work is a profession that values service to others. From our profession’s inception, it has been those engaged in direct or clinical practice who have always put themselves on the front lines in working with clients who face a multitude of person-environmental problems, including the effects of poverty, discrimination, and oppression. It is those engaged in direct practice who have always valued the uniqueness of the individual and recognized the reparative and healing power of human relationships. It is those engaged in direct practice who have allowed themselves to get close to and try to ease human pain and suffering, and who have dedicated their working lives to helping others find ways of getting their needs met, overcoming obstacles to their functioning, and increasing their pleasure in living. And it is those in direct practice who know that relationships are core to the helping process, and that short-term, oversimplified, sometimes mechanistic techniques and our fragmented and limited array of empirically based practice interventions usually are not sufficient to help the troubled clients of today. We hope that this book will provide social work clinicians with knowledge that will enable them to be more effective in their work with a broad range of clients.
ADVANCED CLINICAL SOCIAL WORK PRACTICE