

# A RELATIONAL TURN IN THE HUMAN SERVICES: A BOOK REVIEW OF *CONTEMPORARY PSYCHOANALYTIC THEORY AND PRACTICE*, BY WILLIAM BORDEN

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Steven A. Mitchell was a supervising and training analyst at the William A. White Institute in Manhattan. Founded by Clara Thompson and Eric Fromm, with Harry Stack Sullivan as a pioneering faculty member, the White Institute emphasized the theoretical and clinical aspects of the interplay between the individuals and their social environment. Combining Fromm's view of psychoanalyses as a means to relieve basic human suffering and Sullivan's emphasis on active collaboration between therapist and patient, the White Institute would claim a distinct place in the history of the post-War psychoanalytic movement. With his 1988 work *Relational Concepts in Psychoanalysis: An Integration*, and his collaboration with Margaret Flack on *Freud and Beyond: A History of Modern Psychoanalytic Thought*, Stephen A. Mitchell helped cement White's distinct place in this history. Differentiating between Freud's drive theory and relational approaches, Mitchell's central thesis remained that personal relationships and human interaction help determine the nature of human health and functioning. In so doing, Mitchell opened up a space for an integrated and flexible model of clinical practice.

Enter William Borden, a senior lecturer at the University of Chicago Department of Psychiatry and School of Social Service Administration, whose work has long addressed the complicated relationships between object relations and narrative theory, self psychiatry, and clinical social work practice. With *Contemporary Psychodynamic Theory and Practice* Borden furthers this synthesis, integrating Mitchell's relational perspective with contemporary clinical social work practice in multiple settings. To do so, he revisits much of the history of the psychoanalytic movement, reviewing the development of classical psychodynamic thought, individual psychiatry, the interpersonal school of

Harry Stack Sullivan, the British Object Relations School, Kleinian theory and psychoanalysis in Great Britain, psychologies of the self in Chicago, and many of Mitchell's themes. In so doing, he establishes the groundwork for the emergence of a relational perspective and paradigm in clinical practice. Yet, Borden frames this work as a means to a humanist and pragmatic approach to clinical social work practice. For Borden, identity is best understood as a narrative process which takes shape via interaction between self and other. This argument is of course part of the environment at the University of Chicago which supported the work of George Herbert Mead, Heinz Kohut, and Bertram Joseph Kohler. "The relational schools of thought focus our attention on the role of the interpersonal in the establishment of the therapeutic alliance and deepen our appreciation of underlying vulnerabilities and patterns of behavior that compromise engagement," Borden writes. He argues such tensions, "precipitate strain or rupture...the helping relationship, limiting opportunities for change and growth," (p.7). Rejecting the paternalistic *cul de sacs* which all too often accompany approaches to human services, Borden argues that a relational paradigm centers engagement within "the dyadic, reciprocal nature of the helping process and view of the practitioner as a participant-observer, emphasizing the importance of suggestive elements and mutuality in formulations of therapeutic interaction," (p. 7). Here, Borden could be paraphrasing Heinz Kohut or Harry Stack Sullivan. Sullivan was adamant that the analyst makes use of himself or herself as an observing instrument and co-narrator in treatment story. There are no neutral observers Sullivan would argue. Rather, "[h]is principle instrument of observation is his self—his personality, him as a person," Sullivan would write in his 1954 work *The Psychiatric Interview*. "The processes and

the changes in processes that make up... data which can be subjected to... study occur, not in the subject person not in the observer, but in the situation which is created between the observer and his instrument," (1954, p. 3). Continuing, Borden suggests treatment and healing takes place between client and analyst, rather than simply within the interior space. Herein, social problems and challenges in living are better located within a matrix between self, family, community, and social environment, rather within the isolated individual. "As we will see, relational lines of understanding provide complex ways of conceptualizing interactive experience that enlarge formulations of interpersonal behavior," Borden concludes (p.7).

A theme which runs throughout the text is the tension between clinical practice and theory. "I have always been primarily a clinician," Borden quotes Melanie Klein. "It has never happened that I arrived at a concept theoretically and then allowed this concept to drive my clinical work. It has always been the other way around," (p. 63). Rather, Borden highlights a model of practice which rejects grand theory in favor of reflective practice – a research process involving trial, error, and pragmatic engagement. "What matters is what works," Borden paraphrases American philosopher William James. "[T]he practitioner determines the validity of clinical formulations on the basis of their effectiveness in a particular situation," (p. 9). The utility of a pragmatic approach stems from its emphasis on differing forms of social knowledge. As David Brendel argues in his 2006 *Healing Psychiatry*, it also offers a route outside of a science humanism divide which so often plagued 20<sup>th</sup> century psychiatry. Herein patient expertise is honored in relation to clinical engagement. The patient is considered an expert of his or her own story. Such a view involves an implicit rejection of colonizing motives within the practice of the human services, in which practitioners all too often seek to alter the lives of the poor by improving their moral worth and behavior. "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," Borden writes with a nod toward Brazilian

educator Paolo Friere's conception of dialogue as a form of democratic engagement (p.9). The point of a dialog is that it requires a breakdown in social hierarchies, with both parties actively work together, rather than one on the other, or vice versa. In this respect, Borden's work marks a stark departure from other forms of psychoanalytic practice which depend on a rigid hierarchy between clinician as medical expert and patient as passive recipient of this expertise. Borden is a social worker by training, and he brings this perspective to his work. He refers to Elizabeth Danto's 2005 *Freud's Free Clinics: Psychoanalysis and Social Justice*, which reviews Freud's recognition that psychoanalysis fails to maintain its intellectual or moral integrity if the only people who can receive services are the affluent. He writes about social justice and clinical practice and rejects the uses of psychiatry as a form of social control. The result is an egalitarian mode of practice which borrows from the intellectual sophistication of psychoanalysis and the flexibility of pragmatism, linking them to the openness and democratic possibilities of social work's historic engagement with the poor and those who cannot pay \$200 a session for care. Social work is different from psychoanalysis, in training, practice, and history. Yet, there is no reason the two fields cannot continue to engage with each other. Rather than foster or reinforce pathology or inferiority, a pluralistic relational approach to practice opens the door to innovative – harm reduction, strengths based – approaches to social knowledge in which practitioners learn from, rather than condemn the patient. Borden opens up a profound set of possibilities for a more humanistic approach to care which avoids the missteps which plagued the 20<sup>th</sup> century psychiatry with this small text. Practitioners and policy makers alike can benefit from its insights. The point, after all, is to relieve human suffering, not reinforce it.

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