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**CRITICAL APPROACHES TO CLINICAL SOCIAL WORK PRACTICE:
CONSIDERATIONS FROM CONTEMPORARY RELATIONAL
PSYCHOANALYTIC THEORY**

by

Christopher Trevelyan
Bachelors of Arts (Honours), University of King's College: Dalhousie University, 1999

THESIS

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in partial fulfillment of the requirements for
Master's of Social Work

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Christopher Trevelyan 2008©

Abstract

Critical social workers now contend that an individual's everyday living both shapes and is shaped by overarching social structures and discourses. As such, the subjectivity of the individual is considered an axis on which the existing social order can be either perpetuated or transformed. Transformations on the level of the individual are therefore argued to contribute to transformations on the levels of larger societal arrangements. For this reason, many critical social work theorists today argue that clinical social work practice with individuals is an essential component of effecting egalitarian forms of social change. Yet, critical social workers also widely acknowledge that clinical social work theory is currently a relatively underdeveloped area within critical social work literature. Contemporary relational psychoanalytic theory offers highly textured accounts of the interdependence of sociopolitical arrangements and cultural discourses, on the one hand, and the subjectivity of the individual, on the other, and has much to contribute to critical social workers' current efforts to overcome oppressive relations on personal, interpersonal, and ultimately, societal levels.

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Introduction

Many proponents of “critical” social work see a fundamental division between “critical” and “traditional” approaches to social work and trace the historical origins of this division back to the earliest beginnings of the profession (e.g. Mullaly, 2007; Pozzuto, Angell & Dezendorf, 2005).¹ In these accounts, the two most significant progenitors of social work, the Charitable Organization Society (COS) and the Settlement House Movement, (SHM) are characterized as having had diametrically opposed approaches to the social problems they sought to address in Europe and North American in the late 19th and early 20th centuries. The COS is seen as mostly having assisted impoverished individuals to become more productive and self-sufficient members of society; this is considered the early template for what became the “traditional” or “mainstream” approach to social work. The SHM, on the other hand, is portrayed as having been more concerned with the injustice of the prevailing social order, and with attempting to adjust social conditions to the needs of the poor (Pozzuto, Angell & Dezendorf, 2005). This split between the COS and the SHM —“between adjusting the individual to society or society to the individual” (p. 27)—is seen as a tension between “traditional” and “critical” approaches that remains embedded in social work today (Chambon, Irving & Epstein, 1999).²

¹ “Critical social work,” (e.g. Fook, 2002, 2003) “emancipatory social work” (e.g. Pease & Fook, 1999), “structural social work” (e.g. Mullaly, 2007), and “anti-oppressive social work” (e.g. Dominelli, 2002) are all designations currently used to denote formulations of social work practice that share features of what will be explored here under the general term “critical social work.” In doing so, this discussion is following Fook (2003) and Healy (2005) who have used “critical social work” as a general term in this way. Fook (2003) notes, however, that the designation, while increasingly used to signify a larger tradition within social work’s history, has only been used as a coherent term more explicitly since the late 1990s (e.g. Rossiter, 1996).

² This basic distinction between “critical” and “traditional” forms of social work derives from that made by members of the Frankfurt school between “traditional” theories that

Throughout the middle part of the 20th century, “traditional” perspectives dominated the theory and practice of the burgeoning profession of social work (Healy, 2005). By focusing almost exclusively on helping individuals and families function more adaptively *within* existing, inequitable social arrangements, and paying little attention to challenging the social order, social workers came to serve an increasingly important role in the maintenance and functioning of mainstream society (Mullaly, 2002). It was not until the late 1960s and early 1970s, with the emergence of radical social work as a distinct practice approach, that the critical tradition of social work began to resurface as a significant presence in the field (Fook, 2003).

In attempting to avoid individualizing the problems of service users, and to instead connect these problems with larger social structures, early critical social work theorists tended to eschew social work on the personal and interpersonal levels in favour of collective forms of political activism (Fook, 2002). As the source of service user’s concerns, oppressive social systems were believed to be the proper targets of critical social work interventions. Only by achieving distributive equality, it was argued, would social workers be able to adequately resolve the range of issues faced by their individual clients (Mullaly, 2002). These early critical social work theorists saw clinical modalities at best as providing “symptomatic relief” (Mullaly, 2007, p. 307) from the psychological consequences of structural oppression, and at worst as the epitome of traditional social work, aiming at personal rather than social change (Pozzuto, Angell & Dezendorf, 2005).

attempt merely to study the world objectively, and “critical” theories that study the world in order to change it in line with emancipatory ideals (Horkheimer, 1972, cited in Pozzuto, Angell & Dezendorf, 2005).

Without discounting the centrality of systemic maldistribution in the lives of many service users, more recent critical social work theorists have nevertheless criticized these previous approaches for having too limited an understanding of oppression and for being overly reductionistic and deterministic in their conceptions of service users' experiences (e.g. Dominelli, 2002; Fook, 2002; Mullaly, 2002, 2007). In critical social workers' early efforts to distance themselves from the decontextualized, person-focused, "victim-blaming" thinking they perceived in traditional social work, they seem to have at first swung to the other extreme: neglecting the personal and interpersonal levels for a one-sided focus on larger sociopolitical contexts. Today, a central objective of critical social work theorists is to overcome, both in theory and in practice, this division between the structural and sociopolitical levels, on the one hand, and the personal and interpersonal levels, on the other (Fook, 2002; Mullaly, 2002, 2007).

Indeed, from the perspective of current critical social workers, these different levels of the social world are considered to complexly co-constitute one another (Pozzuto, Angell & Dezendorf, 2005). Critical social workers today argue that the individual and the social, the personal and the political are interdependent spheres, each structuring the other (e.g. Vodde & Gallant, 2002). Attempts to change the social order, therefore, must include more than a focus on the structural levels of society. Since they now understand social systems to *both* shape *and* be shaped by the individual, critical social work theorists have increasingly embraced working critically on the personal and interpersonal levels as an essential component of effecting larger forms of social change (e.g. Vodde & Gallant, 2002; Chambon, Irving & Epstein, 1999; Mullaly, 2002). As a result, critical social workers have pursued a number of ways of thinking about and

practicing clinically with individuals. At the same time, it is widely acknowledged that clinical social work practice remains a relatively undeveloped area within critical social work literature (Fook, 2002; Vodde & Gallant, 2002).³ Some more comprehensive account is needed, not only of how the individual *both* constitutes *and* is constituted by his or her social surround, but also of the kinds of clinical social work practices that might be best suited for intervening in these dialectical processes.

The purpose of the present project is to contribute to these gaps in critical social work theory in the hopes of furthering critical social workers' goals of engendering egalitarian forms of social change. What follows is an extended exploration of both existing and potential clinical approaches to critical social work practice. The first chapter surveys critical social work theory and practice, emphasizing present-day critical social workers' thinking about the personal and interpersonal levels of the social order. The focus of this first chapter also includes an examination of the clinical practices that critical social work theorists now promote for effecting social justice on the individual and structural levels. The chapter concludes with a short discussion of the areas of current critical social work theory that seem most in need of refinement and elaboration.

The second chapter introduces and explores contemporary relational psychoanalytic theory for the potential contributions it could make to critical social work approaches to clinical practice. It will be argued that contemporary relational psychoanalysis, as a highly developed theoretical framework for working with

³ Throughout this project, clinical social work practice will refer broadly to all forms of direct social work practice with clients. However, while much of what will be explored here can be extended to working with groups and communities, the focus of this discussion will mostly be on social work practice with individuals, and more specifically on the interactions and relational processes between worker and client.

individuals, has much to offer critical social workers in their efforts to facilitate change both in the lives of individuals and, ultimately, in overarching social arrangements. The second chapter begins with an overview of contemporary relational psychoanalytic theory about human development, and then proceeds with an examination of its thinking about clinical processes and the mechanisms of therapeutic change. The second chapter ends with a comparison of critical social work theorizing about the personal and interpersonal levels, on the one hand, and contemporary relational psychoanalytic theory, on the other. This discussion of the commonalities and differences in the two disciplines' approaches to human development and clinical practice includes explication of the aspects of contemporary relational psychoanalytic theory that seem most relevant to the objectives of current critical social workers.

Certainly, turning to psychoanalytic theory for help is not something most critical social workers are likely to do. On the contrary, psychoanalysis has generally been characterized by critical social work theorists as the anathema of social change projects, and as one of the theoretical traditions that has most contributed to the decontextualization of human difficulties (Fook, 2002; Layton, 2006). To some extent, this is because ego psychology, an early offshoot of classical psychoanalysis, was the clinical modality of choice of the "traditional" social work approaches that dominated the field through much of the twentieth century (Goldstein, 2002; Horowitz, 1998). As will be shown, critical social workers' denouncement of these branches of psychoanalytic theory for their narrow focus on the individual has, in many respects, been well warranted. However, critical social workers today remain committed to a wholesale rejection of psychoanalytic theory despite the enormous proliferation, and diversification,

of psychoanalytic thinking over the last half century (Horowitz, 1998; Borden, 2000; Ornstein & Ganzer, 2005). In ways that critical social workers are unaware, revolutions in psychoanalytic theory have generated a number of psychoanalytic models that are much more apposite for current critical social work theory and practice for transforming the personal, interpersonal and sociopolitical levels of the existing, inequitable social order.

Chapter One:
Critical Social Work Approaches to Clinical Practice

Critical Social Work: From Modern to Present-Day

Modern forms of critical social work began in the 1970s with the emergence of radical social work as a distinct approach in Britain, the USA and Australia⁴ (Mullaly, 2007). Radical social workers criticized traditional social work for its individualized forms of intervention and, by implication, its depoliticized conceptions of the problems of service users (Fook, 2002). Structural social work emerged in Canada and argued correspondingly that traditional social work perspectives failed to account for the structural injustices that shaped service users' experiences (Mullaly, 2007).⁵ At the time, these radical and structural analyses focused almost exclusively on class domination, and on political activism that sought to replace capitalism with some sort of socialism (Fook, 1999).⁶ The basic framework of their critiques, however, continues to guide the various models of critical social work that have evolved since (Fook, 2003). This framework, common to all critical social work, includes an emphasis on linking personal experience with larger social structures; a denouncement of social work's perceived long-standing complicity in unjust social systems; and a commitment to collective action aimed at

⁴ Mullaly (2007) lists Bailey and Blake (1975) from Britain, Galper (1975) from the USA, and Throssell (1975) from Australia as the earliest writers in radical social work.

⁵ Moreau (1979) is largely credited with founding structural social work (Fook, 2002).

⁶ As structural social work has evolved in line with other present-day critical social work perspectives, its initial emphasis on classism has shifted to a more inclusive examination of "exploitation and oppression based on dominant-subordinate relations" (Mullaly, 2007, p. xiv) of all kinds, as well as a wider conception of practice at the mezzo and micro levels.

transforming social arrangements in more egalitarian ways (Healy, 2005a; Fook, 2002, 2003; Pease & Fook, 1999).

In the 1980s, feminist social work (e.g. Dominelli & McLeod, 1982, cited in Healy, 2005) and anti-racist social work (e.g. Dominelli, 1988, cited in Healy, 2005a) expanded early critical social work's singular focus on classism to include examinations of both gender and racial oppression.⁷ These advances also broadened critical understandings of oppression by exploring the numerous mechanisms through which social inequalities are produced and maintained, such as economic exploitation, marginalization from full political participation, and cultural imperialism (Young, 1990, cited in Dumbrill, 2003). Since the mid 1990s, anti-oppressive social work (e.g. Thompson, 1997, cited in Healy, 2005a) has emerged, and developed, as a dominant theory of critical social work, further widening the critical lens in significant ways. Anti-oppressive perspectives emphasize the importance of recognizing and addressing all types of oppression, including but not limited to those along the lines of class, race, ethnicity, gender, sexual orientation, ability, and age (Healy, 2005a). In this regard, anti-oppressive theorists have explicated how the different mechanisms and lines of oppression can intersect and interact with each other, often occurring simultaneously and affecting people in complex combinations. Moreover, anti-oppressive social workers have stressed the ways this intersectionality of diverse oppressions can take place, not only on structural levels, but also on personal, interpersonal and cultural levels

⁷ Oppression has been understood in various ways by the different approaches within critical social work. A closer examination of some of these understandings will follow, but broadly defined, oppression refers to dominant-subordinate relations that produce and maintain an unequal distribution of resources and opportunities (Mullaly, 2002; Dumbrill, 2005; Dominelli, 2002).

(Dominelli, 2002, 2004; Thompson, 1997, cited in Mullaly, 2002). In this way, earlier critical social workers' emphases on large-scale structural change have shifted to include a focus on also effecting changes on more micro levels.

More recently, critical social work theorists have been increasingly impacted by postmodern analyses (e.g. Chambon, Irving & Epstein, 1999; Pease and Fook, 1999; Fook, 2002; 2003; Healy, 2005a, 2005b; Mullaly, 2002; 2007; Rossiter, 1996; 2001).⁸ Such perspectives tend to distrust overarching explanations and visions of the social world, including those that have guided much of critical social work. Most postmodern theorists see monolithic theories at best as ignoring and at worst as suppressing the manifold exceptions to any general account (Healy, 2005a). Classical Marxist analyses of class domination and early feminist accounts of patriarchy, for example, have been critiqued as overly reductionistic portrayals that miss much of the complexity and contradictoriness of the social world (Rosenau, 1992). Further, in view of their potential to obscure the particularities of local contexts, such overarching understandings are considered capable of silencing meaningful forms of diversity. For this reason, postmodern commentators believe emancipatory "grand narratives" can reproduce the very kinds of domination that revolutionary social change projects were originally designed to overcome (Healy, 2005a, 2005b). In light of these concerns, many postmodern theorists have instead attended to what is seen as the inevitable indeterminacy and heterogeneity of the social world (Rosenau, 1992). From this perspective, social problems are not seen as the effects of any single determining factor.

⁸ For the purposes of this discussion, the distinctions between postmodernism and poststructuralism will not be explored, and the two terms will be used interchangeably.

Nor are social injustices believed to be resolvable by a single overarching set of solutions, such as socialism or gender equality.

While there is no clear consensus within critical social work on how to respond to the various challenges of postmodern theories (cf. Leonard, 1997; Ife, 1999; Pease & Fook, 1999; Fook, 2002; Rossiter, 1996; Mullaly, 2007), most critical social work writers have broadly embraced postmodern analyses' heightened sensitivity to complexity and diversity, on the one hand, while attempting to retain some guiding model for social transformation based on egalitarian principles, on the other (e.g. Leonard, 1997; Fook, 2002; Mullaly, 2007).⁹ Postmodern doubts about sweeping and sudden forms of revolutionary change, however, have influenced critical social work thinkers to reconsider their strategies for challenging and transforming unjust social arrangements. Focusing on language and discursive practices, postmodern theorists following Foucault (1980) suggest that the dominant-subordinate relations of oppression are best confronted, not on the overarching, institutional level, but in everyday interactions and the forms of knowledge that compose them. By stressing the local over the general, the smallest sites over the largest, postmodern commentators have strongly encouraged critical social work theorists' recent efforts to zoom in beyond the macro level and look more closely at the personal and interpersonal loci of practice (Leonard, 1997; Fook, 2002). Indeed, it is

⁹ The tension between structural and poststructural, modern and postmodern perspectives within critical social work is a matter of considerable debate. Much of this debate is beyond the scope of the present discussion. However, as will be explored, regardless of whether drawing primarily from either structural or poststructural analyses—or some combination of both—critical social work theorists of all persuasions have increasingly emphasized the *interdependence* of social problems and individual problems. More generally, critical social workers have argued for the complex ways that the individual both constitutes and is constituted by his or her social context (e.g. Pease & Fook, 1999; Mullaly, 2002, 2007; Ife, 1999; Rossiter, 1996).

widely acknowledged by critical social workers that one of the most pressing, current challenges for critical social work is the development of theory and practice for addressing relations and structures of domination at the micro levels (Pease & Fook, 1999; Vodde & Gallant, 2002; Fook, 2002).

Critical Social Work Theory for the Personal and Interpersonal Levels

Critical social work theorists have recently given much greater consideration to personal and interpersonal experience, and in so doing have extended their understanding of the complex interdependence of psychological and social processes (e.g. Mullaly, 2007; Dominelli, 2004; Gingrich, 2003). While exploring more comprehensively the potential psychological effects of oppressive structures on individuals and groups, critical social workers have also become interested in how personal and interpersonal processes, in turn, influence large-scale social structures. Seeing individuals as agents situated in contexts characterized by specific constraints and possibilities, proponents of critical social work emphasize the ways that people both shape and are shaped by their social order (e.g. Leonard, 1996; Fook, 2002; Fook & Morley, 2005). As will be examined, critical social work writers therefore avow a dialectical relationship between personal and interpersonal experience, on the one hand, and larger sociopolitical contexts, on the other (e.g. Rossiter, 1996; Mullaly, 2002, 2007; Fook, 2002; Vodde & Gallant, 2002; Pozzuto, Angell & Dezendorf, 2005).

One of the key areas for critical social work theorizing on the interpenetration of the personal and the structural has been around the process of identity formation.¹⁰ Drawing on postcolonial and postmodern theory, critical social work authors have outlined the ways that the construction of a stable identity involves the simultaneous making of difference (e.g. Gingrich, 2003; Dominelli, 2004; Fook, 2002; Mullaly, 2002). As Dominelli (2004) puts it, “The ‘self’ exists because there is an ‘other’ to whom one can compare oneself” (p. 76). In postcolonial and postmodern accounts, this division of self and other—this manufacturing of “otherness”—at the basis of identity formation is seen as bound up with a larger set of binary oppositions that provide the dichotomizing lines between a collective “we” and an homogeneous “them” (Dominelli, 2004). In this dichotomizing process, one of the opposing binary terms is invariably privileged, the other devalued. Thus, racialised, gendered, classist and other axes of differentiation not only function to dichotomize and homogenize social groups, but also to differentially valorize and position these “identities” in “complex hierarchical relations *vis-à-vis* one another” (Brah, 1996, cited in Gingrich, 2003, p. 11). Critical social work theorists have emphasized how this devalorization and complementary overvalorization of various positions and identities along lines such as gender, race and class serves to justify multiple forms of social inequality (Gingrich, 2003). In this way, the “crude work of

¹⁰ “Identity” is usually used to refer to an individual’s self-understanding or self-image—the attributes and qualities according to which an individual identifies him or herself. But it can also refer to the features and aspects by which an individual is identified by others (Mullaly, 2002).

identity assemblage, arrogation, and ascription” (Gingrich, 2003, p. 11) depends upon the binary categorization of people into a complex series of dominant-subordinate relations.¹¹

The ability to define one’s various identities and the identities of others is differentially distributed across social groups, and many present-day critical social workers see this form of maldistribution as a linchpin in the interlocking inequities of the existing social order (e.g. Dominelli, 2004, Rossiter, 2007). Correspondingly, some critical social workers have begun to speak of the misrecognition at work in the assignation of devalued identities as basic to of all relations of domination (e.g. Sin & Chung Yan, 2003; Gingrich, 2003; Rossiter, 2007).

Domination takes place when the dominator has the power to define the Other from within the dominator’s frame of reference and interests. It takes place when the dominator’s power to construct the definition of the dominated is unacknowledged. Such a gaze from nowhere precludes respectful relations of recognition because it leaves the misrecognition (e.g. stereotypes, assumptions, disregard) that is constructed through power relations unexamined. (Rossiter, 2007, p. 24)

The misrecognition proper to the stereotypes and prejudices upon which constructions of identity depend is now perceived to be one of the most pernicious forms of oppression that critical social workers must address, and a crucial intersection of everyday psychological processes and overarching social structures.

Indeed, recent critical social work theorizing has included an explicit emphasis on “respectful relations of recognition as a requirement of justice” (Rossiter, 2007, p. 21). Following feminist social theorist Nancy Fraser (2000), Rossiter (2005, 2007) has argued

¹¹ Critical social workers have argued that an individual always has multiple identities. These many identities are often understood as closely connected but not synonymous with the different social locations inhabited by the individual (e.g. Mullaly, 2002).

for a broadened vision of social justice that encompasses not only the equitable redistribution of resources and opportunities, but also the establishment of intersubjective relations of recognition. Such contentions about the centrality of recognition to justice are grounded in critical understandings of identity and subjectivity as relationally and socially constructed.¹² In her explication of the place of recognition in the formation of identity, Rossiter (2005, 2007) draws primarily on the thinking of Axel Honneth (1992), who contends that:

[H]uman individuation is a process in which the individual can unfold a practical identity to the extent that he is capable of reassuring himself of recognition by a growing circle of partners to communication. Subjects... are constituted as individuals solely by learning, from the perspectives of others who offer approval, to relate to themselves as beings who possess certain positive qualities and abilities. (Honneth, 1992, cited in Rossiter, 2005, p. 198)

In this way, the limits of others' recognition are seen as demarcating the kinds of identity formations and subjectivities that can be considered as intelligible and positive within a given context. Elsewhere, Rossiter (2005) claims that an individual's sense of integrity "depends on freedom from disrespect that harms recognition" (p. 198), and that the denial of recognition is injurious because "it impairs persons in their positive understanding of self—an understanding acquired by intersubjective means" (Honneth, 1992, cited in Rossiter, 2007, p. 22).

Proponents of critical social work have also explored the ways individuals can internalize the identities implied by such relations of misrecognition (Mullaly 2002,

¹² "Subjectivity," in contrast to the narrower meaning of "identity," generally refers to the totality of an individual's experience, including his or her perceptions, interpretations, cognitions, affects, behaviours, etc. (Bell, 2000). In this sense, an individual's "identities" are only one aspect of his or her "subjectivity."

2007; Fook, 2002). Drawing on critical social theory, critical social work writers argue that when dominant-subordinate modes of relating are internalized, people reify these relations, and the identities they imply, as though they are integral aspects of the social world (Mullaly, 2002; Fook, 2002; Rossiter, 1996). One of the many repercussions of this internalization of inegalitarian social relations is that these arrangements become accepted as givens—not shaped or shapeable by human action—occluding the idea that they are historically constructed and therefore changeable (Agger, 1998, cited in Fook, 2002).¹³ As a result, individuals can come to identify themselves and relate with others in ways that actively replicate the larger social order (Heron, 2005). In this account, psychological processes and interpersonal relations are, again, not seen only as the effects of overarching structures, but also as central mechanisms in the (re)production of those structures and the maintenance of the sociopolitical status quo.

In these veins, critical social work theorists have increasingly explored forms of oppression that are “carried out unconsciously in our day-to-day activities” (Mullaly, 2007, p. 41). Mullaly (2007) believes that much of this oppression on the personal and interpersonal levels is the unintentional consequence of “often unconscious assumptions and reactions of well-meaning people in ordinary interactions” (Young, 1990, cited in Mullaly, 2002, p. 40). This emphasis on the routine, hidden enactments of domination in everyday life has come with an acknowledgement of the limitations of any critical lens focused exclusively on large-scale structural and legislative changes (Fook, 2002). Because sexism, racism, heterosexism, classism and the like are “entrenched... in our individual, collective and cultural psyches... [t]here is no legal or policy remedy to this

¹³ The reification of a historically constructed social order is what critical social theory, following Marx, refers to as “false consciousness” (Agger, 1998, cited in Fook, 2002).

kind of oppression” (Mullaly, 2002, p. 55-56). The recognition of the insidiousness of oppression on the micro levels, and the role such local injustices play in shaping and maintaining larger social structures, has been a major influence in current critical social work authors’ affirmation of the personal and interpersonal domains as vital areas for critical theory and practice.

The perspectives of Michel Foucault (1980) have greatly extended the thinking of critical social workers in this regard, significantly enriching their understandings of the micro practices of domination in everyday contexts. Foucault was primarily concerned with the ways that “human beings are made subjects” (Foucault, 1982, quoted in Chambon, 1999, p. 53), the ways that various cultural practices constitute different forms of selfhood. His analysis centres on the question of how human subjects come to govern and discipline themselves in accord with ascendant social norms. One of the most important mechanisms for this process of subjugation has to do with what Foucault refers to as “dividing practices”: the categorization of individuals in relation to what is considered normative (Chambon, 1999). This distribution of people involves the same types of polarities that can be seen at work in formations of identity, the most basic dichotomy here being that between the normal and the pathological (Chambon, 1999). Foucault studied in detail the ways that the various helping professions, including social work, have been the predominant expeditors of these social divisions and the processes of normalization with which they are invariably associated (Rossiter, 1996).

Foucault used the term “interiorization” (Foucault, 1979, quoted in Vodde & Gallant, 2002, p. 443) to refer to the means by which individuals both come to identify with the position they have been given by these dividing practices, and to consent to

shaping themselves in line with the guiding prescriptions of their time. Through “interiorization,” people “accept dominant discourses as specifications for being and attempt to submit their life experience to the structures propounded by these discourses while monitoring their own compliance” (Vodde & Gallant, 2002, p. 443). For Foucault, individuals are rarely conscious of their collaboration with these processes of subjugation. On the contrary, as White (1991) says, conformity with these imposed formulations is experienced “as the effect of something like fulfillment or liberation” (p. 35).

Foucault’s notion of “interiorization” shares much in common with critical social theory’s conception of “internalization,” touched on earlier. Both are ways of understanding the processes through which individuals come to not only identify with and accept their place in the larger social order, but also, by living in accord with these identifications, to actively reproduce existing sociopolitical structures. As such, both notions consider subjectivity and identity as largely constituted by the incorporation of and compliance with prevailing social arrangements. “Interiorization” and “internalization” are also similarly thought of as mostly unconscious processes, permeating every aspect of personal and interpersonal experience in ways that individuals do not consciously choose and of which, for the most part, they are unaware. However, Foucault’s understanding here also differs from that of critical social theory in several significant respects. For present purposes, the most important of these differences has to do with Foucault’s particular emphasis on language and discursive practices.

For Foucault (1980), discourses are “historically variable ways of specifying knowledge and truth—what it is possible to speak at a given moment” (p. 93). By setting

“the norms for the elaboration of concepts and theories,” (Foucault, 1977, quoted in Chambon, 1999, p. 53) discourses structure the limits of what can be considered “knowledge” and what will count as “truth” in any given context. Moreover, for Foucault, these discursive parameters of knowledge establish the forms of subjectivity and the modes of being that are available to individuals in a given time and place (Foucault, 1980, 1982). The subjectivity and identities of the individual are thus constituted within the constraints and possibilities of the discourses at hand. In this way, the individual is understood to be a site of multiple “interiorized” discourses (Rossiter, 1996). Subjectivity is therefore both the effect of and the mouthpiece for various discursive practices. As Jessup and Rogerson (1999) put it, “cultural and social discourse [is] a production of the interaction of people whose very subjectivity is a product of that discourse” (p. 163)—an especially cogent articulation of the interdependence of personal and political processes.

Foucault’s understandings of discourse—and the knowledges, practices and subjectivities they delimit—are inextricably tied up with his notions of power. Foucault thought of power, not as a force to be possessed, but as a network of local relations that may either open up or close off opportunities of all kinds for individuals or social groups (Tew, 2006, p. 40). The power with which Foucault was concerned is not concentrated in overarching social structures and institutions. Rather, it is dispersed in the complex patterning of discursive practices that establish, from the bottom-up, the forms of knowledge and subjectivity that will be possible in a given situation (Tew, 2006). Because he saw power in this way, primarily as functioning through discourse in the smallest contexts of the social world, Foucault emphasized the micro relations of power

as the most important. “In thinking of the mechanisms of power, I am thinking of its capillary form of existence, the point where power reaches into the very grain of individuals” (Foucault, 1980, p. 39). In this sense, Foucault (1980) was chiefly interested in the ways that power, through its operations in discourse, constitutes the subjectivities, identities and everyday practices of individuals.

The implications of Foucault’s interrelated understandings of power, discourse and subjectivity are far-reaching, and have been taken up by critical social work theorists in various ways (cf. Chambon, Irving & Epstein, 1999; Pease, 2002; Rossiter, 1996, 2001; Taylor, 2005; Fook, 2002; Jessup & Rogerson, 1999; McBeath & Webb, 2005). For example, Foucault’s (1980) understanding of power as an inescapable aspect of all human relations, and not as something that can be simply possessed, renounced or transferred from one person or group to another, has had an enormous impact on how critical social workers think about the client-worker relationship (Tew, 2006; Pease, 2002). Power, from a Foucauldian perspective, constitutes the subjectivity of the social worker no less than it constitutes the subjectivity of the client, and in this sense, is the possession of neither (Pease, 2002). Structuring the relations between people in ways that are often invisible, power and discourse, in Foucault’s account, can be neither transcended nor eliminated from the client-worker relationship (Fook, 1999, 2002; Pease, 2002). This acknowledgement has encouraged critical social workers to move away from earlier attempts to either simply minimize power in the client-worker relationship, on the one hand, or paternalistically transfer to the client the power that had been assumed to be structural inheritance of the social worker, on the other (Pease, 2002; Tew, 2006). Instead, critical social work theorists today tend to focus on questions about how to best

negotiate the inevitable and complex flows of power and discourse in all areas of social work practice, and perhaps especially in practice on the personal and interpersonal levels (Rossiter, 2001).

Foucault's understanding of how discourses constitute the subjectivity of the individual has greatly influenced critical social workers in other ways as well (e.g. Mullaly, 2002; Fook, 2002; Rossiter, 1996, 2001). For Foucault, as has been explored, the subjectivity of the individual is considered to significantly inform larger sociopolitical arrangements. Accordingly, in structuring subjectivity, discourses are believed to simultaneously constitute the social order.¹⁴ It follows, then, that social transformation is best achieved through challenging dominant discourses. As Thompson (1998, cited in Mullaly, 2002) says, "as power operates primarily through discourse... such dominance can be challenged through acts of resistance, through the use of countervailing power to undermine dominant discursive practices" (p. 188). From the Foucauldian perspective,

¹⁴ Critical social work theorists such as Pease and Fook (1999) have attempted to bring together Foucauldian notions of discourse with more Marxist perspectives on the material bases of social relations. From a materialist perspective, discourses do not so much constitute the social order as they do ideologically legitimate it (Pease & Fook, 1999). The heart of social problems is thus seen to be socioeconomic arrangements, rather than the discursive practices that secondarily justify these arrangements. But as Pease and Fook (1999) argue: "The recognition of discourse as a dimension of the real does not lead us to abandon attempts at understanding an extra-discursive reality" (p. 15). On the contrary, as this discussion has implied, critical social workers today tend to focus on what they see as the interdependence of discursivity and materiality. In this respect, critical social work theorists have explored the dialectical relationship between how individuals think and relate with their worlds, on the one hand, and how socioeconomic structures are arranged, on the other (e.g. Rossiter, 1996, 2001; Mullaly, 2002, 2007). Instead of debating whether the ultimate foundation of the social order is discursive or material, critical social work theorists now argue against such either/or dichotomies (Mullaly, 2002). In this respect, critical social workers currently contend that the individual and the social order are constituted *both* discursively *and* materially, and furthermore, that these two registers, to a considerable extent, co-determine one another. As Pease and Fook (1999) put it: "The individual is thus constituted and reconstituted through a variety of discursive practices and changing material circumstances" (p. 15).

these acts of resistance, these efforts to subvert discursive forms of domination, must include a struggle at the central locus of discursivity: the human subject. Since “the individual which power has constituted is at the same time its vehicle” (Foucault, 1980, p. 98), the individual and his or her most personal processes and practices become critical sites for resistance, and vital leverage points for larger social change.

In this account, undermining dominant discourses at the personal and interpersonal levels requires deconstructing the forms of subjectivity that have been constituted by these discourses. This necessitates some kind of intervention into the ways that individuals have come to identify with the particular subject positions made available to them within the regnant discourses. For Foucault, such interventions are made possible by the fact that, “while a discourse will offer a preferred form of subjectivity, its very organization will imply other subject positions” (John, 1994, p. 55) and alternative social possibilities. Although people have been unconsciously recruited into the subjugation of their own lives, Foucault was convinced that “people are much freer than they feel” (quoted in Rossiter, 1996, p. 29), and passionately argued for “the insurrection of subjugated knowledges” (Foucault, 1980, p. 81). Such insurrections can only be achieved when space is opened up for the voices that have been suppressed and marginalized by the delimiting effects of dominant discourses. Current critical social work theorists have broadly embraced Foucault’s conviction that eliciting and championing alternative discursive practices and subjectivities is an essential contribution to social transformation (e.g. Fook & Pease, 1999; Chambon, Irving & Epstein, 1999; Rossiter, 1996).

Present-day critical social work authors’ various approaches to theorizing about the personal and interpersonal levels of the social world all strive to explicate a dialectical

relationship between sociopolitical arrangements, on the one hand, and personal and interpersonal processes, on the other. The psychological mechanisms of identity formation, and the forms of misrecognition these can involve, have been outlined as powerful engines for the oppressive divisions that structure the social world. Whether speaking in terms of “internalization” or “interiorization,” critical social workers have argued persuasively that the subjectivity and everyday practices of the individual are shaped by the existing social order, and that the individual’s subjectivity and everyday practices, in turn, play inescapable roles in shaping larger social structures. In this regard, critical social work commentators have explored the ways that people can come to participate unconsciously in oppressive modes of relating with themselves and others. In reifying social arrangements and the discourses that organize them, individuals not only identify with their positions within these arrangements, but also come to monitor their own compliance with these identifications. At the same time, critical social workers uphold the ability of individuals and groups to resist structures and relations of domination, to transform their lives and to achieve a more egalitarian social world. In pursuit of these goals, critical social work theorists have increasingly refined their approaches to social work practice on the personal and interpersonal levels. Today, critical social work practice boasts a number of methods for working critically with individuals and groups, all designed to facilitate emancipatory change in both the person, and, ultimately, the larger social order.

Critical Social Work Practice on the Personal and Interpersonal Levels

As indicated at the outset, earlier models of critical social work saw clinical modalities at best as providing “symptomatic relief” (Mullaly, 2007, p. 307) from the intrapsychic consequences of structural oppression, and at worst as the quintessence of traditional social work, targeting personal rather than systemic change (Fook, 2002; Mullaly, 2007). Presently, critical social work writers strongly affirm critically informed clinical practices as indispensable to the project of transforming structures and relations of injustice. In averring “the therapy of the individual and the critique of the social are a part of the same process” (Pozzuto, Angell & Dezendorf, 2005, p. 33), critical social workers have proposed a range of clinical practices for addressing “both the person in the society as well as the society in the person” (p. 34). While there is not the space here to explore each of these approaches in depth, all attempt in some way to intervene in the co-constituting relationships between subjectivity and overarching structures, between identity formations and sociopolitical arrangements, between interpersonal practices and the larger social order. However, while each seeks to replace oppressive relations and systems with more egalitarian arrangements, their understanding of and means for achieving this ideal of social justice differ considerably.

Some models, for example, employ a decidedly educational approach and see clinical work with individuals mostly as a stepping-stone to collective forms of social action. The emphasis in these models is on the “conscientization” (Friere, 1994, quoted in Mullaly, 2007, p. 303) of the service user—raising his or her awareness that structural

and other forms of oppression are the true sources of his or her problems in living.¹⁵ Once such consciousness-raising is accomplished, these frameworks focus on linking the service user with others who have been similarly oppressed, and mobilizing him or her for some type of collective political activism.¹⁶ Mullaly (2002), for example, summarizes this process as one of connecting personal problems to their structural causes, and bridging these “therapeutic insights to conscious deeds” (p. 171). Although such approaches tend to espouse dialogical rather than didactic processes, many critical social work theorists argue these modalities nevertheless tacitly situate the social worker in the position of the expert, the emancipator who possesses and imparts the “singular underlying truth to which service users should be exposed” (Healy, 2005a, p. 190). Fook (2002), for instance, has expressed concern about what she sees as these approaches’ implicit assumption that, in order to be effectively helped, clients have to undergo a conversion to the thinking of the critical social worker. In this way, critical social work theorists have convincingly critiqued clinical models directed toward the education and empowerment of service users as capable of re-enacting, within an implicitly hierarchical client-worker relationship, “a more subtle refinement of domination, masked by the respectability of a liberatory discourse” (Pease, 2002, p. 138; see also Healy, 2005a, 2005b; Fook and Morley, 2005; Fook, 2002; Pease, 2002; Tew, 2006). Such paternalistic

¹⁵ “Conscientization,” a term first coined by Friere (2000), refers to processes of raising consciousness about conditions of social injustice and oppression.

¹⁶ This process is especially characteristic of approaches that focus on consciousness-raising, and some of those that emphasize the empowerment of service users. A larger exploration of these perspectives is beyond the scope of the present discussion. For comprehensive and critical explorations of consciousness-raising, see Bishop (1994), Healy (2005a) and Mullaly (2002, 2007), who draws extensively on Friere (2000). For critical perspectives on empowerment, see Parker, Fook and Pease (1999), Fook (2002), Pease (2002), Fook and Morley (2005) and Tew (2006).

worker-client relations are believed to contradict the very ideals of equality and empowerment toward which these approaches have usually been aimed.

Moreover, some critical social workers have outlined how educational and empowerment modalities can further reify the very identity categories and subject positions that are the basis of oppression in the first place (e.g. Parker, Pease & Fook, 1999). In seeking to explicate the structural oppression that service users experience because of their membership in certain devalued social groups, social workers run the risk of paradoxically reinforcing the kinds of “dividing practices” that categorize people in terms of essentialist, reductionistic binary opposites—able or disabled, straight or gay, oppressed or non-oppressed and so on (Fook, 2002).

The intellectual who both objectifies and speaks for others can be applied appropriately to the social worker who seeks to empower others through a process of labeling, targeting and providing a service. (Parker, Pease & Fook, 1999, p. 155)

Such processes of objectification—wherein the client becomes an object of knowledge within the “emancipatory” analysis of the critical social worker—too often ascribe narrow identities to the service user and risk obscuring the irreducible uniqueness and complexity of his or her subjectivity. In this way, many critical social workers argue that consciousness-raising approaches can threaten to solidify rather than deconstruct dominant identity formations, and to perpetuate the forms of misrecognition that structure social inequities of all kinds.

In light of these concerns about the potential for critical social work practitioners to reproduce relations of domination, the single overriding theme of current critical models for clinical practice has become the need to maintain “an ongoing critical and

reflective stance so as to avert as far as possible replicating oppressive social relations in practice” (Healy, 2005a, p. 180). The recognition of the interdependent relationship between oppression at the personal and interpersonal levels and oppression at the levels of overarching systems has demanded a close scrutiny of the ways that dominant structures and relations are enacted and constituted in the micro interactions of everyday social work practice. These examinations of the client-worker relationship have involved significant reflection about what kinds of practices and modes of relating can be considered as non-oppressive, as well as a resolute commitment to the ideal of critical self-reflexivity on the part of the worker (e.g. Dominelli, 2002, 2004; Healy, 2005a, 2005b; Rossiter, 2001, 2007; Fook, 2002). In line with these developments, Michael White’s (1991, 2007) narrative therapy has been embraced by many critical social work theorists, not only for its usefulness as a clinical intervention into the ways that domination can structure personal experience, but also for its attention to the ever-present dangers of re-inscribing such forms of domination within the client-worker relationship.

Non-Oppressive Clinical Practices

In exploring non-oppressive approaches to clinical practice, critical social work commentators have averred that one of the pivotal “insurrectionary” tasks of working critically with individuals is “to produce relationships between client and worker that run counter to the dominant social relationships produced elsewhere” (Burghart, 1982, quoted in Mullaly, 2007, p. 318). Such non-oppressive modes of relating have been envisioned as fundamentally dialogical and non-authoritarian in nature (Dominelli, 2004; Fook, 2004; Jessup and Rogerson, 1999). For example, critical social workers have stressed the

necessity for practitioners to avoid positioning themselves as experts with some form of general knowledge to disseminate, and instead, to work collaboratively with clients in as egalitarian ways as possible (e.g. Dominelli, 2004, Healy, 2005a). Doing so is seen as requiring critical social workers to embrace uncertainty, and to attend to the singularity of the local, situated knowledges of service users (Fook, 1999). It also is believed to entail willingness on the social workers' part to discuss and be more transparent about his or her subject positions, as well as the power relations that are an inevitable aspect of client-worker processes (Tew, 2006). Critical social work authors have thus come to emphasize "the complex, contextualized, relational basis of social work practice and the negotiated nature of the interactions between practitioners and those with whom they work" (Dominelli, 2004, p. 71). In foregrounding the importance of relating with clients non-oppressively in these ways, critical social workers affirm that, in the pursuit of social justice, "outcome and process are integral to each other" (Fook, 2002, p. 18).

Another closely related criterion for non-oppressive clinical practice is the enactment of respectful relations of recognition (Rossiter, 2005, 2007). As discussed earlier, stereotypical thinking, by objectifying people under the rubric of binary categorizations, is prototypical of misrecognition and its potential to undermine the integrity of individuals and groups. Conversely, proponents of critical social work espouse relationships in which rigid, binary identity categories are contested, and in which people are not misrecognized as objects, but, rather, affirmed as subjects (Gingrich, 2003; Dominelli, 2004). Critical social work literature has not explicated in any thoroughgoing way the basis and processes of such acts of recognition. Nonetheless, critical social work theory about practice on the personal and interpersonal levels now

includes a focus on effecting “relations of recognition that insist on intersubjective respect as a condition of social justice” (Rossiter, 2005, p. 199).

Critical social work theorists consider non-oppressive modes of relating as having an insurrectionary potential because of the profound influence interpersonal relations are believed to have on both the personal and structural levels of the social world. Since identity and subjectivity are seen as socially constructed in and through relations with others, the experience of non-oppressive interactions is believed to facilitate different forms of identity and subjectivity from those constituted in relations marked by domination (Dominelli, 2004). And, given the interdependence critical social workers perceive between subjectivity, interpersonal relations and societal structures, alternative forms of subjectivity and social interactions are thought to potentiate alternative sociopolitical arrangements. In this respect, the communications between service user and social worker are held to both convey meaning and to perform actions, effectuating not only new modes of understanding, but also new patterns of relating with oneself and others (Pozzuto, Angell & Dezenorf, 2005). The mutuality, reciprocity, and respectfulness of collaborative clinical processes are seen, in this way, as therapeutic in their own right, above and beyond any consideration of more concrete outcomes (Fook, 2002). Participation in non-oppressive forms of relating is for these reasons believed to contribute to the breaking down of hegemonic identity formations and the emergence of new social possibilities (Dominelli, 2004; Miehl and Moffat, 2000).

Critical Self-Reflexivity

Critical social work authors' focus on relating respectfully and non-oppressively with service users is intimately bound up with an emphasis on critical self-reflexivity as "the method of choice in achieving ethical or socially just practice" (Mandell, 2007, p. 3). Critical self-reflexivity extends traditional social work's thinking on self-reflexivity beyond an examination of the affects and cognitions of the clinician to include attention to the various subject positions of the worker, the power relations that can result from the interacting positionalities of client and worker, and the means by which these relations can reproduce structures of domination within the clinical relationship (Fook, 1999, 2002, 2005; Healy, 2005a). Critical self-reflexivity also refers to the social worker's interrogation of how dominant discourses have shaped his or her consciousness—the ways that his or her identity and subjectivity have been constituted by social, political, historical and cultural contexts (Mullaly, 2007; Sakamoto & Pitner, 2005; Pitner & Sakamoto, 2005). Most broadly, critical self-reflexivity involves the social worker's locating him or herself in the practice situation, and attempting to account for all the ways that his or her subjectivity—values, assumptions, identity, stereotypes, subject positions, etc.—influences his or her understanding of and relations with the service user (Fook, 2002).

Critical social work literature has variously described the activity of critical self-reflexivity (cf. Fook, 1999, 2002; Kondrat, 1999; Healy, 2005a, 2005b; Heron, 2005; Sakamoto & Pitner, 2005; Pitner & Sakamoto, 2005; Rossiter, 2007). Common to all of these accounts, however, is an emphasis on the continuous and intentional practice of self-awareness. The social worker is above all required to be disciplined and vigilant in

self-monitoring his or her subjective and interpersonal processes. In much of critical social work theorizing on critical self-reflexivity, the social worker is seen as ideally able to uncover and control for the unconscious frameworks that guide his or her emotions, thoughts and interactions (e.g. Sakamoto & Pitner, 2005, Mullaly, 2002). As is clear, critical social work acknowledges that the subjectivity of the social worker has been constituted by dominant discourses, and that no one escapes complicity in society and its structures (Kondrat, 1999). For this reason, “social workers can never assume an ‘innocent’ or non-implicated position and must therefore work with this tension and contradiction in all relations and settings” (Fook, 2005, p. 232). Critical self-reflexivity, as a response to this tension, requires the social worker to identify and suspend judgments based on their own subject positions—“to relinquish preset beliefs” (Sakamoto & Pitner, 2005, p. 448)—working to filter out the ways that dominant discourses influence their interactions within the clinical relationship (see also Rossiter, 1996; Pitner & Sakamoto, 2005).

Some critical social work theorists, however, have seen problems with these formulations of critical self-reflexivity. For example, Sakamoto & Pitner (2005) have argued, “cognitive and affective limitations... may not allow us to see oppressive parts of our identities” (p. 444). Becoming conscious of one’s biases can be highly anxiety provoking, and significantly threaten one’s self-esteem. These authors and others contend that the attempt to maintain a vigilant self-reflexivity can therefore be compromised by the need to curtail anxiety and regulate self-esteem. Heron (2005), for instance, has spoken of the ways:

The worker's investments in herself as an anti-racist or non-discriminating social worker may make it difficult for her to interrogate her failings even when these are pointed out to her. At stake here may be the desire to be a certain kind of social worker... [T]he moral imperative to "get it right"... may make it difficult for a social worker to acknowledge having gotten it "wrong"... (p. 349)

Further, other critical social workers have argued that, for both worker and client alike, there is no guarantee that awareness will be followed by a corresponding change in behaviour (e.g. Fook, 2002; Healy, 2005b). In this direction, Fook (2002) has raised questions about the kinds of processes that militate against personal and interpersonal transformations despite the presence of conscious awareness.

Those most influenced by postmodern perspectives have also expressed serious doubts about what can be seen as critical social work's aspirations for a transparent self-knowledge. As Kondrat (1999) puts it: "Within the postmodern current of thought, the idea of a transcendent self capable of 'looking down on the self' objectively is rejected as a myth" (p. 455). At the very least, critical social workers of all persuasions now seem to admit that we are often opaque to ourselves, and that our embeddedness within specific discursive and material contexts always constrains our self-awareness, delimiting what we can know of ourselves and the world at any given time. In view of these limitations, critical social work today tends to conceive of critical self-reflexivity as the practice of striving for a total awareness and regulation of one's subjectivity while at the same time acknowledging that the achievement of such a complete account and mastery of oneself is impossible.

Michael White's Narrative Therapy

In the past two decades, Michael White's (1991, 2007) narrative therapy has emerged as a distinct clinical modality currently embraced by many critical social work theorists (e.g. Fook, 2002; Vodde & Gallant, 2002; Healy, 2005; Brown, 2003; Brown & Augusta-Scott, 2007; Pozzuto, Angell & Dezenorf, 2005). Drawing on the thought of Foucault (1980) and other perspectives that similarly emphasize the socially constructed nature of identity and subjectivity, White (1991) developed an approach to clinical practice aimed at disrupting the effects of dominant discourses on the lives of individuals. White's narrative therapy focuses on the stories or narratives that people use to understand themselves and others, and on how these stories can come to constrain their lives in various ways. Following Foucault, White (1991) saw these local narratives as being constituted by larger social discourses and structures: "inevitably, there is a canonical dimension to the stories that persons live by" (p. 28). By connecting people's unhelpful stories to oppressive cultural discourses, the narrative therapist seeks to challenge the ways that individuals have subjugated their lives to the dominant norms and "truths" of their social world (Brown, 2003; Brown & Augusta-Scott, 2007).

Processes of subjugation, as discussed earlier, involve people's internalization of and identification with dominant discourses. White's (1991) narrative therapy attempts to facilitate a process of "externalization," wherein individuals are able to separate their identities from their problems in living, and cease from experiencing themselves as "being at one" (p. 36) with these problems.

As persons separate themselves from the dominant or totalizing stories that are constitutive of their lives, it becomes more possible for them to orient themselves to aspects of experience that contradict these

knowledges. ... In the space established by this separation, persons are free to explore alternative and preferred knowledges of who they might be; alternative and preferred knowledges into which they might enter their lives. (White, 1991, p. 29)

Through a set of dialogical techniques designed to elicit and develop these alternative knowledges or narratives, White's narrative therapy seeks to encourage alternative forms of subjectivity and identity from those that have been found to be unhelpful (Carr, 1998). In line with a social constructivist viewpoint, White (1991) did not conceive of these preferred narratives as reflections of the "truth" of the individual or of their social context. Rather, these alternative stories and subjectivities are seen as constructions to be judged on the basis of their utility, by whether or not individuals see these narratives as opening up new ways to for them to live and experience themselves and their world (Freedman & Combs, 1996). In this sense, White's narrative therapy attempts to avoid the hierarchy of the teacher/student trap—wherein the social worker is charged with imparting a liberatory "truth" to the service user—that has been critiqued in more educational models of critical social work practice with individuals.¹⁷ Nonetheless, since he thought of subjectivity and overarching social structures as interdependent, White (1991) believed the emergence of different kinds of subjectivity to be a potentially

¹⁷ It is important to note, however, that not all critical social workers have embraced White's narrative therapy. Some have seen in its conversational techniques and its clear methodological prescriptions a continuation of the same hierarchical worker-client relations that have been critiqued in many educational and empowerment models. Critical social workers who express such reservations about narrative therapy emphasize the primacy of non-authoritarian, collaborative clinical processes, which they see as being undermined by the implied technical expertise of White's narrative therapist (Deena Mandell, personal communication, September 10th, 2008). Nevertheless, because so many prominent critical social workers promote a narrative approach to clinical practice, any discussion of current critical social work practice with individuals demands a significant focus on narrative therapy.

subversive event, capable of interrupting the reproduction of existing social arrangements, and contributing to larger forms of social change.

Discussion: Critical Approaches to Clinical Social Work Practice

As has been explored, critical social workers now embrace clinical social work practice as a vital component of social change. Arguing for the interdependence of the subjectivity of the individual, on the one hand, and the larger arrangements of the social order, on the other, critical social workers have considered a number of ways that individuals both influence and are influenced by their sociopolitical contexts. The processes of identity formation and internalization, for example, by which an individual can come to identify and comply with his or her assigned positions within the discursive frameworks and socioeconomic structures of his or her surround, are seen as central mechanisms in the (re)production of the existing social order. At the same time, critical social workers have forcefully argued that human beings have the capacity to resist the impositions of their social environment, and to engender creative and novel social possibilities. In this way, the subjectivity of the individual is considered a contested domain, an axis on which the social order can be either perpetuated or transformed. Interrupting the reproduction of existing sociopolitical arrangements and fostering new potentialities is believed to be greatly facilitated by interventions into the ways that an individual has internalized his or her social surround. As has been outlined, critical social work theorists now affirm that clinical social work practices on the level of the individual are especially apposite for addressing such internalizations, and therefore have the potential to make important contributions to the transformation of the structural and systemic levels of society.

However, whether drawing on critical social theory, Foucault (1980), or other social constructivist perspectives, many critical social workers' accounts of internalization and identity formation seem to portray the individual as though he or she is, to a considerable extent, a passive recipient of the conditioning, assignments and specifications of the social order—shaped by the impresses of his or her discursive and socioeconomic surround (e.g. Mullaly, 2002; Gingrich, 2003). Some critical social work theorists, for example, have taken up Foucault's (1984) metaphor of "docile bodies" to vividly capture the sense in which the individual is thought to undergo processes of social construction (e.g. White, 1991; Vodde & Gallant, 2002). In this respect, while critical social work theorists have consistently advocated on behalf of the agency of the human being, many of the theories on which critical social work is founded are much more equivocal on this point. Foucault (1980), for example, seems to have most often thought of what critical social workers usually understand as "agency," not as some creative potential belonging to the human individual, but rather as simply the unanticipated effects of multiple intersecting and contending discourses (Fairfield, Layton & Stack, 2002). In other words, for Foucault, new social possibilities are not effected by human agents, but by shifts and inconsistencies in symbolic systems, by new permutations in language. In contrast, most critical social workers clearly tend to endorse a view of agency as something emanating primarily from the individual (e.g. Mullaly, 2002, 2007; Fook, 2002).

In these regards, critical social work theorists have been hard pressed to champion the human agent while at the same time embracing more radical social constructivist accounts of processes such as internalization and identity formation. Most often, critical

social workers' negotiations of this tension between human agency and the determining effects of social contexts seem to involve pitting agency in some way against the forces of social construction. This appears to usually entail equating human agency with acts of resistance to the constraints of discourse and socioeconomic structures (e.g. Mullaly, 2002; Dominelli, 2002). In these accounts, the individual is typically seen, on the one hand, as constituted by social processes in ways that he or she in no way wills, and on the other, as an agent who is to some extent capable of overturning this conditioning and choosing alternate possibilities for living. In this way, critical social workers tend to preserve a particular kind of double view of the human being. To the extent that an individual lives in conformity with the social order, he or she is seen as a victim of discursive regimes and socioeconomic systems. Yet that same individual is simultaneously conceived of as an agent, but only with respect to his or her capacity to resist oppression and restructure the social order.

The advantage of striking such a balance between personal agency and social determinism is that it allows these critical social workers to account for the profound ways that discursive and material relations constrain the individual, while still protecting the notion of the inviolable freedom of the human subject—a notion that, in many respects, remains one of the *raison d'être* of the discipline of social work. This balance between agency and social construction is one of the bases of critical social worker theorists' belief that the individual *both constitutes and is constituted* by his or her social surround. As explored, critical social workers espouse a dialectical understanding of the interdependence of the human subject and the social order. However, it is unclear whether this neat division, and contestation, between conformity as socially determined,

on the one hand, and acts of resistance as agentic, on the other, actually amounts to a dialectical integration of these different aspects of human life.

This is because, amongst other things, such a view does not allow for a way of understanding the potential place of agency in an individual's compliance with the prescriptions of his or her social order. What role does agency play in the ways an individual comes to internalize and identify with his or her position in the dominant discourses and socioeconomic structures of his or her social context? If human agency is not considered to be exclusively operative or only expressed within acts of resistance, some account needs to be given of how and why human agents might actively choose to live in accord with identities and dominant discourses that are often unhelpful. Critical social work theorists' general failure to consider what might motivate an individual to purposefully subjugate and commit him or herself to these specifications for being—even when this means perpetrating his or her own oppression—is reflected in many of the clinical social work practices these theorists have developed for working with individuals.¹⁸

As has been examined, critical social workers understand one of the central objectives of social work practice on the personal level to be that of deconstructing the dominant identity formations and internalizations that are thought to significantly structure subjectivity. Only by challenging the ways that an individual has internalized

¹⁸ Many critical social work theorists seem to have an implicit belief in the inherent need of individuals to forge some sense of identity (e.g. Mullaly, 2002; Fook, 2002). It might be said, in this respect, that these critical social work theorists tacitly consider human beings to be motivated to identify with and internalize their social surrounds as a means to secure a necessary sense of self. However, as will be explored, this implicit acknowledgment of the possibility that human beings might in some way be actively committed to their identifications and internalizations has not seemed to find meaningful expression in critical social work approaches to clinical practice with individuals.

oppressive social relations and discourses do critical social work theorists believe clinical practices can ultimately contribute to larger forms of social change. As outlined, White's (1991) narrative therapy has been promoted by many critical social workers as an effective modality for intervening in such internalizations. White's approach is broadly based in social constructivist perspectives that see these internalizations as having an essentially discursive nature. From this point of view, individuals are considered to have been "recruited" (White, 1991, p. 32) by dominant discourses into telling certain narratives or stories about their lives, many of which may be extremely unhelpful. For White (1991), human beings therefore collude in or embrace their own subjugation because they have been coerced and incited to do so by the "insidious and effective" (White, 1991, p. 35) powers of discourse. This fits well with the seemingly predominant critical social work conception of the compliant individual as largely a passive victim of the determinations of his or her social contexts.

Since many critical social workers tend, in this way, to see human beings as "docile bodies" that have been coerced into thinking, feeling and behaving in certain ways by the seductive powers of dominant narratives, little consideration is given to how people might themselves be personally invested in the patterns of being and relating that structure their everyday living. Thinking in this way fosters the assumption that it should be relatively easy to help an individual abandon unhelpful, oppressive stories about his or her life, and to replace these narratives with alternative accounts that are less constraining. As shown, White's narrative therapist's most pressing task in this regard is to assist the client in externalizing the oppressive stories that have been internalized, and in doing so, to deconstruct the client's identifications with these narratives. In a very real

sense, then, the goal of such clinical processes is to break the spell of language, to interrupt “the ruse” (White, 1991, p. 35) through which discourses have come to entice the individual into living in certain ways. In liberating the client from the enchantment of particular narratives, the worker is believed to have an opportunity to collaborate with the client in selecting other, more helpful narratives from amongst the available alternatives. Since the problem of internalization is here understood as discursive one—as an individual’s having been duped into telling him or herself constricting and oppressive stories—the solution is thus considered to primarily involve changes in language, alterations in how an individual narrates his or her experience.¹⁹ As will be explored, from a contemporary relational psychoanalytic perspective, thinking of an individual’s internalizations and identifications as principally discursive does not allow for an adequate account of why these discourses are themselves so “deeply lived” (Butler, 1991, quoted in Fairfield, Layton & Stack, 2002, p. 25) by the individual.

As discussed, another important aspect of critical social work theorizing about clinical social work practice involves the kinds of processes believed to be most efficacious for challenging relations of domination and achieving more egalitarian social forms. In this respect, critical social workers have emphasized collaborative, dialogical

¹⁹ In this sense, White’s (1991) narrative therapy can be considered to fall within the broader category of cognitive therapies that principally focus on changing the ways an individual thinks (Bruner, 2002). At the same time, however, White (1990, 2007) spoke at length about the need for an individual to eventually perform his or her new narratives in everyday interactions with others if these new constructions are to become significantly meaningful. In this respect, White (1990) stressed the importance of an individual’s receiving, from significant others, some form of validation for having abandoned the old stories and for embodying the new. Thus, while therapeutic change for White begins with changes in language and cognitions, his narrative therapy also acknowledges a relational basis for change that is not always emphasized in other cognitive therapies.

processes based in respectful relations of recognition. Critical social work theorists have described the clinician's need to avoid positioning him or herself as an authority or expert with respect to the client's experience, and argued that processes of reciprocal and mutual negotiation can breakdown identities founded upon dominant-subordinate relations. However, as mentioned earlier, critical social workers have only begun to explicate the clinical processes and intersubjective conditions of recognition (Rossiter, 2005, 2007). In turning to the next chapter, an important question for critical social workers therefore concerns the clinical processes within which the worker can best come to contribute to "an act of recognition" (Bromberg, 1998, p. 15). Indeed, critical social work theorist, Amy Rossiter (2005, 2007), has in part drawn on contemporary relational psychoanalytic theory in formulating her understanding of recognition. As will be explored, contemporary relational psychoanalytic theory includes thoroughgoing accounts of both recognition and misrecognition that could offer important contributions to critical approaches to clinical social work practice.

Another central concern of critical social work theorizing that overlaps considerably with the thinking of contemporary relational psychoanalysts is that of critical self-reflexivity. As outlined, critical social work theorists consider human beings to be inevitably shaped according to their various positions in an unjust social order, and to therefore be capable of inadvertently conducting themselves in ways that reflect and replicate these oppressive sociopolitical arrangements. Critical self-reflexivity is seen as the most significant safeguard against such reenactments of domination within the clinical process, and as such, has been embraced as the foundational practice for working critically with individuals and groups. But has also been indicated, critical social work

theorists have acknowledged inherent and significant limitations to human beings' capacities for self-reflexivity. For example, what an individual is capable of seeing of him or herself is thought to be delimited by the assumptions and discursive frames that structure his or her subjectivity. In addition, some critical social workers have argued that an individual's self-reflexivity is also seriously undermined by the ways he or she may be motivated to remain unconscious or become unaware of certain experiences and behaviours (Sakamoto & Pitner, 2005; Pitner & Sakamoto, 2005).

Critical social work theorists therefore concede that critical self-reflexivity, no matter how vigilant, is not capable of controlling for the effects of the social worker's subjectivity. Nor can it completely eradicate the practitioners' enactments of oppressive discourses and relations within the clinical process. Yet, while recognizing that the practitioner is embedded in social structures in ways that he or she cannot escape, critical social work theorists nonetheless insist that the clinical social worker should strive as much as possible to be aware of and to transcend the effects of this very embeddedness. Despite its considerable limitations, critical social work theorists thus maintain their commitment to critical self-reflexivity as the cornerstone of critical approaches to clinical social work practice. However, given that critical social workers admit significant restrictions to human self-reflexivity, it is striking how little of critical social work theory is addressed to the potential uses and therapeutic value of the practitioner's inevitable "failures" in the clinical relationship. Instead, critical social work theorists seem to consider breakdowns in a social worker's attempts to practice non-oppressively as unequivocal detriments to the clinical process. As will be explored, contemporary relational psychoanalysts have a very different understanding of such inadvertent

“mishaps” in clinical processes, one in which the worker’s inescapable failures are believed to potentiate powerfully transformative interpersonal experience.

Chapter Two:
Contemporary Relational Psychoanalytic Theory for Critical Social Work Practice

Two Psychoanalytic Traditions: Drive and Relational Models

An important contribution to the emergence of contemporary relational psychoanalysis was Greenberg and Mitchell's (1983) seminal *Object Relations in Psychoanalytic Theory* (Aron & Mitchell, 1999; Delacour, 1996). In this foundational study, the authors cogently argued that all of the splintered schools of the psychoanalytic tradition could be understood as employing either one of two basic approaches to the question of the nature of human relations. On the one hand, Greenberg and Mitchell (1983) outlined what they referred to as the "drive model" (p. 4) initiated by Freud. On the other, they delineated a "relational model" (p. 383) shared by a number of psychoanalytic theories that had historically had separate origins. Greenberg and Mitchell (1983) averred that these two different models for understanding the basis of human relations implied radically divergent conceptions of the human being, the nature of many human difficulties and the kinds of clinical processes most likely to be considered therapeutic. In clearly articulating this distinction between "drive" and "relational" models, and in pointing out a relational foundation common to several psychoanalytic schools, Greenberg and Mitchell (1983) opened new and fertile ground for the development of what has since become the eclectic tradition of contemporary relational psychoanalysis (Aron & Mitchell, 1999).

Beginning with Freud (1905, 1961), theorists employing the drive model consider instinctual drives of sex and aggression to be the fundamental motivating forces of human life. From this perspective, interpersonal relationships are seen primarily as a

means for the fulfillment of the individual's biological exigencies (Mitchell & Black, 1995). The drive model believes the human being to be essentially self-contained and monadic, only entering into relationships as a means to fulfill its different drives (Altman, 1995). For example, Freud (1905) tended to think of the infant's relationship with his or her caregivers simply as epiphenomenal to the child's attempts to satisfy his or her bodily requirements. As a biologically closed system, the individual is thought to be perpetually seeking homeostasis by gratifying his or her instincts through a range of adaptive mediations with his or her internal and external environments (Aron, 1996). Many difficulties in living are thus believed to derive from conflictual, maladaptive or otherwise unsuccessful strategies to handle these instinctual demands.

Within the drive model, an individual's failure to adequately negotiate his or her biological drives is not considered significantly related to or dependent on the particularities of his or her social and material environment. Rather, an individual's difficulties in this regard are understood to be primarily the result of conflicts between different aspects of his or her mind—i.e. between the id, ego and the superego (Greenberg & Mitchell, 1983). In this way, many problems in living are viewed as endogenously derived, and as self-contained within the psyche of the individual. Accordingly, within the drive model, the emphasis of both developmental and clinical theory is almost entirely on the intrapersonal and constitutional facets of human experience. The goal of clinical processes, for example, is believed to be that of bringing to awareness the intrapersonal conflicts undermining the adaptive capacities of the individual so that he or she might come to more optimally deal with his or her instinctual drives (Mitchell & Black, 1995). The ultimate source of problems in living is seen, from

this perspective, as inhering inside the person. It is this strain of psychoanalytic theory that was so influential in social work practice in the middle of the 20th century, and that has been rightly critiqued by critical social work theorists for focusing narrowly on the individual and for failing to account for the broader relational, sociopolitical contexts that structure human experience.¹

Conversely, relational psychoanalytic perspectives do not see relations with others as merely secondary to some more basic need such as the discharge of sexual or aggressive impulses. In these accounts, the individual is not conceived as an opportunistic monad that relates with others only to gratify his or her bodily urges. Instead, assorted relational models within the psychoanalytic tradition believe human relations to be primary and irreducible, and in some way consider relating with others as a need or end in itself (Greenberg & Mitchell, 1983).² In this sense, relational psychoanalytic models might be said to have replaced Freud's sexual and aggressive drives with a need for relationship as the heart of human motivation. Indeed, for many relational theories, the mind is inescapably relational—interdependent with others—from the very beginning,

¹ This criticism of the drive model is in no way unique to critical social work, and has in fact been present in psychoanalytic literature from its inception. It can be found even in the writings of theorists who broadly espouse the centrality of sexual and aggressive drives (e.g. Fenichel, cited in Hewitt, 2007). Erikson (1964), for example, saw his own work as a correction to what he spoke of as the “grandiose one-sidedness” of Freud's focus on the intrapersonal and instinctual dimensions of human life (quoted in Delacour, 1996, p. 217).

² Among the numerous psychoanalytic theorists who emphasize the foundational importance of relations with others, there is disagreement about whether relationship is actually an end in itself. For example, while Fairbairn, Sullivan and Winnicott do see relations with others as an innate need in its own right, Kohut and Bowlby consider interpersonal relations as a vital means to other ends such as a robust sense of self, or safety, respectively (Greenberg & Mitchell, 1983; Mitchell & Black, 1995; Borden, 2000).

and relations with others are held to be the most important constituents of human life (Greenberg & Mitchell, 1983; Mitchell, 1988, 1993; Aron, 1996; Benjamin, 1988, 1999).

The assumption that humans are fundamentally social beings has been implicit in the work of many psychoanalytic theorists, beginning with some of the earliest dissenters of Freud³ (Greenberg & Mitchell, 1983; Aron, 1996; Borden, 2000). The syncretic efforts of American relational psychoanalysis have drawn on these theorists, and particularly those most closely affiliated with the schools of British object relations, American interpersonal psychoanalysis, and self psychology (Aron, 1996; Borden, 2000). In different ways, these distinct psychoanalytic schools each affirm that a core goal of human experience is to establish and maintain connection with others (Borden, 2000). An individual's personality is viewed, in these accounts, largely as a reflection of his or her past and present interactions and efforts to secure ties with others (Greenberg & Mitchell, 1983; Aron, 1996). Sullivan (1953), the founder of interpersonal psychoanalysis, for instance, defined personality as "the relatively enduring pattern of recurrent interpersonal situations which characterize a human life" (quoted in Borden, 2000, p. 361).⁴ Relational psychoanalytic models believe that the individual is constituted, to a considerable extent, by his or her social relations—a dramatically different theoretical starting point than the individualistic tilt of the drive model or any other perspective which sees the human being as shaped mostly by the unfolding of inner, instinctual forces.

³ Ferenczi, Rank, Adler, and Jung are frequently cited as the most important of the early contributors to the relational turn in psychoanalytic theory (Aron, 1996; Borden, 2000).

⁴ While there continues to be much debate over their differences within psychoanalytic literature, for the purposes of this discussion, the terms "relational" and "interpersonal" will often be used interchangeably.

Relational models, therefore, do not understand difficulties in living to primarily result from the internally derived, biologically based conflicts of a self-contained individual. Rather, relational psychoanalytic theorists consider many human problems to originate in difficulties *between* individuals—from problems in an individual’s past and present relational contexts (Aron, 1996). When an individual’s interpersonal environment elicits modes of sustaining relationships that are overly conflictual or in other respects unhelpful, many potential issues in living are seen to result. In these and other ways, an individual’s social context is understood to significantly inform how that person understands him or herself, how he or she conceives of other people, and how he or she tends to relate interpersonally (Mitchell, 1988). Therapeutic clinical processes are thus considered to hinge on the transformation of the “relational matrix” within which an individual’s unhelpful sense of self and relationships have been constituted (Mitchell, 1988, p. 17). As will be discussed at length, from relational psychoanalytic perspectives, such a transformation requires above all else “a new experience rooted in a new relationship” (Aron, 1996, p. 214). The most important objective of clinical processes is therefore to explore the client’s relational patterns, including those with the clinician, and to ultimately provide the client with opportunities “for experiential learning that enlarge ways of being and relating” (Border, 2000, p. 361). In this way, the clinical relationship itself is seen as the most potent mechanism of therapeutic change, ideally offering the client an experience of a new configuration of self, with a new other, and “new possibilities for what can occur internally and externally between self and other” (Aron, 1996, p. 164).

While contemporary American relational psychoanalysis is founded upon these different relational models, it has actively sought to overcome the limitations of its theoretical predecessors by combining their elements and by developing a more inclusive framework for exploring the developmental, epistemological, clinical, and sociopolitical implications of viewing the human being as “the ensemble of its social relations” (Marx, 1845, quoted in Greenberg & Mitchell, 1983, p. 402). At the same time, in contesting the sexual and aggressive drives and intrapersonal leanings of the drive model, and in foregrounding social contexts, contemporary relational psychoanalytic theorists have not abandoned the constitutional and intrapersonal registers of human life. On the contrary, most relational psychoanalytic models have a rich vision of both the intrapersonal world and the intrinsic proclivities of the human being—beginning of course with the individual’s primary need for relationship. As will be examined, contemporary relational theorists consider the intrapersonal realm to be significantly constituted by an individual’s interpersonal experience and positionality within the larger social context. Indeed, by theorizing dialectically about the relationship between the social and the psychological, the political and the personal, contemporary relational psychoanalytic theorists are increasingly challenging any sharp distinction between these two realms and expanding their focus in this regard to encompass the widest sociopolitical contexts of human experience (e.g. Altman, 1995, 2000; Fairfield, Layton & Stack, 2002; Leary, 2000, 2005; Moskowitz, 1996; Perez Foster, 1999; Bonovitz, 2005).

Contemporary Relational Psychoanalytic Perspectives on Development

As indicated, a central premise of all relational models is that human beings are embedded within and, to a great degree, constituted by an interactive social field.

Contemporary relational accounts, however, do not consider significant interpersonal experience to be merely inscribed directly on a mind conceived as a tabula rasa, as though there is a one-to-one correspondence between an individual's social conditioning and who he or she becomes (Hoffman, 1991; Chodorow, 1995). Such a formulation would neglect consideration of what an individual brings to his or her relational matrix, both in terms of constitution—temperament, physiological sensitivity, etc.—as well as in terms of creative potential (Ghent, 1992, cited in Aron, 1996). In this respect, contemporary relational psychoanalytic theorists strongly affirm the place of agency in human experience (e.g. Mitchell, 1988, 1993; Chodorow, 1995; Hoffman, 2001).

Accordingly, contemporary relational psychoanalysts have argued in a number of ways against any view of the individual as entirely determined by social and historical contexts (Aron, 1996; Mitchell, 1988; Benjamin, 1999). Stern (1997), for example, has outlined a contemporary relational psychoanalytic understanding of human experience as “the joint creation of interacting influences from within and without—from the ephemera of social life and the more enduring structures of one's inner world” (quoted in Bonovitz, 2005, p. 59). The challenge has been to think dialectically, not only about the relationship between what is innately and what is socially given, but also between these givens and the idiosyncratic permutations the individual makes of them (Mitchell, 1988; Chodorow, 1995). From such a dialectical view, social reality and the mind are believed to constitute

one another, to “continuously shape each other, partly by changing form and actually becoming forms of one another” (Stern, 1997, quoted in Bonovitz, 2005, p. 59).

Until recently, however, the majority of relational psychoanalytic theorists have tended to limit their focus to the relational context of the family, and especially to the mother-child dyad (Borden, 2000).⁵ While providing many elaborate, highly detailed accounts in this regard, relational models’ emphasis on the interactions within the individual’s caretaking system has historically tended to give short shrift to the larger cultural and sociopolitical structures within which these caretaking systems are themselves embedded (Bonovitz, 2005). Yet, drawing on the extensive formulations of earlier relational models, a number of contemporary theorists have been widening the scope of relational psychoanalytic theory to include a fuller exploration of the role of cultural and socioeconomic arrangements in psychological difficulties and in the shaping of human subjectivity more generally (e.g. Altman, 1995, 2000; Moskowitz, 1996; Leary, 2000, 2007; Fairfield, Layton & Stack, 2002; Layton, 2002, 2004, 2006; Hollander & Gutwill, 2006; Walls, 2006). This has entailed consideration of the ways that dominant discourses and power differentials—particularly those related to categories of race, ethnicity, class, sexuality and gender—can impact development and contribute to different problems in living (Borden, 2000; Fairfield, Layton & Stack, 2002).

In exploring the pathogenetic potential of social structures, and introducing a more overtly political agenda to relational psychoanalysis, contemporary psychoanalytic theorists have been able to seamlessly weave these concerns into the fabric of existing

⁵ The work of Erich Fromm is an important exception in this respect. His early relational psychoanalytic model includes a thoroughgoing analysis of the influence of larger socioeconomic arrangements on the interpersonal and intrapersonal life of the individual (Altman, 1995; Bonovitz, 2005).

relational theory. This is in part because one of the foundational premises of relational psychoanalysis—that social contexts constitute the individual in complex ways—has easily accommodated broader sociopolitical themes. The failure of prior relational models, as indicated, was in not extending widely enough their understanding of an individual's relational context; recent theorists have added a critical consideration of an individual's location in the larger social order. By integrating these reflections with earlier models' descriptions of an individual's most proximal relational configurations, contemporary relational psychoanalytic theorists have sought to connect the sociopolitical with the interpersonal, the macro level with the micro interactions of everyday encounters. As will be later explored, contemporary relational psychoanalytic theory now offers a number of paths for thinking about the ways that dominant discourses and social arrangements are mediated within people's most significant interpersonal relationships.

The Relational Matrix

One of the most influential contemporary relational psychoanalytic accounts of human development is that found in Stephen Mitchell's (1988, 1993, 2000) formulation of a "relational matrix." In a thoughtful integration of the different emphases of various relational psychoanalytic models, Mitchell (1988) argues that there are three dimensions to any relational configuration: "the self, the other, and the space between the two" (p. 33). He contends that these three dimensions are the inextricably interwoven aspects of an individual's relational matrix—neither the self, nor the other, nor the specific transactions that transpire between self and other, can be meaningfully isolated from one

another (Mitchell, 1988). Consistent with all relational psychoanalytic models, the individual is understood as embedded within a social field and as structured through ongoing interaction with others (Mitchell, 1988; Aron, 1996; Mitchell & Aron, 1999; Hoffman, 1991). In Mitchell's (1988) conception of the relational matrix, however, the self is considered to exist always and only in relation to an other. The self is therefore seen as being uniquely constituted within each of its many relational configurations. Against the notion of a singular, unified self, Mitchell (1993) and other contemporary relational psychoanalysts (e.g. Bromberg, 1998; Aron, 1996; Arnold, 2005) strongly affirm the self to be multiple. An individual is believed to contain as many selves as there are others in his or her relational matrix, a different "self" for each of his or her significant relational configurations.

These important relational configurations, however, are not only comprised of an individual's current interpersonal relationships with actual others. From a relational psychoanalytic perspective, they also include numerous *intrapersonal* relationships—relationships among mental representations of the different dimensions of an individual's past and present relational configurations. The intrapersonal and interpersonal realms are believed to "create, interpenetrate, and transform each other in a subtle and complex manner" (Mitchell, quoted in Ganzer, 2007, p. 118). Like many other contemporary relational psychoanalytic theorists (e.g. Bromberg, 1998; Aron, 1996; Altman, 1995; Stolorow & Atwood, 1992), Mitchell (1988, 1993) argues that one of the primary ways that the interpersonal world structures the intrapersonal is through processes of internalization. By internalizing aspects of his or her most significant relational configurations, an individual is thought to forge mental representations of the different

dimensions of these formative relational experiences (Mitchell, 1988). These internal representations, in turn, are believed to form the relatively enduring prototypes an individual will draw on for understanding themselves, for imagining others, and for interacting with those around them (Mitchell, 1988; Borden, 2000). In other words, the three dimensions—the self, the other and the interactions between self and other—of an individual’s most prominent relational configurations become blueprints for making sense of these same dimensions in future relational configurations.⁶ An individual’s significant relationships, therefore, are argued to include both relationships with real, external others in the present, as well as relationships with internalized representations of formative others from the past.

In this respect, all of an individual’s relational contexts—both internal and external—may constitute a different configuration of self, but templates garnered from the individual’s most intimate relationships are nonetheless believed to provide certain continuities and an important coherence to his or her sense of self and ongoing interactions (Mitchell, 1993). Mitchell (1988) compares this relational model of human development with that of the drive model:

Mind has been redefined from a set of predetermined structures emerging from inside an individual organism to transactional patterns and internal structures derived from an interactive, interpersonal field. (p. 17)

⁶ It should be emphasized that, while arguing forcefully that an individual’s intrapersonal world is considerably structured by internalizations of his or her interpersonal experience, contemporary relational psychoanalysts do not believe, in this regard, that there is “a one-to-one correspondence between what happens in the interpersonal/social field and what [he or she] internalizes” (Altman, 1995, p. 57).

The incorporation of different interpersonal relationships is thus thought to give structure and psychological stability to the mind, providing exemplars for self-reflective experience, for interpreting the actions of others, and for establishing prototypical modes of interaction (Mitchell, 1988). In this way, relational psychoanalysis has replaced the drive model's notion of the intrapersonal as a realm containing the endogenously derived components of a monadic mind, with a notion of the intrapersonal as a world structured by ongoing interpersonal transactions and multiple, internalized relational configurations.

With respect to what is considered constitutionally given in human life, as has already been described, all relational models believe that human beings are in some way hard-wired for relationship, desperately driven to establish and maintain connection with others—a far cry from a view of the mind as either developing independently, on the one hand, or as passively undergoing processes of socialization, on the other. For many contemporary relational psychoanalytic theorists, it is precisely this urgent need to secure ties with others that is often at the basis of the individual's *active* internalization of their social context (Mitchell, 1993; Layton, 2002). For instance, some contemporary relational psychoanalysts (e.g. Mitchell, 1988; Layton, 2002, 2004, 2006) contend that human beings are motivated to take in significant others, and relate with them as internal, psychic presences, as a means for sustaining attachments to these others—in this case, internal, intrapersonal attachments. This is considered to be especially true when the actual bonds with these others as concrete people have been somehow tenuous or disrupted (Mitchell & Black, 1995). From this point of view, the need to establish emotional continuity with important others is understood to motivate internalization

processes that create an intricate, *intrapersonal* relational matrix involving numerous self and other configurations (Aron, 1996).

An individual's efforts to remain connected to internalized representations of significant others are thought to manifest in a number of ways. He or she might cleave to the specific self-definitions and types of transactions that were most effective at facilitating connection in the original relationship, behaving in the ways most likely to garner attachment with the now internalized important other (Layton, 2004).

Contemporary relational psychoanalysts also believe that an individual will often elicit and enact, in his or her ongoing transactions with others, the kinds of interpersonal events that characterized his or her formative relational experience (Messer & Warren, 1995, cited in Borden, 2000). The others, in turn, are argued to often respond in complementary ways; the internalized relational configuration is thus actualized in the present interaction, providing a familiar and powerful sense of attachment for the individual.

Another way an individual might try to stay connected to an internal other is through forging strong loyalties to certain beliefs, emotional states, or interactive patterns of the actual attachment figure, living out these characteristics in powerful identifications with the internalized other (Mitchell & Black, 1995). From this perspective, the familiar example of the child "taking after" their parent is not fully accounted for by genetic inheritance, developmental learning, or behavioural models alone. For relational psychoanalytic theorists, what these frameworks miss is the central role that the need for connection plays in an individual's incorporation of and identifications with their social surround (Layton, 2002, 2004). In this respect, in his or her efforts to preserve ties with intimate others, an individual can come to embody any of the different dimensions of his

or her internalized relational configurations—not only the positions the self had within these formative configurations, but also the complementary positions originally held by others. For example, the child who was abused can come to occupy and play out either or both roles of the internalized abuser-abused relational configuration (Judith Levene, personal communication, September 15th, 2008). Both an individual's assimilation of certain aspects of important others, as well as an individual's repetition of the interactional patterns from his or her significant relationships, are understood as vital means for maintaining attachments with others in everyday life. Since such affiliations are primarily active with the *internalized* representations of interactional experience with important others, these loyalties are considered to play out in the intrapersonal dimension long after the relationship with the actual others has ended or lost its original meaning (Mitchell, 1988, 1993).

Indeed, a primary concern of relational psychoanalytic theorists has been the tenacity with which individuals tend to remain loyal to internalized relational configurations, even when these configurations pose considerable threats to an individual's well being (Mitchell, 1988; Layton, 2002, 2004, 2006).⁷ As Mitchell (1988) emphasizes, there is “a pervasive tendency to preserve the continuity, connections, familiarity of one's personal, interactional world” (p. 33). In this way, Mitchell (1988) and other relational psychoanalytic theorists believe that an individual's patterns of self and other relatedness are perpetuated for both the continuity they provide and the connections with others they sustain. As such, meaningful change to any dimension of an

⁷ The allegiance, so often observed, of the abused child with his or her abusive caregiver was, in fact, an important catalyst for the emergence of relational psychoanalytic theorizing (Greenberg & Mitchell, 1983).

individual's guiding relational configurations can dramatically jeopardize his or her sense of stability. The anxiety elicited by such threats to an individual's self-identity and to his or her attachments to important others can powerfully militate against change processes. Accordingly, from relational psychoanalytic perspectives, however unhelpful certain ways of being and relating might be, individuals persevere in these experiences and behaviours because they serve to preserve congruity in sense of self, to maintain ties with internalized representations of significant others, and to afford a feeling of security in the negotiation of interpersonal experience (Borden, 2000; Aron, 1996; Mitchell, 1988).

Conflict in Relatedness

As has been shown, in relational models, the human being is not conceived as a passive recipient of the impressions from its social environment. Rather, individuals are seen as highly interactive, ardently relating and creatively pursuing ties with both external and internal others. Contemporary relational psychoanalysts, however, have criticized some of the earlier relational models for implying that, if not for failures in the responsiveness of formative others, individuals would experience little conflict since their need for connection would be optimally met, and their internalized templates for relating would therefore be relatively unproblematic (see Mitchell, 1988, 1993; Aron, 1996; Benjamin, 1988, 1999).⁸ In this respect, Benjamin (1999), for example, has warned against the naïve environmentalism of imagining there is nothing inherently conflictual about the human mind and that, in a good-enough relational or social context, human life would be more or less problem-free. Mitchell (1988) has argued similarly that, for a number of reasons,

⁸ Kohut's self psychology, Sullivan's interpersonal psychoanalysis, and Fairbairn's object relations theory have all be critiqued in this regard (Greenberg & Mitchell, 1983).

“conflict is inherent in relatedness” (p. 160)—regardless of how responsive the interpersonal milieu, or how utopian the social environment.

Mitchell (1988) contends, for instance, that there are, unavoidably, conflicts between an individual’s many different internal and external relational configurations. He says, by way of illustration, that, “ties and loyalties to one parent are, to some extent, inevitably experienced as (and in reality may very well be) a threat to ties and loyalties to the other” (p. 160). For the individual, this means that attempting to secure connection to one significant other can involve risking the loss of connection to another. An individual is thus torn between the different ways of being and relating that are specific to each of his or her relational configurations. Another reason Mitchell (1988) maintains that conflict is intrinsic to human relations is because, like other prominent relational psychoanalysts (e.g. Benjamin, 1988, 1990, 1999; Aron, 1996; Hoffman, 1991), he does not believe that human beings are only driven by a need for attachment with others. All of these relational theorists also consider human beings to be motivated by an equally powerful need to be alone, a need to assert one’s independence.

While affirming that human beings are inextricably embedded in relational matrices, contemporary relational psychoanalysts aver that individuals strive both to establish connections with others and to maintain a sense of being a separate self. These two inescapable, in many ways conflictual, needs—for “a meeting of minds” (Aron, 1996, p. 80) and for aloneness, for attachment and for individuation—are thought to engender a fundamental tension in every human life, an essential ambivalence with respect to both being with and being apart from others (Mitchell, 1988; Benjamin, 1988, 1990, 1999). Even while going to drastic lengths to sustain ties with those around them,

human beings are also believed to have an inherent need to assert their distinction and to live and behave in ways that are independent from the preferences and expectations of others. For contemporary relational psychoanalysts, the conflict between these different motivational systems is not one that can ever be resolved. Instead, the ongoing task of human life is to negotiate these often opposing needs in a manner that allows for the mutual recognition of both participants within a given interaction (Benjamin, 1999). As will be explored, some relational psychoanalysts consider the failure to adequately do so, and the resulting breakdown of this tension between dependence on and independence from others, to be the basis of both interpersonal and sociopolitical relations of domination (Benjamin, 1988, 1990, 1999).

Conflicts between an individual's various internal and external relational configurations, as well as between his or her clashing desires to connect with and be apart from others, are seen as inevitable tensions within human life, present even when an individual's relational milieu is "optimally responsive" (Bacal, 1985, quoted in Aron, 1996, p. 119). When significant others are less than optimally available, however, as is often the case, other kinds of conflict are seen to ensue. For example, when the attachment between an individual and one of his or her important others is somehow insecure, certain thoughts, emotions and behaviours are likely to be experienced as particularly threatening to the sustainability of the relationship (Mitchell, 1988; 1993; Stolorow & Atwood, 1992). In these cases, an individual will often feel pressure to keep hidden these aspects of him or herself, and to accommodate to the relational needs and expectations of the significant other (Layton, 2002, 2004; Arnold, 2005). These large and small capitulations by the individual of his or her subjective experience, in order to

maintain connection with others, are believed to have far-reaching effects, and are considered to issue in what many contemporary relational psychoanalytic theorists refer to as the relational unconscious (e.g. Zeddies, 2000; Gerson, 2004; Layton, 2002, 2004; Arnold, 2005).

The Relational Unconscious

One of the defining features of all psychoanalytic theory, regardless of orientation, is a central emphasis on unconscious mental processes (Aron, 1996; Perez-Foster, 1996, 1999). From the field's inception, psychoanalysts have struggled to differentiate various kinds of unconscious processes, and have conceived of the unconscious in a number of divergent ways (Layton, 2004). All of these different approaches, however, have been concerned with unseen psychic content that "can be made conscious only with great effort" (Stolorow & Atwood, 1992, p. 367). In this way, psychoanalytic theory has sought to clearly distinguish unconscious material from other unperceived or unacknowledged aspects of the mind. These include merely "pre-conscious" (Freud, 1900, quoted in Stolorow & Atwood, 1992, p. 367) processes that are capable of being brought to awareness with relative ease, and non-conscious mechanisms that are not believed to be perceivable at all, such as the activities some psychologists regard as being involved in the cognitive processing of information (Arnold, 2005). In contrast, the unconscious, psychoanalytically understood, contains experiences that have remained out of awareness, but that, with considerable exertion, might be made available for conscious reflection.

While conceptualizing the unconscious quite differently, all psychoanalytic models have, to varying extents, considered the difficult task of making conscious the unconscious an important component of therapeutic change (Fairfield, Layton, Stack, 2002). Indeed, however the unconscious has been understood, its contents have not generally been regarded as simply psychologically inert or inconsequential. On the contrary, what is relegated to unconsciousness is often believed to “proliferate[] in the dark... and take[] on extreme forms of expression” (Freud 1915, 1964, quoted in Layton, 2004, p. 46), inevitably returning to manifest in the life of the individual in ways that are often very unhelpful. As such, psychoanalytic theories have consistently maintained that the unconscious—while hidden from the self-reflexive aspect of the mind—is usually nonetheless revealed in an individual’s everyday living and experiences (Mitchell & Black, 1995). One of the clearest indications of the unconscious, in this respect, has often been considered to be the defensive strategies an individual *unconsciously* employs to keep whatever is unseen from entering into consciousness. Such defensive strategies are believed necessary because conscious awareness of these aspects of his or her experience is thought to engender some form of conflict or threat for the individual. For reasons that will be further explored below, for the present discussion, the most important of these unconscious defenses are those referred to as splitting and projection (Benjamin, 1988, 1999; Layton, 2002, 2004; Flanagan, 1996; Mattei, 1996).⁹

In line with relational thinking about many aspects of human subjectivity, contemporary relational psychoanalytic theorists believe the unconscious to be largely

⁹ A thoroughgoing exploration of the different defenses considered by psychoanalytic theorists is beyond the scope of this discussion. For helpful, more comprehensive accounts of defensive processes, see McWilliams (1994) or Goldstein (1995).

constituted by an individual's interpersonal experiences within an interactive social field (Layton, 2004; Hartman, 2005). One of the clearest explications in this regard is in the work of Stolorow and Atwood (1992), who outline three distinct, yet complementary, relational psychoanalytic understandings of the origin and nature of unconscious processes. Stolorow and Atwood (1992) characterize these three ways of conceiving of the unconscious as: the prereflective unconscious, the dynamic unconscious, and the unvalidated unconscious.

Stolorow and Atwood (1992) use the term prereflective unconscious to refer to "the shaping of experience by organizing principles that operate outside a person's conscious awareness" (p. 367). The organizing principles of the "prereflective unconscious" are argued to derive from an individual's interpersonal relations, and particularly from an individual's perceptions of what is required of him or her to maintain vital ties with others (Stolorow & Atwood, 1992). The internalized relational matrix, believed to provide the prototypes for a person's patterns of being and relating, is thus a prime example of organizing principles that are understood to operate almost entirely unconsciously (Hartman, 2005).¹⁰ In this way, an individual's many intrapersonal relational configurations, with all of the loyalties and identifications with internalized others that they imply, are not considered easily brought to reflective awareness, even

¹⁰ While Stolorow and Atwood (1992), drawing from self-psychology, tend to use the term "organizing principles" to refer to the various schemata that an individual internalizes from his or her relational contexts, most relational psychoanalysts, drawing more on the psychoanalytic tradition of object relations, generally speak of these prototypes as an individual's "internal object relations" (Judith Levene, personal communication, August 26th, 2008). In order to avoid, as will be further explored below, the more objectifying implications of speaking of others as "objects," this discussion will often refer to these internalized models for being and relating as "organizing principles," in line with Stolorow and Atwood's (1992) understanding of the term.

though these configurations are seen to significantly structure conscious experience. As Stolorow and Atwood (1992) aver: “A person’s experiences are shaped by his [sic] psychological structures without this shaping becoming the focus of awareness and reflection” (p. 367). As will be examined, the notion of a prereflective unconscious, made up of organizing principles derived from formative relational experience, has far-reaching implications for thinking about the ways that cultural discourses and sociopolitical arrangements are internalized by the psyche and come to structure human subjectivity.

The dynamic unconscious, one of the founding constructs of the discipline of psychoanalysis, refers to personally motivated unconsciousness—to processes in which certain experiences or psychic content are *purposefully* relegated to the unconscious realm of the human mind (Gerson, 2004; Walls, 2006).¹¹ All psychoanalytic accounts of the dynamic unconscious believe that material is hidden from the conscious mind in this way because it somehow threatens the individual’s sense of security (Walls, 2006). In other words, psychic processes and experiences that create conflict for an individual, and that would otherwise cause destabilizing anxiety, are defensively kept out of awareness in order to protect his or her feelings of emotional stability. In keeping with the basic premises of the relational framework, Stolorow and Atwood (1992) and other contemporary relational psychoanalytic theorists (e.g. Zeddies, 2000; Gerson, 2004; Arnold, 2005; Layton, 2002, 2004) consider such anxiety-provoking conflicts to involve

¹¹ The use of the term “purposefully” here may seem confusing since psychological material is believed to be assigned to unconsciousness through defensive processes that are themselves unconscious. In this light, “purposefully” does not mean *consciously* intentional, but rather merely “directed toward a specific end, not meaningless” (Your Dictionary.com, n.d.).

danger to an individual's much-needed ties with others and/or risk to the cohesion of his or her sense of self.

From a relational psychoanalytic perspective, therefore, an individual is motivated to become *unaware* of certain cognitions and emotions when these subjective states perilously conflict with the patterns and expectations of his or her internal and external relational configurations (Stolorow & Atwood, 1992). These patterns, as discussed, comprise an individual's guiding configurations of self and of the kinds of interactions he or she believes to be most capable of securing attachment with others. Interpersonal and intrapersonal experience that clashes with these templates therefore unsettles the continuity of an individual's sense of self and of being connected with others. A somewhat simplistic example of this might involve a father who becomes anxiously or angrily withdrawn whenever his young son cries; the child learns well that crying, and perhaps by extension sadness, are not expressions or emotions that are effective at securing connection with his father. On the contrary, these are perceived to threaten the relationship with this intimate other, and are therefore considered as unspeakable within that relational configuration (Zeddies, 2000). The child is likely, then, to negotiate his interpersonal and intrapersonal experience in ways that will be more efficacious for sustaining ties with his father—including, of course, not expressing sadness by crying. In the future, experiences and expressions of sadness along these lines will conflict with the prototypes from the individual's relational configurations with his father; this conflict will engender anxiety and the unwelcome feelings of sadness may be cast out of conscious awareness—out of sight, but not out of mind.

In this way, relational psychoanalytic theorists argue that when an individual is unable to express, to a significant other, specific aspects of his or her experience, he or she is much less likely to be capable of consciously reflecting upon these experiences for him or herself (Zeddies, 2000; Gerson, 2004). Accordingly, relational psychoanalysts believe an individual is often not even aware of the occasions when he or she is having thoughts and feelings that are held to be unsafe within a given relational configuration (Layton, 2002, 2004). As shown, one of the reasons for this is because, when certain cognitions and emotions are seen to threaten an individual's internal or external relational configurations, the very emergence of these cognitions and emotions will elicit anxiety—the anxiety of damaging or losing the attachment with the other person. In response, these dangerous thoughts and affects are believed to be shrouded, not just from the other, but also from the self—defensively banished from consciousness, disavowed and assigned to the dynamic unconscious.

Another reason, however, that relational psychoanalytic theorists believe that people are less likely to be conscious of experiences that have not been expressed within their relational matrix touches upon the notion of the unvalidated unconscious—the third of Stolorow and Atwood's (1992) relational models of the unconscious. From a contemporary relational psychoanalytic perspective, the constitution of subjectivity by the relational matrix involves more than just the processes of internalization discussed above. For many contemporary relational psychoanalytic theorists, the very achievement of self-awareness itself is believed to be contingent upon specific relational provisions: “relationships marked by the empathic articulation of emotional experience” (Arnold, 2005, p. 520). Subjective experience is considered only to achieve coherence, and to

become a vital element of an individual's consciousness, through acts of communication that are received and recognized by others (Gerson, 2004). In this way, an individual is believed capable of becoming meaningfully conscious of only those experiences that have been attuned to and validated within the intersubjective context of his or her relational matrix (Stolorow & Atwood, 1992).¹² From this point of view, "unconsciousness results from situations of unattunement or misattunement" (Stolorow & Atwood, 1992, p. 370), and the unvalidated unconscious is seen as containing "experiences that could not be articulated because they never evoked the requisite validating responsiveness from the surround" (p. 370).¹³ Relational psychoanalytic theorists, in this respect, follow Freud's (1915) original formulation of the unconscious: "A presentation which is not put into words... remains thereafter in the unconscious" (quoted in Stolorow & Atwood, 1992, p. 370). Experiences that have not met with a resonant, empathically validating interpersonal environment thus remain unformulated, and as such, unavailable for conscious reflection.¹⁴

¹² The term intersubjective is widely and varyingly used in the relational psychoanalytic literature. For Stolorow and Atwood (1992), it refers to the mutual, reciprocal, co-constituting influence of any dyadic field. Stern's (1985, in Aron, 1996) notion of intersubjectivity has to do with both the developmental achievement of being able to recognize another person as a separate subjectivity and the activity of mutual regulation of self and other in an interpersonal transaction. Benjamin (1988, 1990, 1999, 2004) speaks of intersubjectivity as an inconsistently accomplished mode of relations characterized by two people's mutual recognition of each other as distinct centres of subjective experience. Unless otherwise noted, "intersubjective" will be used here in line with Stolorow and Atwood (1992) to refer more generally to "the interface of reciprocally interacting subjectivities" (quoted in Aron, 1996, p. 67).

¹³ Stolorow & Atwood's (1992) formulation of the unvalidated unconscious has much in common with the relational psychoanalytic thinking of Stern (1989, cited in Gerson, 2004) who speaks of unconscious material as "unformulated experience" (p. 69).

¹⁴ Another way of presenting the distinction between the dynamic and unvalidated unconscious is to think of the dynamic unconscious as containing material that has been, however briefly, symbolically encoded before being cast out of awareness, and the

In different ways, each of these contemporary relational psychoanalytic understandings of the unconscious—the prereflective, dynamic and unvalidated unconscious—speaks to the power of an individual’s needs to sustain connection with others and to maintain a coherent sense of him or herself. From these points of view, an individual’s repetitions of often significantly unhelpful patterns of being and relating are thought to reflect the tenaciousness of his or her unconscious commitments to the relational configurations upon which his or her most important attachments and self-identities depend (Ganzer & Ornstein, 2005). In this way, all three forms of unconsciousness are seen as deriving from and as structured by specific, formative, interpersonal contexts. These different forms are also thought to manifest in intricately amalgamated ways with one another (Stolorow & Atwood, 1992).

While the prereflective unconscious involves the organizing principles that are believed to unconsciously structure an individual’s subjectivity, both the dynamic and unvalidated unconscious are thought to contain experiences that could not find a secure place in the individual’s significant relational configurations. Without the relational provisions that are required for their thorough articulation and integration into consciousness, these experiences have either been disavowed or have remained unformulated. In this way, contemporary relational psychoanalytic theorists consider the boundary between conscious and unconscious experience to be “a fluid and ever-shifting one, a product of the changing responsiveness of the surround to different aspects of [the individual’s] experience” (Stolorow & Atwood, 1992, p. 369). Accordingly, relational psychoanalysts view much of what is unconscious as being constituted differently within

unvalidated unconscious as involving material that has never reached awareness because it was never formulated symbolically (Fairfield, Layton & Stack, 2002).

each of an individual's multiple relational configurations (Gerson, 2004). This means that, in a supportive, attuned intersubjective context, it may become possible for an individual to formulate and reflect upon aspects of his or her experience that had formerly been inaccessible. As will be examined, a clinical goal for all psychoanalytic models is therefore to provide a relationship within which a client can bring to awareness previously unconscious assumptions, states and experiences, however understood, so that these can be developed, explored and integrated into an expanded sense of who the individual can be, and how he or she can live and relate with others.

Politicizing the Relational Matrix

As mentioned, a number of contemporary relational psychoanalysts have recently been exploring the implications of viewing an individual's relational matrix as imbued with cultural discourses and wider sociopolitical arrangements (e.g. Altman, 1995, 2000; Leary, 2000, 2007; Fairfield, Layton & Stack, 2002; Layton, 2002, 2004, 2006). By integrating into existing relational theory a consideration of the individual's positionality within his or her larger social order, contemporary relational psychoanalytic theorists have been deepening their appreciation of "interactive processes at multiple systems levels" (Borden, 2000, p. 368). This has involved explicating the ways that an individual's interpersonal experience does more than just structure his or her subjectivity with the idiosyncratic patterns of his or her most formative relationships—as though these relational configurations were themselves somehow isolated from any larger cultural or sociopolitical context. Instead, contemporary relational psychoanalysts have argued that an individual's relational matrix also simultaneously and unavoidably

constitutes his or her subjectivity with the patterns of the prevailing culture (Bonovitz, 2005; Layton, 2002, 2004). Indeed, in these recent accounts, an individual's intimate intersubjective relationships are believed to serve a primary mediating role in the ongoing processes by which culture and social structures shape human subjectivity (Layton, 2002, 2004, 2006).

In this regard, contemporary relational psychoanalytic theorists aver that interpersonal relations are themselves patterned by the dominant cultural values and practices that represent the "historically created systems of meaning in terms of which we give form, order, point, and direction to our lives" (Geertz, 1973, quoted in Bonovitz, 2005, p. 60). Accordingly, when an individual internalizes his or her significant relational configurations, he or she is at the same time inevitably internalizing values and beliefs from his or her surrounding cultural context (Layton, 2002, 2004, 2006). As Hollander and Gutwill (2006) put it:

From the beginning of life, we are interdependent social beings, developing first in the context of our attachment to family and later through our group membership in the larger social order. At the earliest stage of life, the culture is introjected through the conscious and unconscious communications of caregivers, inevitably based on their insertion in the socioeconomic order. (p. 82)

The others and the relational practices that an individual incorporates are infused with the overarching culture.¹⁵ At first glance, this may not seem a novel approach to thinking

¹⁵ While viewing human subjectivity as significantly constituted by the cultural surround, contemporary relational psychoanalysts, as has been pointed out, maintain that subjectivity is not reducible to its social context. Arguing instead for the idiosyncratic permutations individuals invariably make of their embeddedness in relational and cultural matrices, contemporary relational theorists contend, "subjective biography is not fully social" (Berger & Luckmann, 1967, quoted in Hoffman, 1991, p. 60). Similarly, the

about processes of socialization; accounts of the family as the repository and mediator of culture are common enough in the literature of sociology, cultural anthropology and social psychology. However, the emphasis of relational psychoanalytic theory here, as has been shown, includes its conception of what motivates the individual to internalize the dominant discourses of his or her cultural surround: his or her vital needs to sustain meaningful connection with significant others and to maintain an ongoing, congruent sense of self.

The earlier example of the father who would withdraw every time his son would cry is illustrative in this regard. This father-son relational configuration hardly seems isolated from dominant cultural discourses; on the contrary, it is very much in accord with certain prevailing scripts for masculinity, scripts that quite likely have been internalized by the father as guidelines for his own gender performance. As a result of this relational configuration, the child not only learns that crying will threaten his tie with his actual father; as previously shown, the child also learns that crying in the future will endanger his connection with his internalized representation of his father. As outlined, this intrapersonal relational configuration will provide certain organizing principles for structuring the individual's subjectivity; compliance with the transactional patterns of this relationship offers the individual ongoing attachment with an internal other and a stable sense of self. Yet, in living in accord with the demands of this culturally inflected, significant interpersonal relationship, the individual simultaneously performs a culturally

relational configurations that an individual internalizes are believed to be profoundly shaped by, but not identical with, overarching cultural patterns. In addition, any given relational context is seen as containing many overlapping, often contending cultural discourses, challenging any notion of the cultural surround as made up of a monolithic, unified set of values and practices (Fairfield, Layton & Stack, 2002).

normative identity and style of relatedness, actively replicating dominant discourses around masculinity.

From this point of view, an individual's conformity with cultural norms can be seen as an expression of his or her commitment to the culturally imbued relational configurations he or she has internalized. In this way, ascendant social discourses and specifications for being are propagated by the individual as a result of his or her efforts to preserve ties with others and safeguard a sense of coherence within his or her relational matrix (Layton, 2002, 2004, 2006). This is held to be the case whether these discourses have to do with gender or with other identity categories such as those related to class, race, ethnicity or sexuality (Layton, 2004). An individual's often tenaciously held identifications with his or her various positions within dominant cultural discourses are therefore considered to be intimately associated with the sense of self and modes of relatedness that he or she garnered from formative interpersonal configurations. However unhelpful they might be, renouncing his or her commitment to these modes of being and relating, and the cultural identities with which these patterns are often connected, would mean risking his or her ties to internal others and losing stabilizing points of reference for self-identity. No wonder then that the "necessary fictions" (Weeks, 1991, quoted in Fairfield, Layton & Stack, 2002, p. 20) of an individual's identity constructions are so "deeply lived" (Butler, 1991, quoted in Fairfield, Layton & Stack, 2002, p. 25).¹⁶

¹⁶ As discussed above, relational psychoanalysts consider there to be inevitable conflict between an individual's diverse internalized relational configurations and between the different selves these configurations imply. In the same way, there are also believed to be tensions between the manifold, sociocultural identities that an individual internalizes from his or her various positions in the social order. As one relational theorist argues, "[w]e all inhabit multiple subject positions simultaneously, positions that contest and subvert each other in complex ways" (Dalal, 2006, cited in Suchet, 2007, p. 877). An

Contemporary relational psychoanalytic theorists, therefore, do not believe that dominant discourses—and the identities and interactional patterns they imply—are passively adopted by a docile mind undergoing processes of social construction. On the contrary, as has been shown, the fear of loss of connection with formative others is thought to drive human beings to actively internalize the patterns of their relational matrices, and in doing so, to internalize various patterns of their cultural and socioeconomic surround (Layton, 2002, 2004, 2006; Hollander & Gutwill, 2006; Walls, 2006). In this account, an individual's overlapping needs for attachment and identity invariably intersect with intimate others whose subjectivities and interpersonal practices have been structured by dominant discourses. Contemporary relational psychoanalysts contend that this intersection is the basis of the individual's active participation in the replication of the larger sociopolitical order.

Politicizing the Unconscious

Recent contemporary relational psychoanalytic theorizing about the cultural constitution of the relational matrix has important implications for thinking about how dominant discourses influence both the individual's conscious and unconscious experience. In viewing intersubjective contexts as permeated by their larger sociopolitical surrounds, contemporary relational psychoanalysts now argue that the organizing principles an individual derives from his or her formative interpersonal experience are inevitably cultured (e.g. Perez Foster, 1999; Bonovitz, 2005; Leary, 2000; Layton, 2002, 2004, 2006). In this sense, an individual's prereflective unconscious is believed to be structured

individual, from a relational psychoanalytic perspective, contains numerous selves that overlap but are not identical with his or her many sociocultural identities.

by dominant sociopolitical discourses. Cultural discourses are thus seen as shaping subjectivity in ways that an individual is largely unaware. As explored in the second chapter, many commentators, often drawing on Foucault, have stressed the ways that discourses operate unreflexively to organize the social order “behind the scenes” (Fairfield, Layton & Stack, 2002, p. 16) of conscious experience. Contemporary relational psychoanalytic theory’s emphasis, in this respect, on the need to sustain ties with others, offers a unique account of how social discourses come to be internalized and to unconsciously influence an individual’s everyday life.

As outlined, contemporary relational psychoanalysts contend that an individual is unable to become meaningfully conscious of experiences and affects that are not empathically received and expressively elaborated by significant others in his or her interpersonal environment (Gerson, 2004). These unrecognized, non-affirmed aspects of an individual’s subjectivity are believed to remain largely unformulated, housed in the unvalidated unconscious (Stolorow & Atwood, 1992). Recently, contemporary relational psychoanalytic theorists have argued that such unformulated experiences and affects can include the enormous range of sociopolitical processes that affect subjectivity but often, at least to some extent, remain unacknowledged (Fairfield, Layton & Stack, 2002). For example, many experiences of oppression, on both interpersonal and structural levels, along lines such as race, gender and class, may have never met with a resonant, validating intersubjective context in which they could be formulated. In such cases, these experiences and their associated affects would be believed to be less than optimally available for reflection and integration into awareness, awaiting the presence of an

empathic relational configuration within which they might be safely expressed and received.

The dynamic unconscious, as discussed, contains those experiences and attributes that are repeatedly banished from consciousness because they conflict with the templates of an individual's prereflective unconscious. Since the guidelines of the prereflective unconscious are now understood to be informed by cultural discourses, a number of contemporary relational theorists have been considering the ways that cultural discourses influence whether or not a given aspect of an individual's subjectivity is likely to be relegated to unconsciousness (e.g. Goldner, 1991; Benjamin, 1988; Layton, 2002, 2004, 2006; Gutwill & Hollander, 2006; Walls, 2006). Put differently, what role does motivated unconsciousness play in an individual's ongoing negotiation of the aspects of him or herself that are incompatible with cultural discourses? This thinking has focused on the ways the dynamic unconscious assists an individual to live in conformance with the identities assigned to him or her by his or her positions within the social order. In this regard, a number of contemporary relational psychoanalytic theorists (e.g. Goldner, 1991; Benjamin, 1988; Flax, 1990,1993; Layton, 2002) have sought to bring poststructuralist understandings of identity together with relational psychoanalytic conceptions of the unconscious. In doing so, contemporary relational psychoanalysts have attempted to offer a more textured description of the psychological processes of establishing identities in accordance with dominant discourses.

As discussed in the second chapter, poststructuralist conceptions of identity formation tend to emphasize dichotomizing processes that create opposing, binary categories such as male/female and hetero/homosexual. Moreover, the resulting,

opposing terms of each pair are argued to be often arranged in hierarchical, dominant-subordinate relations with respect to one another (Gingrich, 2005). From postmodern perspectives, these identity categories are not seen as discrete, mutually exclusive entities or essential qualities. Rather, poststructuralist theorists (e.g. Butler & Salih, 2004; Butler, 2005; Derrida, 1981a, 1981b) view these designations as interdependent, socially and linguistically constructed terms that rely entirely on each other for their own coherence and intelligibility. Since each of the identity categories in any pair is defined only in opposition to the other, their respective meanings are not seen as inherent, but instead, as thoroughly contingent upon their alleged differences from one another. In other words, each category needs the other as its complementary opposite in order to acquire its intelligibility.

Contemporary relational psychoanalysts have added to this poststructuralist analysis an account of the dynamically unconscious processes involved in such binary dichotomizations. In psychoanalytic terms, the human mind's penchant for conceptualizing the world in dichotomous categories is referred to as "splitting" (Benjamin, 1988; Layton, 2002). In its broadest sense, splitting means "any breakdown of the whole" (Benjamin, 1988, p. 63) in which the full range of an individual's subjectivity, at any given time, is divided into parts, some of which remain conscious and others of which are split off from conscious experience.¹⁷ In order to establish a sense of self that is in line with dominant, binary identity categories, an individual must be aware of only those of his or her attributes that belong to the identities he or she is striving to embody

¹⁷ The concept of splitting has a rich history within psychoanalytic literature. For an exploration of its origins and different uses, see Greenberg and Mitchell (1988, pp. 127-130, 165-172), and Benjamin (1988, pp. 261-262)

(Layton, 2002). As has been shown, experiences, affects or attributes that do not fit within the limits of the desired or assigned identities categories will be seen to threaten both an individual's sense of self and his or her ties with others. Such experiences must therefore be split off and made unconscious if the individual is to take on an identity in conformity with the position ascribed to or expected of him or her within his or her relational and sociopolitical contexts (Layton, 2002, 2004).

Splitting is considered to be often intimately associated with projection, another defensive process central to psychoanalytic theories of the dynamic unconscious.¹⁸ Through projection, what has been split off in order to achieve a binary identity is assigned to others (Benjamin, 1988). In other words, the unwanted attributes of subjectivity—those that will not garner connection with others—are first split off from consciousness and then projected onto other people. These others therefore become the repositories of the devalued and disavowed affects and aspects of the self (Benjamin, 1988; Altman, 1995; Layton, 2002). The recipients of these projections are, in this way, established as the necessary complements to the self, the various binary opposites against which an individual is able to secure and define his or her own identities. Benjamin (1988) characterizes this process as one involving “a polarization in which opposites... can no longer be integrated; in which one side is devalued, the other idealized, and each is projected onto different objects” (p. 63) Different attributes belonging to a single individual are split up, in this way, according to whether or not they are congruous with the identities and attachments he or she is most invested in sustaining. The individual

¹⁸ For a general account of projection from a psychoanalytic perspective, see McWilliams (1994, pp. 107-112)

thus comes to identify some aspects of his or her subjectivity as “me,” and to disavow other aspects as “not-me,” assigning these latter qualities to others (Altman, 1995).

Layton (2002) recounts a story from her own clinical practice that can easily be integrated with the earlier example of the father who withdrew from his son whenever the boy would cry or express sadness. In this incident, the son, at four years of age, calls his father at work, “sobbing inconsolably” (p. 198). This time the father yells at the boy to pull down his pants.

Then he asked him what was between his legs. “A penis,” the son sobbed. “Right,” Dad replied. “So stop crying.” This simple lesson in masculinity well demonstrates poststructuralist arguments about how gender categories work. This boy learns that to be a boy means not to be a girl. (p. 198)

As examined earlier, the boy learns that crying threatens his ties with his father and that crying is a behaviour that falls outside of the version of masculinity that he has been ascribed. But in this episode, it is clear that the boy learns something else as well. He learns that this aspect of himself has been culturally assigned to someone else: to a girl, to the other against whom his own masculine identity takes on its meaning. The range of this child’s possible expressions of sadness is thus split up into the binary of not crying/crying, with each term assigned to a different category of the boy/girl binary. This nicely illustrates the ways that the task of taking on an identity in conformity with dominant binary categories involves not just the avowing of certain affects and expressions and the disavowing of others; it also entails the projection of the unwanted and devalued aspects of experience onto others, to those presumed to inhabit the opposite category from whichever one is being embraced. The construction of self-identities is

therefore always a relational process contingent on the attribution of various complementary identities to others.

As has been stressed, these different cultural formations of identity are arranged in complex, hierarchical relations with one another, structuring vast social inequalities and oppressions. Layton (2002) argues, “the dominant categories of gender, race, sexuality and class are derived from processes of splitting that are mandated by culturally sanctioned sexism, racism, heterosexism and classism” (p. 198). Individuals and groups onto whom culturally devalued attributes have been projected tend to be both politically and economically marginalized. In this way, unconscious processes are seen to operate as significant mechanisms of a culture’s dominant discourses, producing and maintaining political, social and economic injustices (Walls, 2006). At the same time, all individuals are believed to contend with the psychological consequences of the continual splitting that living these categories requires (Layton, 2002).

Following poststructuralist accounts of identity, contemporary relational psychoanalysts emphasize that there is an “internal haunting of closed systems by what they attempt to define as external to them” (Fairfield, Layton, Stack, 2002). As discussed, the fear of losing connection with others drives the unconscious processes of splitting and projection that sustain dominant identity formations. But this fear is never fully assuaged because the disavowed attributes have only been made unconscious, not relinquished or destroyed. As such, these attributes haunt the conscious mind, threatening to return in experience or expression in ways that may undo an individual’s sense of self and endanger his or her ties with intimate others. In response, the individual perseverates in projecting these devalued and feared aspects onto others, stereotyping these others with

the cultural identities defined by these projected attributes (Layton, 2002). From a contemporary psychoanalytic perspective, such unconscious processes of identity formation are therefore regarded as never complete and as continually being reenacted in an individual's efforts to protect his or her various identities and feelings of attachment with others (Benjamin, 1988; Layton, 2004).

However, while offering an account of the unconscious processes that facilitate the achievement of culturally prescribed identities, contemporary relational psychoanalysts have also argued for the presence of unconscious processes that resist these assigned and expected identities (Layton, 2006; Walls, 2006). This is in keeping with the relational psychoanalytic premise that human beings have needs for both connection and separation from others, for both attachment and individuation. In looking at how these different motivations play out with respect to sociocultural discourses, Layton (2006), for example, has described a tension between what she refers to as the "normative unconscious," on the one hand, and the "counternormative unconscious," on the other. The normative unconscious comprises those practices and processes, such as splitting and projection, which pursue identities in conformity with an individual's various positions in the social order. Each time an individual unconsciously enacts the splits demanded by dominant cultural identity categories, these identities gain legitimacy (Layton, 2002). In this way, identities "are often lived as painful, conflictual, binary (either/or) structures," (Layton, 2004, p. 46) and serve to keep dominant cultural discourses and social arrangements in place.

The counternormative unconscious, by contrast, seeks to refuse the various identities that an individual's relational and cultural contexts assign to him or her

(Layton, 2006). To this end, the counternormative unconscious is believed to challenge the range of disavowals, splits and projections demanded by cultural identity categories. This challenge is considered an expression of the unassailable motivation of human beings to achieve a fuller experience and greater integration of the complexity of their subjectivities (Benjamin, 1988, 1990). In this respect, the counternormative unconscious reflects an individual's agentic capacities to become more than simply an embodiment of dominant cultural discourses. As presented, for contemporary relational psychoanalytic theorists, human beings do not only pursue connection with others, nor merely conform to the assignments of the social order. Human beings also have a need to express their separation and independence from others, and inevitably create idiosyncratic constructions from the contingencies and constraints of their relational and sociocultural surrounds.

Intersubjective Recognition and Overcoming Relations of Domination

In a series of highly influential books and articles, contemporary relational psychoanalyst and theorist Jessica Benjamin (1988, 1990, 1998, 1999, 2004) has explicated her understanding of intersubjectivity as a mode of relating founded upon two people's mutual recognition of each other as separate subjects, as "equivalent centre[s] of experience" (1990, p. 184).¹⁹ Benjamin (1990) and contemporary relational

¹⁹ Benjamin (1988, 1990, 1999, 2004) draws on critical theory, particularly the work of Habermas, for her conception of intersubjectivity. Benjamin's account of mutual recognition, and what she sees as inevitable ongoing breakdowns of mutual recognition, involves a complex analysis of both interpersonal and intrapersonal processes. Much of her thinking is beyond the scope of the present discussion and only a brief overview of some her major concerns is provided here. For a more comprehensive introduction to Benjamin's theory of intersubjectivity, see Benjamin (1990).

psychoanalytic theorists following her (e.g. Layton, 2002; Altman, 1995) argue that failures and breakdowns in mutual recognition are the basis of both interpersonal and structural relations of domination. The processes of identity formation discussed above are prime examples of such miscarriages of mutual recognition. As examined, in projecting split off attributes and experiences onto others, an individual is using these others as containers for the unwanted aspects of his or her own subjectivity. In such a form of relating, the others are experienced and perceived mainly in terms of their imagined possession of these disavowed attributes. The individual, in this way, is engaged with these other people principally for the facilitating role they play in his or her efforts to forge various culturally dominant identities.

In psychoanalytic jargon, other people, when understood exclusively with respect to the functions they perform for the individual, are referred to as “objects.” Benjamin’s (1990) notion of intersubjectivity, however, involves relating with others as though they are more than just “objects” for an individual’s assorted developmental needs; it involves recognizing these others as separate, autonomous “subjects”—indeed, as “equivalent centres of self” (p. 186). For Benjamin (1988), “the fundamental premise of domination” (p. 8) is “the psychic structure in which one person plays subject and the other must serve as his object” (p. 7). This is part of why Benjamin (1990) argues that, if human beings are to overcome relations of domination, “where objects were, subjects must be” (p. 184). Elsewhere, she states, “in the denial of the other’s subjectivity, the exercise of power begins” (p. 197). Benjamin’s work is an extended exploration of the origins and far-reaching sociopolitical consequences of such relations of domination.

As alluded to earlier, much of Benjamin's (1988, 1990, 1999) thinking in this regard revolves around the tensions between different, even paradoxical, human needs—between the needs for independence and self-assertion, on the one hand, and the needs for connection with others and mutual recognition, on the other. Failures to negotiate these paradoxical needs lead to breakdowns in mutual recognition such that people are unable “to meet as sovereign equals” (Benjamin, 1988, p. 12). Interpersonal and social relations that fall short of mutual recognition, as has been indicated, are considered to invariably devolve into the dominant-subordinate hierarchies that form the basis of all kinds of social inequalities and oppressions. Benjamin's (2004) own work, and the work of many other contemporary relational psychoanalytic theorists (e.g. Aron, 1996; Layton, 2002, 2004, 2006; Altman, 2000; Leary, 2000) have also explored the types of clinical processes believed to be most capable of overcoming such relations of domination. All of these processes aim to counteract the tendency to objectify and deny recognition to others, and to facilitate the relations of mutual recognition proper to Benjamin's conception of intersubjectivity. Indeed, for many contemporary relational psychoanalysts, relations of mutual recognition are considered a fundamental prerequisite of therapeutic change.²⁰

²⁰ Benjamin (1988) speaks eloquently of this in saying: “Recognition is that response from the other which makes meaningful the feelings, intentions and actions of the self. It allows the self to realize its agency and authorship in a tangible way. But such recognition can only come from an other whom we, in turn, recognize as a person in his or her own right” (p. 12).

Contemporary Relational Psychoanalytic Perspectives on Clinical Processes

As has been described, contemporary relational psychoanalytic theorists believe individuals often internalize the relational and cultural patterns of their environment in order to sustain connection with intimate others and achieve a coherent sense of self. Through these internalizations, dominant discourses come to structure human experience, significantly contributing to the preservation of the existing social order (Benjamin, 1988; Fairfield, Layton & Stack, 2002; Walls, 2006) From a contemporary relational psychoanalytic perspective, problems in living, whether understood on personal, interpersonal or larger social and structural levels, are ultimately problems in forms of human relatedness. As such, an important goal of clinical interventions on the level of the individual is to transform the sense of self and the patterns of relatedness that an individual has internalized from his relational and sociopolitical surround.

In this vein, contemporary relational psychoanalytic theorists strongly argue that therapeutic change of an individual's unhelpful ways of being and interacting involves loosening his or her commitments to the unconscious organizing principles that are shaping his or her experience (Ganzer & Ornstein, 2005). Doing so is believed to require a process of making conscious these unconscious aspects of an individual's subjectivity, including the unconscious operations of culturally dominant discourses (Walls, 2006). From a contemporary relational psychoanalytic perspective, the clinical relationship itself is the principal vehicle for bringing greater awareness to what has previously been unconscious (Mitchell, 1988; Aron, 1996). If the relational processes between client and worker are supportive and encouraging in the right ways, the client is thought to be able to explore his or her transactional patterns, not only cognitively, by talking about these

patterns with the clinician, but also *experientially*, by living out these templates in the here and now interactions of the clinical relationship (Zeddies, 2000; Maroda, 1998, 2002).

Contemporary relational psychoanalysts believe that an individual will inevitably draw on his or her pre-existing, internalized relational configurations in order to negotiate his or her relationship with the clinician. As Ganzer and Ornstein (2005) argue: “[C]lients not only verbally relate their problems to us, they also show us” (p. 570). In enacting within the clinical relationship his or her prototypes for understanding him or herself, for imagining others, and for relating interpersonally, the service user is argued to have a uniquely powerful opportunity to collaboratively examine these organizing principles with the clinician (Aron, 1996). Through such experiential learning, it is hoped that the worker and the client will be able to together construct an account of the ways these patterns and assumptions have been unconsciously determining the client’s everyday experience (Zeddies, 2000; Borden, 2000).

Contemporary relational psychoanalysts, however, do not only focus on how internalized relational configurations are enacted and understood in the clinical relationship. They also emphasize the potential for the relationship between the worker and the client to generate radically new interpersonal processes, affording the client experiences of being and relating that have been insufficiently available in his or her previous relational and sociocultural contexts (e.g. Bromberg, 1998; Aron, 1996). To quote in full a passage from Aron (1996) that was cited earlier:

Relational analysts generally believe that what is most important is that the patient have a new experience rooted in a new relationship. Old patterns are inevitably repeated, but, it is hoped, the patient and the analyst

find ways to move beyond these repetitions, to free up their relationship and construct new ways of being with each other. (p. 164)

Elsewhere, Aron (1996) argues that, “In the experiential reliving of the past, a new present is both found and created” (p. 164). In this way, contemporary relational psychoanalytic theorists contend that clients will invariably play out, in the clinical relationship, their old interpersonal expectancies, reliving these interactively and affectively (Cait, 2008; Maroda, 1998). But in doing so, service users are believed to have unique possibilities, not only for becoming aware of, reflecting upon, and integrating these previously unconscious relational patterns, but also for experiencing new ways of understanding themselves and interacting with another person. For these reasons, contemporary relational psychoanalysts maintain that, in clinical processes, “the combination of insight and new forms of interpersonal engagement works synergistically to produce change” (Aron, 1996, cited in Cait, 2008, p. 181).

Mutuality and Constructivism

Contemporary relational psychoanalysts, as outlined, see the individual as fundamentally and inescapably relational, thoroughly interdependent with his or her relational and cultural surround. In this sense, human beings are thought of as continuously engaged in processes of mutual and reciprocal influence within an interactive social field (Aron, 1996; Stolorow & Atwood, 1992). Such a perspective has enormous implications for thinking about the clinical relationship. From a contemporary relational psychoanalytic point of view, the client is not the only participant whose organizing principles shape the clinical encounter. On the contrary, the subjectivity of the clinician is also believed to

affect every aspect of the therapeutic process (Renik, 1993a, 1993b). Accordingly, contemporary relational psychoanalytic theorists forcefully affirm the continual and reciprocal influence of both client and worker in codetermining the unfolding of the clinical relationship (Mitchell & Aron, 1999). The clinician and the service user are, in this way, both considered to be embedded participants in an ongoing intersubjective process (Ganzer, 2007).

Many contemporary relational psychoanalysts argue that emphasizing the mutuality of the clinical relationship in this way necessarily implies a constructivist epistemology (e.g. Hoffman, 1991, 1992; Stolorow & Atwood, 1992; Mitchell, 1993). In characterizing the clinical encounter as a “constitutive interplay between worlds of experience” (Stolorow & Atwood, 1992, quoted in Mitchell & Aron, 1999, p. 366), these theorists maintain that the clinician can never be in a privileged, unbiased position to view the client and the clinical processes in which they are both so intimately involved (Aron, 1996). As Zeddies (2000) puts it: “There is no independent platform from which to view the patient that is uncolored by the therapist’s subjectivity” (p. 478). The clinician is therefore not considered capable of definitively assessing the interactive field within which he or she is an irreducible participant. The meanings of both the client’s and the worker’s actions and communications on a moment-to-moment basis are held to be inherently uncertain and, to some extent, indeterminable; whatever meaning is generated in the clinical process is understood to be the outcome of complex, interpersonal constructions involving both worker and client (Hoffman, 1992). Accordingly, the clinical relationship is seen as inevitably a “mutual meaning-making process” (Aron, 1996, p. 94) in which “[t]he very substance and nature of truth and reality... are being

negotiated toward consensus in the analytic dyad” (Pizer, 1992, quoted in Aron, 1996, p. 139).

In embracing a constructivist epistemology, contemporary relational psychoanalysts thus contend that the co-constituted nature of clinical experience engenders meanings that are marked more by ambiguity, multiplicity and paradox, than by clarity and uniformity (Aron, 1996). The clinician’s “critiques and affirmations are always tentative, fallible, and open to further questioning” (Bernstein, quoted in Altman, 1995, p. 73). In this respect, Mitchell (2002) and other contemporary relational theorists (e.g. Hoffman, 1991, 1992; Layton, 2002; Fairfield, 2002) argue that a worker needs to continually make effort to account for the ways that his or her subjectivity—including his or her most basic theoretical commitments—is continuously influencing the therapeutic process.

If psychoanalysis is viewed, as it increasingly has been, as an intersubjective encounter, the clinician needs to understand all features of his participation, including his belief that psychoanalysis is usefully understood as an intersubjective encounter, as one among many possibilities of organizing experience. (Mitchell, 2002, p. 106)

The clinician’s uncertainty about what is happening in any given moment of the clinical process is extended with the acknowledgment that the reality that he or she co-creates with the client is selected at the expense of other potentialities (Hoffman, 1992). Hoffman (1992) suggests that these alternative, unselected realities may be unrecognized or inaccessible to the client and the worker for various reasons. Others have argued these reasons to include every aspect of the subjectivities of both individuals, including their respective cultural and sociopolitical positionalities and the whole range of their possible

unconscious motivations and disavowed processes (Perez-Foster, 1998; Mattei, 1999). Nonetheless, contemporary relational psychoanalysts affirm the therapeutic potential of the client and worker's collaborative inquiry and combined efforts to construct an account of the client's unformulated, disavowed or otherwise unconscious experience (Zeddies, 2000).

From this constructivist perspective, therefore, the goal of contemporary relational psychoanalytic processes is less the uncovering of previously hidden truths, and more "the emergence, through curiosity and the acceptance of uncertainty, of constructions that have never been thought before" (Stern, 1997, quoted in Maroda, 2002, p. 106). These constructions are thus evaluated, not with respect to their veracity, but rather in terms of their utility for the client (Fairfield, Layton & Stack, 2002). Moreover, the processes of working collaboratively to effect such formulations are themselves considered to be highly therapeutic. Facilitating new accounts of the service user's experience is believed to require sustained, empathic listening on the part of the clinician, and ongoing, cooperative forms of engagement (Aron, 1996; Hewitt, 2007). These consensual interactions, in and of themselves, are argued to be capable of challenging unhelpful, dominant-subordinate relational patterns and identities (Fairfield, Layton & Stack, 2002). One commentator suggests that, ideally, the clinical relationship can become "a performative enactment of... reciprocity, recognition and respect" (Hewitt, 2007, p. 237). In addition, contemporary relational psychoanalysts emphasize the ways these processes of "mutual meaning-making" can contribute to the client's development of "a constructivist attitude toward their own experience" (Hoffman, 1991, p. 54). Such an attitude is, in fact, seen as a significant goal of relational psychoanalytic interventions,

and entails the capacity for critical reflection on how reality is constructed historically, culturally and interpersonally, including within the clinical encounter (Fairfield, Layton & Stack, 2002).

Contemporary Relational Psychoanalytic Perspectives on Countertransference

Contemporary relational psychoanalytic theorists' articulation of the intersubjective and co-constructed nature of the clinical relationship is closely associated with their dramatic reconceptualization of the traditional psychoanalytic notion of countertransference (Aron, 1996; Hoffman, 1991, 1992). Perhaps the concept from psychoanalytic theory that has been most widely incorporated by other clinical modalities, countertransference was originally used to refer to those of a worker's emotional reactions to his or her client that were believed to be exclusively based in the worker's own unresolved, "personal factors" (Hoffman, 1992, p. 290). In this understanding, countertransference was seen as an unequivocal contaminant to the clinical relationship, undermining the clinician's ability to remain an objective observer of the therapeutic process, and unduly influencing the client's explorations (Aron, 1996; Hoffman, 1991). The worker was therefore urged to vigilantly guard against countertransference; indeed, it was assumed that a clinician's training should, ideally, have already resolved the kinds of personal issues that were considered to be the basis of such emotional reactivity (Aron, 1996).²¹ In any case, countertransference was conceived as inherently countertherapeutic, as a problematic response that the clinician needed to closely monitor and control, and an obstacle to be overcome through further explorations in his her own personal, therapeutic processes.

²¹ "Training," in the beginnings of psychoanalysis, consisted exclusively of the clinician undergoing his or her own psychoanalysis (Aron, 1996).

However, contemporary relational psychoanalysts, as shown, aver that the clinician inevitably brings his or her conscious and unconscious relational configurations and organizing principles—including dominant sociopolitical and cultural discourses—to the clinical encounter.²² Moreover, his or her subjectivity is seen as continuously embedded in complex processes of mutual influence vis-à-vis the subjectivity of the client. In these respects, the clinician is not considered to be capable, in any ultimate sense, of isolating, eliminating, transcending or controlling for his or her subjectivity (Hoffman, 1991, 1992; Renik, 1993a, 1993b). Contemporary relational psychoanalysts do not believe that the clinician's engagements with the client can be purified of "personal factors" through the "continuous scrutiny of countertransference" (Schafer, 1983, quoted in Hoffman, 1990, p. 290). Instead, relational theorists assert that every aspect of a worker's clinical activity to some extent reflects "personal factors," whether these are understood as stemming from culturally constituted or more idiosyncratically organized aspects of his or her subjectivity. As such, the clinician's experience of the client and of the clinical process is never seen as simply a reaction to the client, but rather as always a joint creation of the intermingling subjectivities of both individuals (Gabbard, 1995).²³

Countertransference is understood, from this point of view, as a ubiquitous and inescapable element of the clinical encounter. As Hoffman (1992) argues, "it is the

²² Fairfield, Layton and Stack (2002) comment, "Relational theorists would never say that a therapeutic outcome eliminates unconscious processes... much of who we are and what motivates us is unconscious and may always be so" (p. 23-24).

²³ With regard to this shift in understanding of countertransference, Aron (1996) says: "In my view, referring to the analysts total responsiveness as countertransference is a serious mistake because doing so perpetuates the defining of the analyst's experience in terms of the subjectivity of the patient. Thinking of the analyst's experience as "counter" or responsive to the patient... encourages the belief that the analyst's experience is reactive rather than subjective... [and] obscures the recognition that the analyst is often the initiator of the interactional sequences" (p. 76-77).

current of countertransference that is continuous, not its scrutiny. It is simply impossible to keep up, reflectively, with the stream of... unformulated experience” (p. 291). From a contemporary relational psychoanalytic perspective, therefore, not only is the clinician’s subjectivity irreducible, inevitably imbuing every moment of the clinical relationship. It is also impossible for the clinician to be fully aware of the processes and effects of his or her subjectivity, in these respects, while he or she participating in the ongoing, moment-to-moment interactions of the clinical encounter (Hoffman, 1991, 1992; Renik, 1993a, 1993b).²⁴ As has been implied above, contemporary relational psychoanalysts believe that the self-reflexivity of the worker is always considerably limited. Intersubjective contexts are considered to be ruled by a fundamental ambiguity with regards to the nature of the interplay and mutual influence of commingling subjectivities (Aron, 1996). But moreover, the clinician’s capacity for self-reflexivity is thought to be invariably undermined by the kinds of unconscious processes that have been outlined in detail—including forms of motivated unconsciousness. Consequently, Aron (1996) asserts that among the most important skills for a clinician is “the ability to reflect on our participation in interpersonal relationships while recognizing just how limited that reflectiveness is in any moment” (p. 262).

²⁴ Renik (1993a, 1993b), for example, has suggested that it is only possible for an individual to reflect on an aspect of his or her subjectivity after it has in some way been expressed, however subtly. Awareness of “countertransference,” in this sense, is always retrospective. Indeed, Renik (1993a, 1993b) maintains that a clinician’s struggles to guard against and attenuate the expression of his or her subjectivity often serve to hinder his or her spontaneity and responsiveness. As Cushman (200) argues: “Nothing will deaden an analysis more quickly than an analyst terrified of saying the wrong thing” (p. 615).

Enactment

Contemporary relational psychoanalysts believe that both the service user and the worker inevitably bring to the clinical relationship the fullness of their respective subjectivities. Both are thought to arrive at each encounter with all of their potential conscious and unconscious processes—internalized relational configurations, sociopolitical and cultural identifications and transactional patterns, as well as the disavowed experiences and split off attributes that living these commitments entails. And both the clinician and the client are considered to play out these organizing principles—in both overt and subtle ways—in the reciprocal interactions of the clinical process. Aron (1996) describes the following quote from Racker (1968, cited in Aron, 1996) as the “‘anthem’ of contemporary relational psychoanalysis” (p. 255):

The first distortion of truth in “the myth of the analytic situation” is that analysis is an interaction between a sick person and a healthy one. The truth is that it is in an interaction between two personalities... and each of these whole personalities... responds to every event of the analytic situation. (p. 255)

However, while affirming the essential equality of worker and client, and the equal contribution each makes to their shared, intersubjective context, contemporary relational psychoanalysts have also stressed the importance of keeping the primary focus of clinical explorations on the subjectivity and experience of the client (Maroda, 1998, 2002). In these and other respects, relational theorists have emphasized the necessary asymmetry of the clinical relationship (see Aron, 1996).

As examined, contemporary relational psychoanalysts believe that a client will inevitably structure his or her engagements with the worker along the lines of his or her

pre-existing relational and cultural configurations. This structuring is thought to often include behaviours that are unconsciously aimed at eliciting interpersonal events that are in keeping with these configurations (Messer & Warren, 1995, cited in Borden, 2000). Aron (1996) asks, in this regard, “Are we not each always... using each other as characters in the scripts that we are playing out and acting out?” (p. 219). The service user’s actions and communications to this end are held to unavoidably impact the worker’s engagements within the relationship. Contemporary relational theorists argue that the clinician is often drawn into playing a role scripted by the client’s internal world (Gabbard, 1995). As Mitchell (1988) asserts:

The analyst is regarded as, at least to some degree, embedded within [the client’s] relational matrix. There is no way for the analyst to avoid his [sic] assigned roles and configurations within [the client’s] relational world. The analyst’s experience is necessarily shaped by [the client’s] relational structures; he plays assigned roles even if he desperately tries to stand outside [the client’s] system and play no role at all. (p. 292)

In this way, the clinician becomes an active participant in the service user’s repetitions of significant interpersonal experience (Mitchell, 1988, 1993). The exact dimensions of the worker’s participation in this respect are thought to be shaped by the worker’s own subjectivity and by the match between the client’s “scripts” and the worker’s internal schemata of relatedness (Gabbard, 1995; Maroda, 1998, 2002).

Contemporary relational psychoanalysts believe that, when the client’s interpersonal patterns succeed in “nudging” (Gabbard, 1995, p. 477) the clinician into acting, feeling, and communicating in ways that embody some dimension of the client’s guiding relational configurations, it is because these incited roles have found resonances

and counterparts in the worker's own interpersonal templates (Ivey, 2008; Maroda, 2002).

The patient must be able to stimulate something in the analyst... so that they can relive the drama in a real way together. ... [T]he analyst can only truly "fall into" this drama when he or she is personally touched at a deep, unconscious level, when the analyst is stimulated to re-experience some portion of his or her own personal drama. (Maroda, 1998, p. 520)

From a contemporary relational psychoanalytic perspective, this process can go both ways; the clinician is believed to be similarly capable of placing pressure on the client to play a part in the clinician's own relational prototypes (Gabbard, 1995). In either case, there is thought to be a "goodness of fit" between one or more of the client's many relational configurations and one or more of the worker's (Gabbard, 1995). The clinical process can thus involve the joint actualization of complementary aspects of the internal relational matrices of both the clinician and the client. To refer to the intricate co-constitution of such patterns of interaction, wherein the transactions in the here-and-now of the clinical relationship become a stage for acting out the interpersonal scripts of both participants, contemporary relational psychoanalytic theorists use the term, "enactment" (e.g. Aron, 1996; Maroda, 1998, 2002; Gabbard, 1995; Renik, 1993a, 1993b; Bromberg, 1998).

Given the multiplicity of internal relational configurations that are thought to unconsciously shape both the worker's and the client's respective transactional patterns, and the complexity of the processes through which the clinician and the service user are believed to reciprocally influence one another, contemporary relational psychoanalysts consider enactments to be an inevitable and continuous aspect of the clinical relationship

(e.g. Gabbard, 1995; Renik, 1993a, 1993b; Mitchell, 1988, 1993; Aron, 1996; Maroda, 1998, 2002; Bromberg, 1998). Relational theorists maintain that enactments reflect the playing out of unconscious patterns or attributes that are not yet available for reflection on the part of either the clinician or the service user (Gerson, 2004).²⁵ Indeed, it is often argued that these unconscious aspects of subjectivity can only achieve symbolization through first being enacted in a relational context (Renik, 1993a, 1993b; Bromberg, 1998). Consequently, many relational theorists contend that enactments comprise the heart of the therapeutic process, often affording the most transformative sequences of experiential learning for both the client and the clinician (e.g. Renik, 1993a, 1993b; Bromberg, 1998; Maroda, 1998, 2002; Layton, 2002, 2004). As indicated, this is because the enactment of unconscious processes within the clinical relationship allows for an emotionally alive experience of these unconscious interpersonal patterns, and a unique opportunity to subsequently co-construct an understanding of these intersecting relational templates as they have been lived and experienced together by the client and the worker (Ivey, 2008).²⁶ In doing so, the clinician and the service user have a chance to transform these previously unconscious interpersonal constellations, and to together create and

²⁵ All of the different unconscious aspects of subjectivity that have been discussed are considered to be often enacted interpersonally, including: the organizing principles that shape an individual's everyday experience; the unwanted attributes and affects that an individual has disavowed and split off; and those of his or her experiences that have never been adequately validated and formulated in an intersubjective context.

²⁶ Self-disclosure on the part of the clinician, concerning the nature and extent of his or her participation in enactments, is an area of considerable debate within contemporary relational psychoanalytic literature. A detailed exploration of this debate is beyond the scope of the present discussion. However, as will be touched on, contemporary relational psychoanalysts generally argue that the clinician's acknowledgment of some aspect of his or her contribution to an enactment is a vital component of therapeutic change (Aron, 1996; Maroda, 2002; Ivey, 2008). For an excellent discussion of the potential advantages and disadvantages of self-disclosure on the part of the worker, see Aron (1996, pp. 221-253).

discover more helpful modes of being and relatedness (Maroda, 1998, 2002; Ivey, 2008).²⁷

Mitchell (1997, cited in Benjamin, 2004) has said, in this regard, that becoming part of the client's problem is how the clinician becomes part of the solution. Contemporary relational psychoanalysts believe that the worker must surrender to the necessity of becoming involved in enactments, and furthermore, that the clinician's participation in these enactments "must be real" (Maroda, 1998, p. 520). The worker's performance in the dramatization of the client's inner world, if it is to be useful, cannot be in any way contrived—as though the clinician could ascertain and intentionally provide the type of role the service user needed him or her to play (Maroda, 1998, 2002; Renik, 1993a, 1993b). On the contrary, strongly opposed to any deliberately manipulative approach to clinical practice, relational theorists such as Renik (1993b) have argued:

[I]t is because an analyst's conduct in the clinical situation is partly determined by motivations *outside his* [sic] *conscious awareness*... that it is possible for an analyst to participate in what could be called corrective emotional experiences, and to do so in a genuine and unpremeditated way. (p. 144)

For an enactment to be a transformative experience, contemporary relational psychoanalysts believe that the clinician must get emotionally involved in a way that he

²⁷ As Ivey (2008) has noted, contemporary relational psychoanalysts recognize that some caution is required in "making a virtue of enactment" (p. 26). For a discussion of potential drawbacks and dangers of enactments, including the threat enactments can pose to the therapeutic alliance between worker and client, see Ivey (2008), Maroda (1998) and Aron (1996, pp. 189-220). The present discussion is mostly focused on what contemporary relational psychoanalysts see as the unavoidability and potential therapeutic benefits of enactments.

or she did not intend, and that he or she does not at first recognize or understand (Renik, 1993a).

Indeed, contemporary relational psychoanalytic theorists maintain that it is by becoming inevitably, unconsciously entangled in the client's internal world, and by then subsequently accepting and acknowledging his or her mistakes and contributions to enactments, that a clinician is able to most powerfully facilitate the emergence of new modes of relating within the clinical relationship (Benjamin, 2004). In at first joining the client in enactments, the clinician helps to play out the inner world of the client, and in doing so, experientially confirms the client's interpersonal expectancies (Gabbard, 1995). In this way, the worker and the service user give "vivid interpersonal expression to conflicts that would be muted by confinement to verbal expression alone" (Ivey, 2008, p.26). But through becoming more aware of and taking responsibility for his or her part in enactments, and then communicating this in some way to the client, the clinician is thought to ultimately—and experientially—disconfirm the client's expectancies.²⁸ In finding a way out of the role that he or she had been playing in the service user's scripts, the worker is thus believed to introduce a radically new element into the service user's relational patterns (Benjamin, 2004). The clinical relationship, in this way, is argued to open up a space in the previous seamlessness of the client's interpersonal systems. In doing so, the client's organizing principles, and the ways these templates have been enacted with the worker, are thought to become more available for reflection. As a result,

²⁸ The challenge for the clinician is to become entangled in the client's relational matrix and yet at the same time "remain out of it" (Aron, 1996, p. 173). The worker must be a full participant in the client's relational configurations, and also struggle to be an observer of the intersubjective process and to assist the client in constructing an account of these processes.

the service user and clinician are believed to be better able to explore previously unformulated understandings and to engage in previously inaccessible modes of relating (Aron, 1996; Benjamin, 2004).

From a contemporary relational psychoanalytic perspective, therefore, new meanings are co-constructed, not just discursively, but experientially, through repeating old ways and constructing new ways of living and relating (Mitchell, 1988). An individual's "scripts" are "deeply lived," and accordingly, can only be shifted through the acquisition of equally "deeply lived" experiences that are discrepant with these "scripts." Bromberg (1993), for example, asserts:

[P]ersonal narrative cannot be edited simply by more accurate verbal input. Psychoanalysis must provide an experience that is perceivably (not just conceptually) different from the patient's narrative memory. ... It is in this sense that psychoanalysis breaks down the old narrative frame (the patient's "story") by evoking, through a process of negotiation, perceptual experience that doesn't fit it; *enactment is the primary perceptual medium that allows narrative change to take place.* (p. 391)²⁹

Contemporary relational psychoanalysts do not believe that an individual's unconscious commitments to his or her relational configurations and self-identities will be loosened by "the power of reason or convincing verbal explanation" (Bromberg, 1993, p. 393). The attainment of new experiences of self and other, and the restructuring of deeply grooved assumptions and expectancies are not considered to be mediated by new cognitive information or by changes in language alone (Perez-Foster, 1998; Bromberg, 1998). As Cait (2008) puts it, "it is not enough to assimilate the new language and words describing

²⁹ Where Mitchell (1988, 1993) and others refer to internalized relational configurations and the interpersonal scripts these configurations imply, Bromberg (1998) here speaks of an individual's "narrative frames."

an alternative reality” (p. 187). Instead, for contemporary relational psychoanalysts, the most transformative potential of the clinical relationship lies in the experiential, interpersonal learning it affords, and the opportunities it offers for the client and the worker to co-construct “knowledge that carries the conviction of being lived” (Gerson, 2004, p. 93).

Enactments of Dominant Discourse

Recently, a number of contemporary relational psychoanalytic theorists have been exploring the ways that dominant discourses and social norms can be unconsciously enacted within the clinical relationship (e.g. Perez-Foster, 1998; Mattei, 1996; Leary, 2000, 2007; Layton, 2002, 2004, 2006; Layton, Hollander & Gutwill, 2006; Altman, 2000, 2004; Bonovitz, 2005; Hartman, 2007). These theorists have argued that, since an individual’s internalized relational configurations are inevitably inflected with cultural discourses, so too must be the enactments that shape the clinical processes between client and worker. In other words, both the clinician and the service user are seen as operating from cultural positions and identities that cannot be transcended; therefore, the sociocultural histories of both participants are believed to be recreated, to some extent, within the intersubjective processes of the clinical relationship (Bonovitz, 2005). As Leary (2000) says, despite conscious efforts to do otherwise, clinicians and clients “nevertheless manage[] to actualize some of the tensions, stereotypes, and prejudices of the culture in which [they] live” (p. 640).

Indeed, these relational theorists contend that it is often precisely when a worker is especially trying to avoid conducting him or herself in ways that might be construed as

oppressive or culturally dominant that he or she is most likely to enact these aspects of his or her subjectivity within the clinical relationship (Perez-Foster, 1998). This is because the worker's misguided attempts to disavow or transcend the racist, sexist, classist, heterosexist or ethnocentric parts of his or her subjectivity are thought to often involve splitting off and disavowing these aspects and relegating them to unconsciousness (Layton, 2002, 2006). As has been explored, psychoanalysts theorists of all persuasions believe that what remains in unconsciousness often finds expression in unwitting and unbidden enactments. Contemporary relational psychoanalysts have thus come, for example, to speak of racial enactments (e.g. Leary, 2000; Layton, 2006), ethnocentric enactments (e.g. Perez-Foster, 1998), class enactments (e.g. Hartman, 2007), gender enactments (e.g. Layton, 2002) and heterosexist enactments (e.g. Layton, 2002) within the clinical relationship.

Rather than imagine that the clinician and the client can somehow completely transcend or eradicate how they have been shaped by oppressive discourses, contemporary relational psychoanalytic theorists argue that the clinical relationship will inevitably enact these discourses in various ways. However, in keeping with contemporary relational psychoanalytic perspectives, such enactments of dominant cultural discourses are not considered to be unequivocal detriments to the therapeutic process. On the contrary, in enacting dominant discourses, the clinician and the client are argued to have a unique opportunity to reflect on how these frameworks have been played out between them, to construct an account of the operations of these discourses and how they have impacted the client's subjectivity, and to move toward new modes of being and relating that are less constrained by the delimitations of dominant discourses.

As discussed, the clinician's capacity to accept, acknowledge and communicate about his or her contribution to enactments is thought to be central to the therapeutic potential of clinical processes. In all enactments, but perhaps especially in enactments of dominant discourses, the worker's acknowledgment in this regard sometimes requires an expression of apology (Leary, 2000; Suchet, 2007). By apologizing for his or her part in the enactment of dominant discourses, the clinician is believed to have a chance to initiate a mode of relating with the client that is not exclusively structured by the misrecognitions and stereotypes of dominant discourses. As Bromberg (1998) contends, "[a]t these critical points... the analyst must contribute to an act of recognition" (p. 15). In this way, contemporary relational psychoanalysts argue that the process of collaboratively working through such enactments is itself the process of challenging relations of domination and instantiating relations of mutual recognition within the clinical relationship (Benjamin, 2004).

Discussion: What Can Contemporary Relational Psychoanalytic Theory Contribute to Critical Social Work Theory?

As hopefully is clear from the preceding discussion, contemporary relational psychoanalysis, both in its theory and its practice, shares much in common with present day critical social work approaches to clinical practice. Theorists from both disciplines strongly affirm the individual to be constituted, to a considerable extent, by his or her social surround. For both contemporary relational psychoanalysts and critical social workers, subjectivity is unavoidably shaped by sociopolitical arrangements and cultural discourses. Moreover, both perspectives argue that this structuring of subjectivity is a central axis for the reproduction of the existing, inequitable social order. In this regard,

both contemporary relational psychoanalysts and critical social workers describe processes of internalization and identity formation through which the individual can come to perpetuate larger social structures and cultural forms.

At the same time, contemporary relational psychoanalytic and critical social work theorists advocate for the irreducibility of human agency, and for the capacity of human beings to engender unexpected and idiosyncratic constructions from the constraints of their relational, discursive and material contexts. In these respects, both disciplines strongly refute any notion of the individual as entirely determined by forces of socialization, and uphold the individual's potential to creatively intervene in his or her surrounding systems. In these and other ways, as has been shown, contemporary relational psychoanalysts and critical social workers similarly endorse a dialectical understanding of the interdependence of the individual and the social, maintaining that human beings and their environments both shape and are shaped by one another. As such, from both contemporary relational psychoanalytic and critical social work perspectives, subjectivity is not only seen as the product of existing social relations, but also as a crucible for new social possibilities. Changes in subjectivity, from both theoretical standpoints, are viewed as vital leverage points for larger social change. In considering the means to facilitate such developments on the level of the individual, contemporary relational psychoanalysts and critical social workers emphasize clinical process that aim to overcome the unhelpful discourses and patterns that the individual has internalized from his or her environment. Both disciplines argue that, through such clinical processes, more helpful forms of subjectivity and of social relations can ultimately be effected.

Yet, within these broad and important similarities, contemporary relational psychoanalysts and critical social workers have important differences in their respective understandings of how social contexts come to constitute the individual. As a result, the two disciplines tend to conceive somewhat differently of the kinds of clinical approaches that are best suited to overcoming these processes. To begin, critical social work theorists, as has been explored, offer little means for understanding why an individual might be motivated to internalize and identify with his or her positions within the social order. In the absence of such explorations, critical social workers seem to imply that, to the extent that an individual lives in accord with the assignations of his or her sociopolitical surround, he or she is mostly a passive victim of forces of social construction. Critical social work theorists seem to only conceive of the individual as an agent with regards to his or her ability to actively challenge the structuring processes of socialization. In all other respects, the individual is implied to be determined by socioeconomic and cultural factors, imprinted with the impresses of his or her material and discursive contexts.

As touched on earlier, this neat dichotomy between the human being as a subversive and creative agent, on the one hand, and as a passive product of social forces, on the other, is a reflection of critical social workers' attempts to preserve their allegiances to two quite different perspectives. On the one side, many critical social workers maintain a liberal humanist view of agency.³⁰ On the other, they advocate for some form of social determinism. The contention of this discussion is not that critical

³⁰ For an interesting discussion of the differences and tensions between the "liberal humanist subject" (Rossiter, 2007, p. 27) that has traditionally been so central in social work theory, and more postmodern conceptions of "the self as subjectivity" (p. 28), see Rossiter (2007).

social workers need to choose between these two approaches to human experience, as though these accounts are mutually exclusive and represent a rigid “either/or” polarity. On the contrary, adequate theory building requires a thoughtful integration of dichotomies such as social versus psychic, determinism versus agency. Accordingly, what is needed is a perspective that integrates such binaries within a dialectical “both/and” theoretical frame. In this respect, critical social work theorists clearly conceive of human beings *both* as agents *and* as determined by contexts, and as capable of *both* subverting *and* reproducing social norms and cultural discourses. However, critical social workers seem to nonetheless perpetuate an overly tidy division of these different elements by continuing to think of them, in certain ways, as pertaining to distinct spheres of human experience. As a result, critical social workers have incorporated these different perspectives without adequately or consistently integrating them.

Achieving a more thorough integration of human agency and social determinism, as alluded to earlier, demands exploration of the ways that human agency is implicated in *both* an individual’s resistance to existing sociopolitical arrangements *and* his or her compliance with these arrangements. Some account is required of the place of human motivation, not just in acts of insurrection, but also in acts of conformity. Conversely, integrating agency and determinism also necessitates looking at how social factors influence *both* an individual’s perpetration of dominant systems *and* his or her creative subversion of these aspects of his or her surround. In other words, overcoming the dichotomies of agency versus determinism, insurgency versus docility, involves explicating how *both* human agency *and* determining social factors dynamically intersect,

not only in the ways that individuals challenge the existing social order, but also in the ways that individuals adhere to and replicate the social order.

Critical social work theorists have, in fact, begun to break down these dichotomies by considering the ways that an individual's or group's resistance to the social order is always structured by an elaborate set of determining factors (e.g. Mullaly, 2002; Fook, 2002). Critical social workers, in this regard, argue against thinking of acts of subversion as purely agentic, insisting instead that the emergence of new social forms is invariably the result of a complex amalgam of both human initiative and historical contingency (Fook, 2002). As shown, critical social work theorists do not believe that human beings are able to somehow escape from their embeddedness in processes of social construction, as though the individual could become completely unfettered from the constraints of his or her environment. In this respect, critical social workers currently contend that acts of resistance, no matter how innovative, are inevitably informed by the delimiting effects of social contexts (Fook, 2002). Put differently, human agency and creativity are considered to always be both constricted by and contingent upon the material and discursive resources that are available to an individual or group in a given time and space.

For example, in his model of narrative therapy, White (1991) avers that the client and the worker never create new narratives out of whole cloth, but rather, select and weave together more helpful narratives from amongst those that have been made possible by the cultural and sociopolitical surround. In this sense, critical social workers employing a narrative approach have begun to consider how both agency and determining social factors contribute to processes of subverting dominant norms and

structures. As argued, however, critical social work theorists have not attempted this same integration of agency and determinism with respect to processes of social compliance, and continue to conceive of conformity one-sidedly—as almost exclusively determined by social forces. This inconsistency, as discussed, has left unexamined the question of why an individual might be actively, even ardently, invested in perpetuating the discourses and arrangements of the existing social order—despite the fact that doing so propagates his or her own oppression.

Viewing an individual's compliance with and participations in unhelpful discourses and social structures in this way—as solely the effect of the coercive powers of socialization—has had enormous ramifications for how critical social workers have theorized about clinical social work practice. To reiterate, since these processes of socialization are primarily seen as discursive in nature, critical social work approaches to clinical practice have tended to focus on changing the ways that an individual thinks about him or herself by seeking alternative discursive possibilities, developing less constricting stories through which he or she can come to narrate his or her experience. This is true, in different ways, of both the educational/empowerment clinical models and the various forms of White's (1991) narrative therapy that have been taken up by critical social workers (e.g. Vodde & Gallant, 2002; Brown & Augusta-Scott, 2007; Jenkins, 1990). However, without sufficiently grappling with why an individual might be motivated, not only to initially internalize, but also to subsequently remain committed to unhelpful discourses about him or herself, critical social workers seem to imagine that an individual is always eager to change how he or she conceives of him or herself, ready and willing to engage in new ways of living. From such an angle, an individual is seen as

having little reason to pass up opportunities to trade in oppressive narratives for more helpful ones. As a result, critical social workers do not seem to take seriously, and have not developed a way to account for, the often incredible tenacity of people's investments in their habitual patterns of thinking about themselves and their social world—regardless of how constraining and self-destructive these patterns might be.

From a contemporary relational psychoanalytic perspective, as has been explored, an individual is thought to actively internalize elements of their relational and sociocultural surround as a means to secure vitally needed connection with his or her significant others. In this respect, contemporary relational psychoanalysts offer highly textured accounts of how an individual's formative relationships and interpersonal experiences mediate the ways that his or her subjectivity is shaped by larger contexts, including by cultural and sociopolitical discourses. As examined, contemporary relational psychoanalytic theorists argue that human beings are often passionately motivated to live in accord with the templates provided by their relational and sociocultural environments in order to preserve a coherent sense of self and of being attached to others. From a contemporary relational psychoanalytic point of view, therefore, human beings are agents who are active, not only in their subversions of the social order, but also in their adherences to the positions assigned to them within that social order. In this regard, contemporary relational psychoanalytic theory offers critical social workers an important missing piece for their attempts to integrate agency with processes of socialization, and for understanding how individuals can be compelled to participate and persevere in ways of being, thinking and relating that reproduce existing social arrangements.

Unlike many critical social work theorists, contemporary relational psychoanalysts do not consider an individual's internalizations and identifications to be only, or even primarily, discursive in nature. Instead, contemporary relational psychoanalytic theorists emphasize a relational, interpersonal basis to these internalizations. In this account, what is internalized is not so much a way of thinking about or symbolizing experience, as it is a way of interacting with and maintaining ties with others. Certainly, as has been shown, language and cultural discourses comprise an enormous part of these internalized interactions. Contemporary relational psychoanalysts, however, do not believe that human subjectivity is shaped most formatively by constellations of language; narratives, understood simply as linguistic constructions, are not seen as the principal constituents of the human mind.

Rather, from a contemporary relational psychoanalytic perspective, human subjectivity is structured most profoundly by the relational configurations and experiences an individual has internalized in order to sustain connection with intimate others. The human mind, therefore, is seen as constituted not only by symbolic systems, but also by schemata for relationship, not only by ways of thinking and talking about the self and the world, but also by the powerfully affective interactional patterns within which an individual's multiple identities take shape. Indeed, it is the intersection of cultural discourses with the human need for relationships that is believed to give these discourses their great strength. Since they often represent his or her means for preserving attachments with significant others, an individual is believed to often be highly invested in and committed to cultural discourses and the interpersonal patterns these discourses imply. As discussed, contemporary relational psychoanalytic theorists argue, therefore,

that any attempt to transform these internalized templates is likely to be experienced by the individual, at least in part, as a threat to his or her connections with external and internal others. For this reason, from a contemporary relational psychoanalytic standpoint, an individual is expected to be conflicted and ambivalent, to some extent, about whether or not he or she actually wants to change. Such an account affords critical social workers with a much-needed means for considering how it is that an individual comes to so emotionally and passionately embody his or her internalizations of and identifications with his or her relational and sociocultural contexts.

Moreover, the organizing principles an individual derives from his or her culturally inflected internalizations, as well as his or her commitments to the relational configurations that comprise these internalizations, are all believed to be largely unconscious. As outlined, contemporary relational psychoanalysts aver that much of what is structuring an individual's everyday experience is not immediately available for conscious reflection. And as also examined, from a contemporary relational psychoanalytic perspective, the task of making conscious the unconscious is often a difficult one, not usually mediated by verbal reasoning or new cognitive information alone. This is because an individual is considered to have purposefully relegated much of his or her experience to unconsciousness, having been motivated to do so by the threat these experiences might pose to his or her attachments with others. As such, contemporary relational psychoanalysts would question whether or not clinical interventions focused exclusively on linguistic or cognitive processes would be sufficiently capable of addressing both an individual's unconscious commitments to his

or her internalizations, as well as the ways that these internalizations are unconsciously shaping his or her everyday living.

In this sense, contemporary relational psychoanalytic theorists have a very different understanding of the kinds of clinical processes that are best able to help an individual “externalize” what he or she has internalized from his or her social contexts. For the narrative therapist, as indicated, “externalization” is most efficaciously achieved through a series of conversational techniques: the clinician asks a set of specifically worded questions designed to assist the client distance him or herself from the internalized discourses that have become definitional of his or her sense of self. Through eliciting such “externalizing conversations” (White, 2007), the narrative therapist hopes to facilitate a process in which the client comes to view his or her understanding of him or herself as just one story amongst many possible stories. Further, as discussed, the client is encouraged to consider the ways this story draws from the canonical stories of his or her cultural surround (White, 1991). By deconstructing the sense of necessity and truth that this internalized story has acquired for the client, narrative therapists aim to help the client select and construct other stories for symbolizing experience, facilitating previously inaccessible narratives in the hopes of opening up new opportunities for living. In this account, significant changes in an individual’s subjectivity flow entirely from changes in that individual’s use of language (Freedman & Combs, 1996).

From a contemporary relational psychoanalytic point of view, these critical social work processes of “externalization” focus too exclusively on the discursive and cognitive elements of internalizations, and not enough on the relational basis of these internalizations. As shown, where critical social workers tend to emphasize the

internalization of cultural discourses, contemporary relational psychoanalysts place more stress on the internalization of relational configurations. Indeed, as has been explored, contemporary relational psychoanalysts believe that cultural discourses are mainly internalized indirectly, as a result of being woven into the relational configurations an individual has incorporated to sustain needed ties with others. As such, contemporary relational psychoanalysts would be skeptical of any “externalization” strategy that fails to account for the ways that these discourses are entangled with an individual’s vital connections with significant others. Without considering why people might be reluctant to do so, critical social workers tend to assume that individuals are always already willing to “externalize” the internalized aspects of their subjectivity, and to disidentify with their deeply lived identifications. As has been stressed, however, from a contemporary relational psychoanalytic standpoint, an individual’s internalized models of interaction and multiple identifications all intertwine to form desperately needed ties to intimate others. Contemporary relational psychoanalysts strongly argue, therefore, that clinical theories and processes that aim to expose and replace unhelpful cultural discourses and interpersonal patterns need to take into account the essential and ongoing roles these elements serve in forging and preserving such connections.

Accordingly, contemporary relational psychoanalytic theorists believe that the most effective way to help an individual “externalize” his or her internalizations is not through specific conversational techniques, but instead, through ultimately providing a relational forum for enacting these internalized interactions experientially with the clinician. From this vantage, the discursive practices and narrative frameworks that are the target of many critical social work clinical interventions are thought to be best

externalized through relational experience in which these narrative are played out interpersonally. Through such processes, a client's unconscious organizing principles are externalized, not only in language, but also in interaction, in the lived experience of the clinical relationship. As has been examined at length, by enacting his or her internalized templates with the clinician, the client is thought to be provided with a unique opportunity for making these patterns available for conscious reflection, and for collaborating with the worker to co-construct a narrative account of these internalizations. Moreover, in collaboratively exploring mutual enactments involving both client and worker, and in working together toward new ways of being and relating, it is hoped that the clinical process will ultimately offer the client interpersonal experiences that are powerfully discrepant with his or her entrenched expectancies of relationship—of who he or she can be, who the other can be, and what sorts of interactions are possible between them. In this way, contemporary relational psychoanalysts believe that the clinical relationship can assist an individual to loosen his or her commitments to the internalizations and identifications that have structured his or her everyday living, and to replace these with the kinds of more respectful and less constricting patterns that have been lived with the clinician.

In this sense, from a contemporary relational psychoanalytic point of view, the “restorying” emphasized by narrative therapists is a process that needs to happen, not only in language, but in the lived experience of relating with another person (Judith Levene, personal communication, August 26th, 2008). Transforming the organizing principles an individual has internalized from his or her relational and sociopolitical surrounds, therefore, is thought to require not just new modes of narrating or new

developments in language, but also new forms of relationship, new interpersonal experiences and potentialities. In this respect, it is important to note that a number of critical social workers (e.g. Vodde & Gallant, 2002; Jessup & Rogerson, 1999; Fook, 2002), in keeping with White (1991, 2007), also stress the need for an individual to eventually perform his or her new narratives in relational contexts, manifesting in his or her everyday actions the changes that have occurred in his or her use of language. However, for these critical social work theorists, a client's enactments, in this regard, of the preferred stories he or she has developed with the clinician, are usually envisioned in terms of the service user's joining others in some form of collective, political action (e.g. White & Epston, 1990; Vodde & Gallant, 2002).

As such, while many critical social workers share with contemporary relational psychoanalysts some consideration of the importance of a client's actual engagement in new modes of living and interacting with others, there remain noteworthy differences in the two disciplines emphases in these regards. The foremost of these, as indicated, involves the tendency of many critical social workers to think that changes in a service user's everyday living will "flow naturally" (Vodde & Gallant, 2002, p. 445) from alterations in his or her discursive patterns, from new configurations in a service user's use of language. Accordingly, these critical social workers' clinical focus on changing narrative practices reflects a belief that a client will subsequently enact these developments in his or her relationships outside the clinical encounter. The advantage of thinking in this way is that the client-worker relationship is not considered a superordinate substitute for the everyday contexts and relations of the client's life, or a replacement for engagement in larger forms of political action.

However, as examined, contemporary relational psychoanalysts are circumspect as to whether an individual will actually be able to meaningfully relinquish his or her commitments to his or her internalized templates without having first experienced—directly and concretely—new ways of being and interacting with another person. Contemporary relational psychoanalytic theorists argue, therefore, that the clinical relationship must, to some extent, provide such forms of previously unavailable interpersonal experience before the service user can be expected to actualize meaningful change in his or her engagements with others in his or her everyday life. From a contemporary relational psychoanalytic standpoint, as has been presented, new developments in relatedness are much more powerful than simply new configurations in language. In fact, these new narratives are only considered to become significantly meaningful for an individual when they have been constructed on the basis of analogous interpersonal experience. In this respect, contemporary relational psychoanalysts would argue that critical social workers who argue for the primacy of developing new stories—believing that changes in a client’s patterns of relatedness will necessarily follow upon alterations in a client’s use of language—are, to a certain extent, putting the cart before the horse.

To be sure, as touched on in the earlier discussion of critical social work practice, many critical social work theorists also underscore the need for the clinical relationship to provide the service user with previously insufficiently available interpersonal experience (e.g. Dominelli, 2004; Rossiter, 2005, 2007; Pozzuto, Angell & Dezendorf, 2005). Indeed, while there is general agreement amongst critical social workers that an individual is in part constituted by his or her internalizations of his or her social surround,

as indicated, not all critical social workers promote the “externalization” techniques of narrative therapy as a remedy for such internalizations. In ways that echo the accounts of contemporary relational psychoanalysts, many critical social workers have explored the vital contribution that non-oppressive forms of interaction between the client and the worker can make toward replacing dominant-subordinate identities and patterns of relationship with more egalitarian ones. As discussed, an increasing area of overlap between the two disciplines, in this respect, involves their shared emphasis on effecting respectful relations of recognition within clinical processes (e.g. Rossiter, 2005, 2007; Benjamin, 1988, 1990, 1999). Critical social workers have also argued how such non-oppressive practices can be integrated into a plurality of clinical modalities and social work contexts (Mullaly, 2002).

In view of these similarities and differences between contemporary relational psychoanalytic and critical social work theories, it seems that the two disciplines have somewhat of a figure and ground relationship to one another. Critical social workers have tended to foreground the internalization and externalization of cultural discourses and sociopolitical arrangements, alluding to but not greatly elaborating on the relational component of these structures. Conversely, contemporary relational psychoanalysts have mostly highlighted the internalization and externalization of relational configurations, while at the same time, but to a lesser extent, connecting these interactional patterns with broader cultural and sociopolitical themes. It could be argued, then, that many of the foregoing distinctions between contemporary relational psychoanalytic and critical social work theories are differences more in emphasis than in kind. Yet, as this discussion has explored throughout, such variations in emphasis can have significant repercussions for

clinical theory and practice. In providing a unique and comprehensive account of the ways internalized relational configurations provide an individual with needed connections to others, contemporary relational psychoanalytic theory has far-reaching implications for critical social workers' efforts to think about and intervene in the culturally inflected internalizations and identifications that shape subjectivity and perpetuate the prevailing, inequitable social order.

In this light, much of contemporary relational psychoanalytic theorizing about clinical processes can be considered to apply equally to a wide range of critical social work practices. Contemporary relational psychoanalysts' rich conceptions of everything from internalized relational configurations to the mutual construction of interpersonal experience, from unconscious processes to the inevitability of enactments, can all be seen as potentially contributing to a critical social worker's understanding of his or her practice with individuals and groups. Indeed, from a contemporary relational psychoanalytic perspective, these elements are believed to be active in all clinical processes, whether the participants are aware of them or not. This is held to be the case, regardless of the nature of the client and worker relationship—whether working from the narrative approaches currently embraced by critical social workers, from other therapeutic perspectives, or even more instrumentally, in the context of case management (Cait & Koplowitz, 2006). Moreover, from a contemporary relational psychoanalytic point of view, whenever clinical processes are transformative, irrespective of the modality employed, the most important change factors are believed to be those related to quality of the relationship—namely, the relative success of the clinical relationship in providing the client with responsive and respectful interpersonal experiences that disrupt

his or her entrenched models for identity and interaction (Renik, 1993a, 1993b).³¹ In this vein, while contemporary relational psychoanalysis has generally involved long-term and intensive models of treatment, its basic premises and practices have been argued to be highly relevant for the brief modalities that currently dominate clinical social work practice (Borden, 1999).

In these respects, contemporary relational psychoanalytic theory and practice is by no means a substitute or replacement for present-day critical social work practices. On the contrary, contemporary relational psychoanalytic perspectives could be advantageously combined with and integrated into current critical social work theory and practice. Such integration would no doubt carry the potential to powerfully advance critical social workers' efforts to overcome oppressive relations on personal, interpersonal, and ultimately, structural levels.

Conclusion

Contemporary relational psychoanalytic theory has much to contribute to critical social workers' efforts to transform the current inequitable social order. In theorizing the human being as fundamentally relational, and as driven to sustain connection with intimate others, contemporary relational psychoanalytic theory offers critical social workers a means for thinking about how individuals can be actively committed to replicating the cultural discourses and sociopolitical structures of their surround. In this way, contemporary relational psychoanalytic theory provides critical social workers with an

³¹ Contemporary relational psychoanalytic theory's emphasis on relationship factors as the most important engines of therapeutic change is in keeping with and offers a unique explication of the findings of the authoritative meta-analyses of psychotherapy outcomes by Bergin and Garfield (Lambert, 2004).

important missing piece for their efforts to understand how human agency and social construction intersect in the ways that an individual both influences and is influenced by his or her discursive, material and social contexts. Contemporary relational psychoanalytic theory also affords critical social workers with a more textured way of conceptualizing processes of internalization and identify formation, expanding critical social workers' understanding of how interpersonal relations mediate the ways that cultural discourses and social arrangements come to be propagated in an individual's everyday living.

By also adding to critical social work theory the multifaceted notion of enactment, contemporary relational psychoanalytic theory offers an enormous contribution for critical social workers' work with individuals and groups, whether the clinical relationship is long or short-term, explicitly psychotherapeutic or case management. In this respect, contemporary relational psychoanalytic theory can greatly strengthen critical social workers' current approaches to "externalizing" and overturning the elements an individual has internalized and identified with from his or her environment. In doing so, contemporary relational psychoanalytic theory augments critical social workers' efforts to engender new forms of subjectivity and new social possibilities.

With all of these significant relevancies for critical social work theory and practice, contemporary relational psychoanalytic theory deserves a great deal more consideration within critical social work literature than it presently receives. Further thinking about the implications of contemporary relational psychoanalytic theory for critical social work theory could only bolster critical social workers' project of effecting egalitarian forms of social change, on all levels of the social world.

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