Goals

1. To make students aware of the foundations of clinical theories;
2. To familiarize students with the philosophical underpinnings of clinical theories, such as positivism, post-positivism, hermeneutic theory, constructivism, and neuropsychoanalysis;
3. To delineate the major controversies within these historical traditions, so as to enable students to evaluate particular clinical theories.

Objectives

1. To examine the nature of paradigms generally;
2. To survey some of the major modern philosophical movements and their relevance to clinical theories;
3. To survey the various psychoanalytic paradigms so as to understand their underpinnings;
4. To develop some criteria as to what constitutes a sound clinical theory within a psychoanalytic paradigm.

Assignments

At the beginning of each class, following the first one, members of the class will take turn summarizing the content and discussion of the previous class. This summary cannot be longer than 10 minutes. If the class has more than seven members, you may choose a partner with whom to share in the presentation.

Please write a paper of about 15 pages on either of these two:

1. An area of your choice related to clinical paradigms, psychodynamic theories, or any other clinical area in which you have an interest. You are required to integrate the material discussed in class and to demonstrate that you have reviewed the relevant portion of the literature and are thoroughly knowledgeable about it. You may use case material to illustrate your point, but the paper should not be just a case presentation. The 15 page limit should not include case material.

2. An outline of the clinical theory you favor. Using the outline discussed in class, spell out its philosophical underpinnings, its root metaphor, and its primary view point for data collection, and its metapsychology. Also, present a defense of your position, stating how you would respond if you were to be criticized by someone who disagrees with you. You are required to demonstrate that you have reviewed the relevant portion of the literature and
are thoroughly knowledgeable about it.

This paper is due on the last day of class for the semester, Saturday, January 16, 2010

It would help you considerably to read as much of the material before the start of class. Read especially:


This bibliography is provided for reference and further study.

**Class I. Introduction**

**Class II. & Overview**

**A. Freud's dream of a scientific psychology**


**B. The components of a clinical theory:**

1. **Philosophical underpinnings**: a) Positivist, b) Post-Positivist, c) Hermeneutic, d) Constructivist.


2. **View Point**:

   a. Descriptive view point: Neutrality and the observational field. The task in therapy is that of gathering uncontaminated data by being free of countertransference interferences. The field of observation is unaffected by the observer. There is a reality which is apprehensible by the observer.

   b. Empathic/introspective perspective: Intersubjective& subjective viewpoints: Empathy or vicarious introspection: Empathy defines the field: Vicarious introspection is the act through which the contents of another person's mind is apprehended. It is a process that leads to an understanding of how people feel, how they think, how they perceive reality, and how they give meaning to those perceptions. The observer occupies an imaginary point within the object. Attunement permits the observer to vicariously experience the affect states of the other person.


4. *Metapsychology:*

   a. Introduction

   (1) It specifies a methodology and the data collection tools that provide valid and reliable information about the field of observation.

   (2) It proposes a metapsychology derived from a body of knowledge to which other disciplines have contributed: Developmental psychology, cognitive psychology, developmental psychopathology, biogenetic, sociology, anthropology, etc. The metapsychology may be systematized into a general psychology.


   b. Developmental theory

   (1) must account for innate givens, potentialities. A number of innate potentialities and competencies are present at birth. These manifest within a spectrum that ranges from deficient to gifted. They include among other things: Temperamental variations (Chess & Thomas). Perceptual variations. Sensory variations. Motoric variations. Variations in cognition, interactions with others, and environmental factors:

   (2) Its theory details the progression of the evolving personality from infancy into senescence.

   (3) The sense of self:

      (a) The self is the structure that undergirds the meaning and value systems which are its content. It results from a person's effort to organize experiences into a coherent "meaning and value system".
(b) The maintenance of cohesion is the primary task of the self.

(c) Affect theory:
   i. Affects in the form of sensations of pleasure or unpleasure related to physiological relations, are innate in the human infant.
   ii Affects have a signal function (Saari: communicative regulators'. P.70).
   iii. Affects lead to the evolution of a meaning system through their contribution to the organization of experience.

c. Theory of motivation (psychodynamics)

d. Theory of pathology: conflict or deficit.
   
   (1) It proposes a theory of pathology which indicates the manner in which derailments may occur during the course of development that lead either to dysfunctional states, or disorders of the self. Etiology or genetic dynamic factors: Two competing view of pathology have now emerged: One states that pathology derives from unresolved conflict, and the other states that it stems from developmental failures.
   
   (2) Conflict models
   
   (3) Deficit models
   
   (4) Psychopathology is the result of deficits, distortion or weaknesses in the sense of self (p.53). The evidence is that the self is multi-fragmented, disharmonious, depleted, devitalized, or enfeebled (p.60).
   
   (5) Single traumatic events rarely play such a decisive role in pathology as to produce the types of deficits encountered in narcissistic personality disturbances. It is rather the chronic multiple failures of the selfobjects that lead to such deficits.
   
   (6) The meaning of the experience is the paramount factor in the effect an event has on the person.
   
   (7) The affects surrounding that experience
remain unintegrated, and become the focus around which symptoms are manifest.

(8) Symptoms: Symptoms are the expression of the concretization of the experience of danger related to the anxiety surrounding the loss of meaning or reflect psychological or neuropsychological deficits.


e. The treatment process:

(1) Its clinical theory proposes of a set of practice principles through which: data is to be collected.

(2) Inferences are made from that data.

(3) Interventions which would bring about change in the person are enunciated.

(4) The transference/countertransference configuration is the key to the understanding of the therapeutic process.


Class III. Philosophical underpinning: Positivism

A. Positivism

1. The scientific method: The natural science perspective. Quantitative methods yield general laws about the workings of our universe.
2. View point: Descriptive viewpoint: Neutrality and the observational field.
3. The root metaphor: mechanistic or organismic.
4. Positivistic metapsychologies: Drive theory (Freud), ego psychology (A. Freud, Hartmann), early object relations theory (M. Klein, Kernberg), self psychology (early Kohut), information processing theories (Basch)


B. The critique of positivism:

1. The nature of paradigms: Kuhn on scientific revolutions.
2. Normal science and anomalies
3. The developmental phases of paradigms
4. The scientific revolutions
5. The incommensurability of paradigms
6. The nature of data
7. World views


C. The post-positivist response:

1. Regularities exist in the universe but we can only obtain probabilistic results
2. There is a universal method for conducting inquiries into the natural and human realms.
3. Quantitative and qualitative methods can be combined to answer questions
4. Although the concepts the observer uses to explore the universe are invention there are limits to the extent to which the observer affects what he or she observes
5. The worlds we construct in our inquiries are "possible worlds"

D. Relevance to Qualitative Research


Class IV. Philosophical underpinnings: Hermeneutics

A. Natural science Vs Human science perspective.

1. Meanings are central to understanding human beings and human motivation.
3. Root metaphor: The role of textual interpretation: the contextual metaphor. Understanding the meaning of a text as the central concern. Qualitative methods can yield statements about the regularities in our universe.


B. Hermeneutic metapsychologies: self psychology (Later Kohut), intersubjectivity theory (Stolorow).


C. Critiques of hermeneutic perspectives.
Class V. Philosophical underpinnings: Constructivism

A. The social construction of reality

1. Viewpoint:
   a. The relativity of all world views. Qualitative methods determined by the investigator yield statements about the context of inquiry
   b. The observer affects what he or she observes
   c. All inquiry is governed by the values the inquirer bring to the task

2. Root metaphor: Total contextualism.

3. Constructivist metapsychologies: Gill, Hoffman, Mitchell


4. The social construction of reality
   a. The relativity of all world views. Qualitative methods determined by the investigator yield statements about the context of inquiry
   b. The observer affects what he or she observes
   c. All inquiry is governed by the values the inquirer bring to the task
   d. Constructivist metapsychologies: Gill, Hoffman, Mitchell
   e. Constructionist metapsychologies: Gergen

5. Lincoln & Guba's Six principles of constructivist research:
   a. All facts are “theory laden.”
   b. No theory can ever be fully tested because of the problem of induction.
   c. Inquiry cannot be value free.
d. the observer affects the observed.
e. Qualitative methods Vs quantitative methods.
f. Relevance rather than rigor as a criterion for research.

6. Lincoln's constructive principles:

a. Reality is a social construction, therefore there are multiple realities.
b. The aim of constructivist science is to create idiographic not nomothetic knowledge--expressed a pattern theories.
c. Subject/object dualism and objectivism are replaced by interactive monism. The interaction between observer and observed must be recognized.
d. Methods of research designed to capture realities holistically, to discern meaning implicit in human activity. The design for such inquiry can never be fully articulated until after the inquiry is completed.
e. Switch from rigor to relevance.
f. Paradigms are world views embedded in the socialization of adherents. Accommodation between paradigms is impossible.
g. Inquiry can never be value free.

7. Lincoln solution to the problems constructivism presents:

a. Paradigms must be judged by their comprehensiveness: Conventional science is inappropriate for the social sciences, but what of research that utilizes a mixed method design?
b. Traditional science methods lead to unacceptable social consequences. The shift in paradigms is to a more "democratic form of inquiry" where researchers and subjects are co-participants in the study.
c. Knowledge is culturally situated in nature. All methods are social inventions.
d. There multiple ways of knowing: There are differences in perspective, plurality of color and ethnicity lead to different constructions of the world. This frees the researcher from the dogma of objectivity.
e. Legitimation of research is attained through the "joint reporting" with the subjects checking the data and findings.
f. The purpose of research is not prediction or control but "verstehen."

B. Critique of the social constructivist perspective


Class VI. Philosophical underpinnings: Neuropsychoanalysis

A. Freud Revisited
1. Revival of Freud’s Project


2. Can psychoanalysis and neuroscience be integrated?

   a. Kandel:

      (1) The nature of the dynamic unconscious.
      (2) The problem of psychic determinism
      (3) The role of development in psychopathology.
      (4) The causes of psychopathology.
      (5) Does psychotherapy produce brain change?
      (6) Psychopharmacology and psychopathology.


3. The relevance of neuroscience to clinical practice.

4. The agenda for a new paradigm: The integration of two disciplines: psychoanalysis and neuroscience

B. The Paradigm: Neurodevelopmental perspective

1. Philosophical underpinning: Post-positivism–nonlinear dynamic systems
2. View Points: Multiple–descriptive, interpersonal, and empathic
3. Root metaphor: Organismic–evolutionary perspective
4. Metapsychology:

   a. Development: Neurodevelopmental perspective

      (1) Impact of neuropsychological strengths and weakness on development
      (2) The effects of relationships on development
      (3) The intrapersonal integration of experience

   b. Personality: results from interaction between nature and nurture
   c. Psychopathology: innate factors contribute to dysfunctional states
   d. Cure: brain changes result from talk therapy


C. Critiques of Neuro-pychoanalysis.

1. The mind/body problem
2. Differentiating mind from brain function
3. Left over anomalies

Class VII. The diagnosis of pathology: conflict or deficit.

A. Conflict models

B. Deficit models

C. The treatment Process.

1. The transference/countertransference configuration is the key to the understanding of the therapeutic process. There are three components to this configuration:
2. The concordant positions and responses:
3. The complementary positions and responses:
4. The disjunctive positions and responses.

D. Clinical issues.

1. The defense transference.
2. Clarification
3. Interpretation of resistances against regression.
4. Interpretation of defenses:
5. Understanding must precede Interpreting.

E. Nature of interpretations:

1. What is interpreted?
2. Working through.
3. Countertransference considerations:
5. Constructions and reconstructions.
6. Termination

Class VIII. Review and questions

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