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.

Evaluation

5. 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.
6. Course participation and contribution to class discussion.
7. Completion at the end of semester of a written assignment. This assignment will consist of a 15-page paper on one of the following two topics, the paper must demonstrate that you have read the pertinent literature:
   a. 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.
   b. An outline of the clinical theory you favor. Using the outline discussed in class, spell out its philosophical underpinnings,
Lecture 1. Introduction

I. Criteria for the assessment of theories

1. How does it view a person’s development?
2. How does the theory explain disturbances or pathology?
3. How does it suggest that we obtain a diagnosis of the patient’s condition?
4. How does it explain how therapy brings about change: insight, modeling, reinforcement?
5. What techniques derive from the theory? (role of the therapist; strategies; specific techniques; do these logically follow from the theory)
6. How do we know if it worked? (criteria for termination; who decides when it is successful)
7. For what populations would this approach be appropriate?
8. What philosophical assumptions undergird the theory?

II. The components of a clinical theory

A. Metapsychology:

1. Introduction

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


2. Developmental theory

a. 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: Temperament variations (Chess & Thomas). Perceptual variations. Sensory variations. Motoric variations. Variations in cognition, interactions with others, and environmental factors:

b. Its theory details the progression of the evolving personality from infancy into senescence.

c. The sense of self:
   (1) 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.
   (2) The maintenance of cohesion is the primary task of the self.
   (3) 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.

d. Theory of motivation (psychodynamics)


3. Personality Theory


4. Theory of pathology: conflict or deficit.

a. 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.

b. Conflict models

c. Deficit models

d. 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).

e. 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.

f. The meaning of the experience is the paramount factor in the effect an event has on the person.

g. The affects surrounding that experience remain unintegrated, and become the focus around which symptoms are manifest.

h. 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.


5. **The treatment process:**
   a. Its clinical theory proposes of a set of practice principles through which: data is to be collected.
   b. Inferences are made from that data.
   c. Interventions which would bring about change in the person are enunciated.
   d. The transference/countertransference configuration is the key to the understanding of the therapeutic process.


B. **Root Metaphor:**

1. Mechanistic,
2. Organismic,
3. Contextual.


C. View Point:

1. 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.

2. 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.

D. Philosophical underpinnings:

1. Positivist: Drive Theory
2. Post-Positivist: Neuropsychoanalysis
3. Hermeneutic: Self Psychology, Intersubjectivity
4. Constructivist: Interpersonal, Relational theory


Lecture 2. Positivism: Drive Theory & Object Relations Theory

I. Philosophical underpinnings Positivism
A. The scientific method: The natural science perspective. Quantitative methods yield general laws about the workings of our universe.

B. View point: Descriptive view point: Neutrality and the observational field.

C. The root metaphor: mechanistic or organismic.

D. Positivistic metapsychologies: Drive theory (Freud), ego psychology (A. Freud, Hartmann), early object relations theory (M. Klein, Kernberg), self psychology (early Kohut),

Palombo, J., H. Bendicsen, & B. J. Koch. (2009). Guide to Psychoanalytic Developmental Theories. New York, Springer. Ch. 1 Sigmund Freud, Ch. 2 Heinz Hartmann, Ch. 3 Anna Freud, Ch. 4 Renee Spitz, Ch 5 Peter Blos, and Ch 6 Stanley Greenspan.

II. Freud's dream of a scientific psychology

A. Drive Theory: S. Freud, A. Freud, H. Hartmann

B. Historical Succession of Psychoanalytic Theories


1. ViewPoint
2. Root Metaphor
3. Metapsychology
a. Developmental theory  
b. Personality theory  
c. Theory of pathology  
d. Theory of cure

C. Object Relations Theory: M. Klein, D. Winnicott, M. Mahler, O. Kernberg.


1. ViewPoint  
2. Root Metaphor  
3. Metapsychology  
   a. Developmental theory  
   b. Personality theory  
   c. Theory of pathology  
   d. Theory of cure

Lecture 3. The critique of positivism: Kuhn on Paradigms

D. The nature of paradigms: Kuhn on scientific revolutions.

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


E. How new paradigms emerge: From Drive
Theory to Self Psychology

III. The post-positivist response:

A. Regularities exist in the universe but we can only obtain probabilistic results
B. There is a universal method for conducting inquiries into the natural and human realms.
C. Quantitative and qualitative methods can be combined to answer questions
D. 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
E. The worlds we construct in our inquiries are possible worlds


IV. Relevance to Quantitative Research


Lecture 4. Hermeneutics & Phenomenology: Self Psychology and Intersubjectivity Theory

I. Natural science Vs Human science perspective.

A. Meanings are central to understanding human beings and human motivation.
C. 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.
D. The search for a "scientific method" for the interpretation of text
   1. The art of attaining a perfect or complete understanding of the text:
   2. If we can grasp the intention of the author’s and if we are able to think ourselves into the mind of the author through the words and language he/she used.
   3. We perceive events through our own particular point of view.
E. The Hermeneutic Circle (Schleiermacher)
   1. An individual concept derives its meaning from a context or horizon within which it stands
   2. The horizon provides a is made up of the elements which give the concept its meaning.
   3. By moving back and forth from the part to the whole in a dialectical circular process we arrive at higher levels of understanding.
   4. The concept of fusion of horizons: We bring a horizon to our understanding, we are changed by our understanding and view the text differently when we return to it.
F. Naturewis senschaft/Geistwis senschaft (Natural sciences/Human sciences.)
   1. Method of Natural Sciences:
   2. There is an objective reality i.e., a material world.
   3. That is observable from a neutral perspective.
   4. In which causal relationships between phenomena exist.
   5. A correspondence between observation and phenomena may be established.
   6. There are universals that are identifiable: Development, Trauma, Ego Deficits.
G. Naturewis senschaft/Geistwis senschaft (Natural sciences/Human sciences.)
   1. Hermeneutics (Stolorow)
   2. Focuses on meanings, i.e., self-experience, subjectivity.
   3. Observations are made from within an intersubjective perspective.
   4. Motives are central to understanding the relationship between phenomena.
   5. Coherence, consistency and completeness of explanation is central.
H. A science for the human sciences (Dilthey)
1. Understanding and interpretation is the method used throughout the human sciences.
2. Life is a text to be interpreted and understood. Understanding of other people and their life-expressions is developed on the basis of experience and self-understanding and the constant interaction between them.
3. "Life expressions" are enactments of "lived experiences." (concept/action). They are externalization of states of mind.
4. They are understood contextually. Actions in themselves without an understanding of the context from within which they arose cannot give us a true insight into their meanings.

I. Empathy, re-creating and re-living (Dilthey)
1. Through empathy we discover the connection between what is overtly stated and our own associated experiences. It requires "the projection of the self into some given expression."
2. "On the basis of this empathy or transposition there arises the highest form of understanding in which the totality of mental life is active--re-creating or re-living." p 159
3. Empathy is a form of translation of another's "life experience" into that of our own--a re-living.
4. Explanation or interpretation: Explication is the methodological understanding of permanently fixed life-expressions. Since comprehension occurs through language--ultimately what we give through language is the interpretation of the written record of human existence. P. 161.


II. Self psychology (Later Kohut), intersubjectivity theory (Stolorow).

A. Empathy

1. Empathy (Kohut)
2. Empathy or vicarious introspection:
a. It 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.

b. It is Defined as:

   (1) The recognition of the self in the other. (De-centering)
   (2) The expansion of the self to include the other. (Merging)
   (3) The accepting, confirming, and understanding human echo evoked by the self and which is a psychological nutriment without which human life as we know and cherish it could not be sustained. (p. 705)

3. Limitations of Empathy

a. Psychological--Resistances due to fears of:

   (1) Merging, a countertransference problem.
   (2) The helplessness that is mobilized by remaining a passive observer.
   (3) The loss of the anchorage in reality that does not permit the suspension of disbelief in magical thinking.
   (4) Reliability of any knowledge acquired through empathic observation: The limits set by one's personal capacities to apprehend another person's experiences. Limits set by one's age, one's imagination, one's history, or one's culture.
   (5) It is not a perfect instrument.
   (6) The data is intersubjective and the result of a shared experience.


B. **Self Psychology**

1. **ViewPoint**
2. **Root Metaphor**
3. **Metapsychology**
   a. Developmental theory
   b. Personality theory
   c. Theory of pathology
   d. Theory of cure


III. **Critiques of hermeneutic perspectives.**


IV. **Post-Modernism**

A. Post-Modernism is the position that maintains:
B. An opposition to authority characterized by an anti-foundational bias.
C. An inherent skepticism exemplified by the rejection of absolute truths and any viewpoint that verges into metaphysics.
D. A perspectivist orientation which holds that truth is wedded to the perspective of the person who promotes it.
E. A moral and historical relativism based on the view that all so-called truths are relative to a time and place and, hence, neither eternal or objective but highly personal and fluid.
F. A decentering of the subject that rejects the conventional notion of the self or ego as autonomous and in possession of its own volition.
G. An emphasis on surface instead of depth, a position
which holds that there is no depth to the personality, as such, because we are what we do, not what we take ourselves-to be.

V. **Relevance to Qualitative Research**


**Lecture 5. Constructivism**

I. The social construction of reality

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

B. Root metaphor: Total contextualism.

C. The social construction of reality

1. The relativity of all world views. Reality is a social construction, therefore there are multiple realities.
2. The aim of constructivist science is to create idiographic not nomothetic knowledge--expressed a pattern theories.
3. Subject/object dualism and objectivism are replaced by interactive monism. The interaction between observer and observed must be recognized. The observer affects what he or she observes
4. 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. Qualitative methods determined by the investigator yield statements about the context of inquiry. All inquiry is
governed by the values the inquirer bring to the task
5. Switch from rigor to relevance.
6. Paradigms are world views embedded in the socialization of adherents. Accommodation between paradigms is impossible.
7. Inquiry can never be value free.


D. Lincoln solution to the problems constructivism presents:
1. 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?
2. 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.
3. Knowledge is culturally situated in nature. All methods are social inventions.
4. 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.
5. Legitimation of research is attained through the _joint reporting_ with the subjects checking the data and findings.
6. The purpose of research is not prediction or control but _verstehen._ “UNDERSTANDING”


II. *Relational theory*
A. **ViewPoint**

B. **Root Metaphor**

C. **Metapsychology**

1. **Developmental theory**
   a. Rejection of drive theory and explanatory theories of human motivation. Patients are object seeking. Movement is away from either a conflict or a deficit based view of the patient’s dynamics.
   b. Rejection of the therapist as an authority, who knows best the patient’s dynamics and of the focus on the patient’s dynamics, i.e., rejection of a one-person psychology instead of a two-person psychology.
   c. Rejection of the stance that the therapist can operation from a neutral/objective position. The observer affects the observed.

2. **Personality theory**

3. **Theory of pathology**

4. **Theory of cure**
   a. The therapeutic encounter cocreates a special relationship.
   b. Therapy involves the loosening of the restraints imposed by early conflicts.
   c. The process aims to alter the basic structure of the patient’s relational world (relational matrix, which constitutes the person’s self-organization.)
   d. During therapy, the patient recovers previously disavowed or hidden aspects of him/herself.
   e. Transference is the tendency to view the therapist as an old object rather than as a new object.
   f. In the transference the patient fears re-traumatization.
   g. Interpretation does not aim to bring the unconscious into consciousness but to clarify the interactions between the therapist and the patient.
   h. Therapeutic change occurs beyond interpretation.
   i. Counter-transference is a tool to understand the process not an obstacle to overcome.


**D. Critique of the social constructivist perspective**


**Lecture 6. Neuropsychoanalysis:**

**I. Freud Revisited**

A. Revival of Freud's Project


B. Can psychoanalysis and neuroscience be integrated?

1. Kandel:
   a. The nature of the dynamic unconscious.
   b. The problem of psychic determinism
   c. The role of development in psychopathology.
   d. The causes of psychopathology.
   e. Does psychotherapy produce brain change?
   f. Psychopharmacology and psychopathology.


C. The relevance of neuroscience to clinical practice.
D. The agenda for a new paradigm: The integration of two disciplines: psychoanalysis and neuroscience

II. The Paradigm: Neurodevelopmental perspective:
Solms & Palombo

A. Philosophical underpinning: Post-positivism
   nonlinear dynamic systems
B. View Points: Multiple B
   descriptive, interpersonal, and empathic
C. Root metaphor: Organismic B evolutionary perspective
D. Metapsychology:
   1. Development: Neurodevelopmental perspective
      a. Impact of neuropsychological strengths
         and weakness on development
      b. The effects of relationships on development
      c. The intrapersonal integration of experience
   2. Personality: results from interaction between
      nature and nurture
   3. Psychopathology: innate factors contribute to
      dysfunctional states
      a. The theories of pathology indicate the
         manner in which derailments may occur
         during the course of development that
         lead either to dysfunctional states, or
         disorders of the self. Two competing
         view of pathology have now emerged:
         One states that pathology derives from
         unresolved conflict and the other states
         that it stems from deficits in the sense of
         self or developmental failures.
      b. Deficit models
         (1) Psychopathology is the result of
             deficits, distortion or weaknesses
             in the sense of self. The evidence
             is that the self is multi-
             fragmented, disharmonious,
             depleted, devitalized, or
             enfeebled.
         (2) These deficits my be caused by
             innate factors and/or by faulty
responses by the environment to the child’s needs.

(3) Single traumatic events may lead to PTSD.

(4) In narcissistic personality disturbance, chronic multiple failures of the selfobjects lead to deficits.

(5) The meaning of the experience is the paramount factor in the effect an event has on the person.

(6) The affects surrounding that experience remain unintegrated, and become the focus around which symptoms are manifest

4. Cure: brain changes result from talk therapy
   a. The transference/countertransference configuration is the key to the understanding of the therapeutic process. There are three components to this configuration:
      (1) The concordant positions and responses:
      (2) The complementary positions and responses:
      (3) The disjunctive positions and responses.
   b. Nature of Interpretations
      (1) What is interpreted?
      (2) Working through
      (3) Countertransference considerations:
      (4) Curative aspects.
      (5) Constructions and reconstructions.
      (6) Termination


E. **Critiques of Neuropsychoanalysis.**

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

### Lecture VI. Attachment Theories

**III. Precursors**

A. **Early contributors**
   1. Sigmund Freud: Mourning & Melancholia
   2. Renee Spitz: Hospitalism
   3. Anna Freud: War Nurseries

B. **Traditional Theories**
   1. John Bowlby: Ethological Theory
   2. Mary Ainsworth and Mary Main: Developmental Psychology

C. **Derivative from Traditional Theories**
   1. Elizabeth Kubler-Ross: Death & Dying
   2. Barr-Harris Center: Separation and Loss during Childhood

D. **Animal Studies**
   1. Myron Hofer: Rats
   2. Harlow/Kraemer: Monkeys

E. **Infant Studies**
IV. Theories of Attachment

A. Bowlby: The search for a secure base
B. Ainsworth/Main: Types of secure and insecure attachments
C. Schore: Attachment as a regulatory function
D. Fonagy: Attachment, mentalization, and the Interpersonal Interpretive Mechanism (IIM)

E. Bowlby on attachment

1. Bowlby formulated his theory on ethological and evolutionary premises.
2. Infants are innately driven to seek proximity to their mothers, who provide a secure base that protects them from predators.
3. If the infants are not reunited with their mothers, a sequence of responses is activated by the separation.
4. A phase of protest, displaying severe emotional distress.
5. If the separation is prolonged, they enter into a period of despair,
6. The final phase of prolonged separation is detachment
7. Children develop internal working models (IWM) of themselves, their caregivers, and the interactions among the two.


F. Ainsworth/Main on attachment

1. Ainsworth developed the Strange Situation procedure. She uncovered three types of attachment.
2. In anxious/avoidant attachment, the child avoids interacting with the mother during reunion episodes.
3. Securely attached children welcome the mother back, and will greet her with a smile.
4. In anxious/resistant attachment, the child is clearly ambivalent toward the mother upon her return.
Main added another category, which she called disorganized/disoriented attachment.

1. Main’s developed the Adult Attachment Interview. She discovered a correlation between the attachment pattern revealed by the adult’s internal working model and the type of attachment that the adult’s child developed, thus establishing the existence of an intergenerational transmission of attachment patterns.


**Lecture VI. Neurodevelopmental Theories of Attachment**

H. Allan Schore: A Regulatory Theory

I. Peter Fonagy: Interpersonal Interpretive Mechanism

**V. Schore on attachment**

A. The Theory

1. Schore returns to Freud’s attempt to integrate psychoanalysis with the neurosciences.

2. He hypothesizes that attachment is a regulatory theory. Its primary function is that of regulating the child’s affect states. Regulation is a central organizing principle of human development.

3. He proposed a psychoneurobiological view of the origins of the self, stating that psychological functions are the product of the brain structures that undergird them.

4. The social environment affects brain development, and the regulation of emotions is a critical part of this process.

5. Attachment occurs as a result of the emotional interchanges between the infant and caregiver.

6. It is important that ruptures in this bond be followed by reattunement. The result of this rupture and repair sequence is the building of psychological structure.

B. 1. Attachment & the Orbito-frontal region

1. For Schore, attachment theory is a regulatory theory.
2. Mutual regulation, self regulation and the orbitofrontal regions
3. Attachment occurs as a result of the emotional interchanges between the infant and its caregiver.
4. The right hemisphere, the frontal and prefrontal cortex and the subcortical systems associated with these processes provide the neurobiological underpinnings of the emotional interchanges between infant and caregiver and of the processing and regulation of emotional information by the infant’s brain.

C. Attachment disorders

1. The Neurobiology of Insecure Attachments: Disorganized/Disoriented
2. Children with Type D Disorganized/Disoriented attachments
3. When caregivers either neglect or maltreat a child, the child’s response to such a trauma is comprised of two separate response patterns, hyperarousal and dissociation.
4. In the initial stage, an alarm reaction is initiated in which the sympathetic component of the autonomic nervous system is suddenly and significantly activated resulting in increased heart rate, blood pressure, and respiration. Distress is expressed in crying and screaming. This state reflects increased levels of the major stress hormone corticotropin releasing factor, which in turn regulates noradrenaline and adrenaline activity. The result is hyper arousal.
5. In the second stage, the child disengages from stimuli in the external world and attends to an internal world. The parasympathetic state of conservation/withdrawal becomes dominant and the child lapses into feelings of helpless and hopeless. The child then becomes inhibited and strives to avoid attention so as to become unseen. The child uses dissociation as a defense to deal with the trauma.
6. Autonomic Nervous System


VI. Fonagy on attachment

A. Fonagy attempted to reconcile differences between
attachment theory and psychoanalytic theory

B. He created the concept of mentalization to capture the capacity to understand that others have beliefs, desires, and intentions of their own, a concept that he believed served as a bridge connecting the two theories.

C. To Fonagy, the function of attachment behaviors is not only to stimulate the caregiver to provide proximity, but also to stimulate the caregiver to reflect the infant’s affect state through mentalization.

D. Mentalization assists in the development of the capacity for self-regulation, which in turn leads to secure attachment.

E. Regarding self-development, Fonagy proposes the concept of Interpersonal Interpretive Mechanism (IIM), the psychic structure involved in a child’s effort to interpret experiences. This is a brain function serving a higher order regulatory function.


Review and questions