Relativism and Its Discontents

An examination of Phillip Reiff’s theory as applied to contemporary developments in psychotherapy

Introduction to Reiff’s Theory

According to Philip Reiff, sociological theoretician, Sigmund Freud did not merely conceive of a new means to treat problems of the mind, he constructed a new conception of the self and altered our culture irrevocably. Reiff believes that Freud’s psychoanalytic perspective ushered in a new era: that of psychological man. Psychological man, a product of the modern scientific perspective, rather than looking toward socially and culturally determined sources of moral authority, looks inward to figure out how he should behave. He is concerned only with what allows him to function well and succeed. Psychological man views traditional prohibitions with suspicion and in many cases strives to free himself from their inhibiting effects. The consequences, according to Reiff, have been dire. The therapeutic perspective has resulted, he feels, in a culture in which the individual is isolated, adrift, and has only herself to turn to for moral guidance (Reiff, 1966).

In Triumph of the Therapeutic, written in the height of mid-sixties tumult, Reiff elaborates on what he believes are the dangers of therapeutic culture. He claims that since the psychological view of human nature has been widely endorsed there is “nothing at stake beyond a manipulable sense of well-being,” (p.10) and faults the “therapeutics” for releasing people to their own narcissistic agendas. He believes that in our efforts to be neutral and impartial toward our client’s lives, therapists limit the containing power of culture and contribute to a society filled with chaos and dissatisfaction. He maintains that we value individual fulfillment over social good, that we allow our clients to analyze themselves out of any culpability, and that, according to therapeutic criteria, “a man can be made healthier without being made better.” (p. 48)

Reiff believes that Freud’s immediate successors recognized the gaps left in Freudian theory and tried to compensate by appealing to various quasi-religious conceptions such as the collective unconscious. However, each attempt failed to remediate the impact of the original turn inward away from community. The emphasis on increased mental freedom and self-determination undermined the ability to create a shared commitment to a system of values, which Reiff feels is necessary for human flourishing. Rather than trying to reintegrate the wayward individual back into the shared believes and rituals of the dominant culture, the modern therapist encourages the individual to find his own understandings at the peril of both the individual and the social order.
Reiff feels we have entered a period of “symbolic impoverishment” (p.54) in which we have nothing to connect to but our own private desires. Psychological analysis is not only unable to correct this condition, but exacerbates with its emphasis on healing through uncovering and transforming attachments based in past experiences.

Reiff avows that no matter what our intention as therapists, by virtue of the authority we have been assigned in this secular age, we act as spiritual preceptors for our community. No matter how strenuously we strive toward our various conceptions of neutrality, ever since the cultural triumph of the therapeutic, we are now in a position to heal not just problems of the mind, but also questions of the soul. If Reiff is correct in this assessment, what are our obligations as secular preceptors and may we best carry these out?

*Developments Since Freud*

Reiff’s analysis of Freud’s positions is at least in part correct. Freud’s archeological quest to discover the contents of the mind did have the potential to render nothing sacred. Religion, creativity, even love, could all be reduced to various mechanistic tensions in the mind that needed to find a healthy, reality-based equilibrium. Furthermore, Freud’s scientific approach meant that he positioned himself outside cultural values and believed he could see through them to the real human elements, the instinctual drives.

But it has now been over forty years since Reiff wrote *Triumph of the Therapeutic* and since that time there has been a significant shift in the prevailing intellectual climate. The certainty of a detached, positivistic, view from nowhere has given way to recognition that we are unavoidably situated in our social and historical context and this perspective guides everything we do. This awareness has had a profound impact on the theory and practice of psychotherapy. Gradually, psychoanalytic theory has come to recognize our direct conscious experience and the importance of our connection to others.

One of Reiff’s major concerns, the investment of therapy in an asocial scientific neutrality, has been directly impacted by the constructivist turn. However, his deeper objection, the turn inward away from community is less obviously affected. Do the newer theories of healing address Reiff’s criticisms that the therapeutic sensibility obstructs our capacity for shared meaning and substitutes a false, empty manipulated satisfaction?

This paper will examine three contemporary therapeutic models: Self-psychology, relational psychodynamic theory, and relational frame theory and discuss how they explicitly or implicitly address the issues of neutrality, morality and connection to community. These theories are among the most widely utilized and respected today. Through examining their underlying presuppositions this
paper will attempt to address the question of whether therapy inadvertently contributes to the social and psychological problems it is trying to correct.

**Self-Psychology**

Heinz Kohut originated self-psychology not long after Triumph of the Therapeutic was published. Kohut was dissatisfied with the prevailing theory which, following Freud, attributed human motivation to innate biological drives. Kohut, through listening carefully to his patients, came to believe that emotional development depended on relational needs and that our sense of self is dependant on our experience of the people around us who define us. Kohut believed that certain interpersonal experiences are essential for healthy development. (Lessem, 2005) Without these, a person may feel shaky, insecure, anxious or rageful. Throughout our lives we continue to need self-object experiences, which include both positive relationships and engagement in meaningful, creative and productive endeavors.

In self-psychological therapy, the healing agent is thought to be empathy. Through understanding the patient’s subjective world, the therapist creates a transformative environment in which the patient can internalize the calm, soothing qualities of the therapist. This allows the patient to develop a stronger, more integrated self, resulting in a more productive, fulfilling life.

Do the assumptions of self-psychology confirm Reiff’s concerns? The first significant shift Kohut made, from a theory of motivation reduced to biological drives to one which places us dependent throughout our lives in an interpersonal matrix does have direct implications for Reiff’s conceptualization. While self-psychology certainly does aim at increasing well being, its fundamental principles suggest that this must take place within a social context whether that is the family, the therapy room, or the culture at large. While self psychologists are not advocating any specific set of moral precepts, in fact they are charged with the task of closely tracking the clients inner experience without imposing their own, they take pains to point out that conveying an understanding of the patients point of view is distinct from endorsing it. Although self-psychology does not directly address the relationship between the individual and the commitment to cultural ideas, it is implied that a less impoverished, less fragmented self will be better able to find sustaining self-objects in the culture. Nurturing experiences in childhood or in therapy lead to “our admiration for great political leaders, artists, scientist and their inspiring ideas.” (Kohut 1984, p. 206)

Unlike traditional Freudian therapy, self-psychology does not attempt to interfere with this idealization by interpreting or analyzing it away, rather it recognizes it as a lifelong human need. Reiff would likely take issue with the idea that a therapeutic focus on the self would lead to a greater respect for sources of
authority, but this is in part an empirical question. Suffice it to say that there is nothing inherent in self-psychological theory that requires a break from traditional sources of morality.

Reiff’s related concern is that the endorsement of self-focus in psychotherapy fosters selfishness and narcissism. Kohut’s theory directly addresses the role of narcissism in the personality. It is Kohut’s view that narcissism arises when basic psychological needs are unmet. He believes there is a type of healthy narcissism roughly equivalent to what is colloquially referred to as self-esteem, this leads to qualities such as empathy, creativity, and wisdom. The type of self-preoccupation Reiff seems to be concerned with is what Kohut would view as pathological narcissism. Kohut believes this stems from deficiencies in the early caretaking environment. However, there is nothing in self-psychological theory that precludes a connection between pathological narcissism and deficiencies in the culture or society. In fact, this would be entirely consistent with a self-psychological view. If there are deficiencies in the larger cultural environment that limit opportunities for adults to find sustaining cultural self-objects, this greatly increases the likelihood that parents will be less able to provide clear, calm nurturance for their children.

This leads us to our next concern, if Reiff and self-psychologists can be seen as being in agreement on the relationship between cultural deficiencies and pathological narcissism, the question remains, does self-psychological therapy exacerbate or diminish this problem? Does this form of therapy make it more or less difficult to participate in healthy communities?

When a patient comes to a self-psychologist for therapy, the emphasis is on understanding rather than confrontation. This sounds on the surface to be akin to what Reiff would characterize as analyzing away culpability and giving license to all kinds of individualistic selfishness. It is true that in the initial phases of treatment, self-psychologists believe it is necessary to “matter of factly accept the patient’s need” (Lessem, p. 135). This process is believed to result in the patient become less self protective and progressively more aware of others as separate individuals. A more robust, organized self increases the capacity to find relationships and sustaining activities. It is likely that Reiff might object to this view and claim that self-psychologists are creating needs that are not there and fostering a sense of demanding entitlement. However, self-psychologists would counter that it is when people are deprived of these fundamental human provisions that they become self-involved and demanding. This amounts to a fundamental disagreement about human nature.

Clinicians have first hand experiences of our clients becoming more generous and productive in society as a result of getting their needs met in therapy. Individuals are self-absorbed and confused for multiple reasons, including the lack of opportunity in our culture for participation meaningful
rituals and community-based structures. However, a more immediate source of distress is sense of oneself as inferior, deficient, or unlovable. Through being valued and attended to by the therapist, the individual learns to value and attend to others, including her community and cherished ideals.

**Relational Psychodynamic Theory**

To continue weighing these differing views of human nature, this paper will now turn to relational psychodynamic theory, which shares many assumptions of self-psychology but diverges on some key points. Relational theory takes the dyadic or social aspect of psychotherapy farther than self-psychology. Whereas self-psychology sees the self as requiring an object who can provide for its needs, relational theory sees the individual as being constructed entirely through contact with others who have their own expressed subjectivity within the relationship. This subtle distinction leads some theorists to characterize self-psychology as a one and a half person psychology, and relational theory as a two or more person psychology. In relational therapy, the attention is no longer directed only to the client’s experience: “Above all the problem is not just inside the client.” (DeYoung p. 4). Because of this shift, both the client and her context must be addressed. Difficulties are no longer seen as residing within a mind or a self but within a whole set of interlocking social systems. The problematic transaction between the individual and her social world must be remediated. Relational theory is also less apt to propose theories of an essential set of human needs or an “true self” (Khan, p. 303) or “program of nuclear self.” (Kohut, 1971 p. 43) The possibilities for the individual are entirely dependent on the specific relational surround available to her.

According to relational theory, the problems for individuals arise because of the meanings they make of their experiences of self, others, and the world. Therefore, the individual is called upon to “take responsibility to deconstruct the old meanings and create new ones” (DeYoung 29) In relational theory, there is a continuous mutual influence between the individual and the culture, what may be referred to as the hermeneutic circle. Meanings are both determined by and in turn determine cultural beliefs.

In treatment, the relational therapist works with the meanings that appear to be causing the patient distress and difficulty. The therapist uses her own meaning making processes to help the client arrive at less problematic understandings that in turn result on less problematic actions in the world. This is done through experiences in the relationship in which the client is able to recognize her own contributions to her difficulties and trace them back through her history. It is also the result of having new experiences with the therapist that challenge her
expectations of others and open up new possibilities for understanding and acting in the world.

Although relational theory takes pains to avoid essentialist statements about human nature and human needs, there phrases scattered through the relational literature that convey this nonetheless, term or phrases such as “a sense of belonging” (DeYoung p. 163), “tolerance of paradox” (Pizer, p. 63) authenticity (Mitchell p. 130) or “the degree of…freedom that characterizes a person’s approach to experience.” (Stern p. 8) This obviously creates a tension between the view that values are context dependent and the underlying assumption contained in these phrases that some values are better than others despite context.

Does relational theory, with its emphasis on social construction, fare better or worse than self-psychology in standing up to Reiff’s criticisms? The greater emphasis on context might, at first glance, suggest that relational theory agrees with Reiff’s call for strong cultural sources of morality and authority. However, unlike self-psychology, relational theory does not explicitly identify a need for an idealizable figure or concept, either in a relationship or in the culture. Rather, the emphasis on deconstructing meaning suggests a suspicion of any fixed notion of morality. Relational therapy is concerned with alleviating the distress of the individual, even though the means for achieving this is no longer view as being situated within the individual. However, whereas self-psychology tends to see the client as the passive recipient of relational provisions, relational theory is more likely to talk about the patient’s responsibility and treat the patient as a fully developed competent adult. Consequently, the therapist is much more likely to introduce her own perspective into the room, thereby confronting the patient with her impact on others. This tactic necessarily provides a check against any tendency the client may have to analyze away responsibility. The therapeutic setting provides its own self-contained culture, and while it may be a stretch to call it a community it does serve as good practice setting for positive committed participation in a community.

The emphasis on the here-and-now experience in the therapeutic relationship makes it unlikely that patients will emerge from therapy “healthier without being better” as Reiff claims. If better is defined as being more aware, sympathetic and attuned to others, relational therapy is well equipped to bring about a change in this direction. One of its aims is to help make the patient aware of how her expectations prompt her to protect herself and avoid being vulnerable. These defensive maneuvers tend to make client less able to be available to others and more likely to remain isolated and self-focused. By adopting a curious, understanding attitude toward the patient, the therapist models a new way of being in relationships, one that is more likely to promote intimacy and
compassion. A kind of morality is prescribed, not by advocating a given belief system, but by providing an experience of humane, loving relating.

Although relational therapy does not propose a solution to the symbolic impoverishment Reiff believes is afflicting our culture, it does view therapy as a meaning making enterprise. By providing a context in which meaning is valued and emphasized it may provide an oasis from a culture that ignores meaning and instead values immediate gratification and material success.

Relational Frame Theory

Finally, this paper will now turn to a model that emerged from the behavioral tradition. Unlike the psychodynamically oriented approaches, behaviorism does not concern itself with the contents of the mind. Behaviorists consider mental contents either non-existent or irrelevant, and instead concern themselves with altering observable behavior. Classical behaviorists are perhaps the best example of a non-morally based instrumentalism. They are unapologetically pragmatic, concerned only with what brings about desired ends. However, in the past few decades, a new group of behaviorists have emerged, influenced by the same post-modern currents that have affected psychodynamic theorists. These “third wave” theorists are also constructivists, recognizing that both our private experiences and our behavior rest on the environment around us, particularly on relationships that shape what we experience as pleasant and unpleasant. This paper will focus specifically on Relational Frame Theory, one of the most developed and utilized third wave systems.

Relational Frame Theory takes as its starting point the recognition that language allows people to relate things together that are unrelated in the physical world. Language allows for metaphorical and symbolic relationships. Because of these highly complex, symbolic relationships between concepts, we can find behaviors and private experiences reinforced in ways that are indirect. We can assign values to things based on their relationships to other ideas and associations we have learned. Through our interactions with others and with our own network of internal connections, we develop a concept of self, as well as “self rules” that are learned from our community. These self-rules are based on premises and assumptions that come out of our interactions with others, but also on how we organize this information. RFT believes we can experience the self alternately as a perspective, a process, or a narrative. In this last mode, the story we tell ourselves about who we are, we can acquire problematic self-narratives (Torneke, 2010).

In therapy, RFT begins with the problem the client brings in, with an emphasis on how in manifests itself in the therapy setting. The assumption is that there is something the client wants that her current repertoire of external and
private behaviors is not allowing her to attain. At the same time, the RFT therapist assumes there is something immediately reinforcing about the set of behaviors that keeps the client repeating them. One particularly problematic set of behaviors for RFT therapists are those concerned with the avoidance of pain. These are reinforcing in the short term but lead to many symptoms and limitations in the long-term. The RFT therapist attempts to persuade clients to give up these efforts and accept that uncomfortable experiences are a valuable part of life. Therefore, RFT therapists believe the client needs something to steer them toward alternative behaviors. The client needs to pursue something they value, that they can conceive of through a process RFT calls augmenting. The therapist helps the client identify what is meaningful and valuable to her and this provides the motivation necessary for change. In this way, the therapist attempts to align the client’s internal behaviors with what she values. When client says she has no idea what she wants and what she values, the RFT therapist helps her observe her thoughts and actions carefully to see if there are clues to what she might desire and consider important (Torneke, 2010).

This paper examines RFT because it offers a more sophisticated account of human experience than preceding behavioral models. It explains how we can acquire complex systems of associations that govern our thoughts, feelings and behavior. The recognition of the profound influence of the context on the individual also seems promising for an understanding of complex human experiences. However, in practice the focus of RFT seems to be again on the client’s internal experience not on the transaction in the therapeutic relationship. The word relational in RFT refers to symbolic relationships within the clients mind, not in the social world. Because of this, RFT has fewer resources to with which to address moral or social concerns than the models discussed previously.

Despite RFT’s recognition of the importance of context and the belief that the experience of self is ultimately dependent on interactions with others, at least developmentally, the ultimate solution to human problems seems to hinge on a turning inward. Unlike self psychology, which holds that we require sustaining meaning giving relationships throughout or lifetime, or relational psychodynamic theory, which sees our experience as co-created through an intersubjective matrix that is always in flux, RFT seems to be suggesting that the ultimate source of value be found within. The therapist directs the patient’s attention to what she values and then she is able to discover it within herself. The language used by RFT is ultimately instrumental, the idea is to examine the function of behavior and determine whether it is effective, regardless of whether it is observable or private. However, when clients are asked to turn their attention to what they value, their answers do tend to be socially relevant such as becoming a better parent or a more productive employee. It seems that individuals, despite Reiff fears, individuals still have some sense of the good beyond their own immediate
satisfaction. Through its emphasis on values, RFT is able to harness the client’s ideals to work to change her own behavior, with the side effect of benefiting the social context.

In addition, in the guise of instrumentalism, RFT does contain a moral position, similar those advocated by pre-modern philosophers and religions. RFT theory points out that chasing happiness and avoiding pain is not a successful strategy for attaining well being. Instead, it pointed out that accepting discomfort and the whole range of human experiences, pleasant and unpleasant, leads to greater overall satisfactions.

Though its pragmatic behavioral lens, RFT arrives at the same conclusions as many morally based wisdom traditions. By steering clients toward their values and teaching them to accept all feeling, RFT guides them toward a repertoire of behaviors that will lead away from selfish gratification and toward a well being based on social connection.

There does seem to be something problematic in the way RFT parse human experience into discreet behavioral processes, a danger in that in this endeavor that something essentially human is lost. In RFT’s cool analysis of meaning making processes, the direct power of the meaning is lost. However, RFT also recognizes that positive commitments are essential to bring about any kind of effective behavior change, and in its clumsy, roundabout fashion brings the client back around to an enduring connection to what is right and good.

Case Vignette

In discussing these thorny issues with a colleague, we tried to come up with case examples that would allow us to examine the role of a therapeutic mentality in promoting or dismantling communal and cultural norms. My colleague, Candice, recalled a client who came to therapy for eating disorder symptoms. After working on these and developing a relationship with Candice over a long period the client confessed that she was engaged in several types of anti-social behavior, including shoplifting and falsifying data at her job. I asked Candice if the client felt remorseful. “She felt scared,” was Candice’s reply. As the therapy progressed, they explored the origins and meanings of these actions but ultimately Candice told the client that in order to feel better she would have to “restore her honor through her behavior.” The client realized the truth of this and was able to stop these patterns.

This client may have begun therapy with purely instrumental aims: she wanted help with her distressing eating symptoms. But in working on these she connected with her distress over her immoral actions. Candice did not allow her to analyze away her culpability. Rather, she pointed out that what she was doing would never allow her to feel free from the distress that brought her to treatment.
However, the therapy has accomplished much more than this. Through helping this client understand the motivation behind this scary and hurtful behavior and by providing her with a relationship that offers the opportunity to gain something greater than material objects and the appearance of success, therapy prepares her to re-engage with the larger community and find a place where she may get both guidance and support. This client finished her therapy both healthier and better.

Concluding Responses to Reiff

Philip Reiff has charged we “therapeutics” with being the spiritual preceptors of our modern culture. By this he means that we have taken on the role of answering questions about how to live. Psychotherapists are uneasy with this assignment. We would like to rely on empirical evidence to guide us in making recommendations for how to eliminate symptoms, or turn the question back around to the client, asking, “What do you think?” Neither of these is sufficient. If we believe, as self psychologists do, that we must provide sustaining functions for clients no matter how healthy they are, and as relational psychodynamic theorists do, that there is no “true self, that each self is created by its relationships, then it is not enough to pass the buck either to scientifically established correlations or back to the client herself. It is our obligation to weigh in on this question, morally as well as pragmatically.

Reiff predicted that the neutral scientific stance of Freudian analysis would erode sources communal values. This has not come to pass. After a relatively brief heyday, Freudian therapy fell into disrepute, in part because its attempt to root itself in an asocial biology could withstand either scientific or philosophical critiques.

The Freudian model slowly gave way to models that identify the mind as a socially created entity. Some of these, that emphasize relationships as the source of psychological well being, provide a microcosm in which moral action may be negotiated. This would not be much consolation to Reiff. What goes on between two people inside private rooms does not have enough of an effect to correct the alienation, isolation, and fragmentation in our culture. However, Reiff was generally mistaken in his analysis that therapy promotes selfish narcissism and denial of responsibility. Many clients certainly walk in to our offices these states. But relationally based therapy that reduces internal distress increases rather than blocks the possibility for good, empathic relationships based on mutual recognition.

Reiff is correct when he points out that psychotherapy can’t in and of itself solve our culture’s current symbolic impoverishment. But can point our clients back toward sources both traditional and modern of symbolic sustenance. In therapeutic models that recognize our fundamental interconnectedness, we can
regain contact with the impulses that lead us toward the creation of a culture in which shared values and significance are possible.

References