

Radical Relational Therapy in Practice

APA Presentation - 2005

Brent Slife, Mitchell Harris, Bradford Wiggins, Nicole Zenger

Brigham Young University

My charge this morning is to describe a radically relational therapy in practice. My co-authors were, until just recently, my supervisory team. We conscientiously used a relational ontology to orient all our year's work together, with clients of all kinds. By describing relational therapy in practice here today, we do not intend to introduce a new school of therapy, with a new theoretical foundation. Our interest is more radical than that – more radical than postulating another abstraction. Indeed, much of what relational therapy looks like in practice is what good therapists are already doing, even when their therapy theories indicate very different interventions.

Irvin Yalom (1980) refers to these sorts of extra-theoretical therapist actions as “throw-ins” and describes them as the *real* heart of therapy. We intend to reduce some of the mystery surrounding such “throw-ins” by showing how a relational approach foregrounds the immediate, the richly contextual, and the authenticity of relationships. Finally, we want to suggest how often this approach is at odds with the more conventionally theoretical and abstractionist models, however often good therapists abandon these models and follow their intuitions toward the relational.

We begin where all good therapy should begin in a relational approach, not with a set of abstracted, pre-experiential theoretical principles waiting to be applied, but rather with the real, contextually situated person desiring our help. Consider Ann and her interaction with one of my co-authors (see handout). Ann is unhappy in her marriage.

Defensive and resentful about her choices, she struggles in a therapy session against any possibility that she is contributing to her own difficulties. She tells her therapist she doesn't like herself in the marriage. Her therapist asks, "Do you like yourself with me?"

A bit startled, but responding to the immediacy of the question, Ann says, "Yes, I like myself when we're in session...when I'm here...you know, when we're here talking."

Her therapist asks, "What kinds of things are you doing that allow you to like yourself with me?"

Ann brightens, enjoying the happier turn in the conversation, and breaks off her defensiveness: "Well I like myself because you understand me so well; you really listen; you always know just what to say."

"But, Ann, I want to know what *you* are doing that allows you to like yourself with me?" insists her therapist.

"Well, I guess I'm showing up every week," offers Ann, "even when you've missed the point completely like last week. And I guess I haven't dumped you like my ex, just because you're off-base sometimes – *way* off base." Ann falls quiet.

After a moment she asks, "So if I can put up with you, how do you manage to put up with me?"

This tiny snippet of an actual therapy encounter demonstrates some important features of the relational approach (see handout): 1) interpersonal connectedness is more important than individual depth; 2) a real relationship is more healing than an abstracted one; 3) being apart *from* community – individual autonomy – is less meaningful than

being a part *of* it; and 4) living into, rather than abstracting from, contextual possibilities is more helpful.

Consider, first, how connectedness is more important than depth to the relational therapist. Despite being aware of Ann's defensiveness, her therapist does not choose individual depth and offer an abstracted explanation of the underlying causes of her defensiveness – whether psychodynamic or cognitive. The depth-oriented psychodynamic therapist might see this as the moment to pronounce an interpretation, and move to a “deeper” level *within* the individual. The cognitive behavioral therapist might see this as an opportunity to follow the “downward arrow” to identify and deactivate inner core beliefs.

The relational therapist, on the other hand, responds to Ann's defensive struggle in this therapy encounter with a question about their own relationship and sense of connectedness to each other: “Do you like yourself with me?” Relationships and connectedness, not causation and rationality, are the more primordial and real. Relationships make the world go round. Interpersonal rejection and lack of connectedness are also the primary fears and negative motivators of our lives.

We are aware that many other therapy approaches acknowledge the importance of the relationship, but they typically either background or abstract it. In backgrounding, relationship is only important as a means to some other end. CBT, for example, values relationship only for gaining the client's cooperation in identifying and deactivating their irrational beliefs. In a relational approach, human relations are the foreground of our lives. They may not be observable to the empiricists, but they are poignantly experienced

as the most real aspects of living. People who truly feel they belong to a loving community and experience meaningful relationships do not show up in therapy.

At this point in Ann's life, the most real relationship in the therapy session is the one in front of her – the one with her therapist. This is the second feature we wish to note in a relational therapy: a real relationship with the therapist is more healing than an abstracted one. By asking that Ann consider *how* she is contributing to their closeness and trust, Ann's therapist reminds her that therapy is a non-abstract relationship between people. Real demands can be made of each other, and real expectations can be expressed. Ann attempts to abstract the therapist through an appeal to the expertise and supposedly superior qualities of the professional. However, her therapist insists that Ann is a full actor in the relationship – that she too is making it work somehow.

Other, more conventionally theoretical approaches to therapy presume that the clinician's professional persona precludes the possibility of any authentic relationship between client and therapist. Therapeutic relationships according to these models, sometimes called "tacit" relationships in the literature (Lambert, 2004), are by definition abstract. They are "model" relationships, and thus idealized and abstracted from what is real. Like all abstractionist ideologies, the client is meant to learn from these tacit, even virtual, relationships and then apply them to real relationships outside of therapy.

In contrast, the result of Ann's exchange with her therapist is that Ann relinquishes her initial assumptions about her therapist's superior skills and speaks with the same kind of resentments, demands, and confusion she has in her other relationships. The therapist and Ann experience the real, not the pretend. Ann begins to see herself as a full actor in the relationship and is perhaps a bit embarrassed by the realization of her

resentments, demands, and confusions in her relationship with the therapist, spouting as she did: “You miss the point” and “You were *way* off base.”

She then asks humbly how the relationship is working for her therapist. What are his struggles, given her anger and petulance? Does he like her? These questions are vital for Ann because she is beginning to wonder if she is not partly responsible for the struggles she has experienced in her relationship with the therapist. The nice thing about a relational ontology is that no event or thing is self-contained. The here-and-now of the therapeutic relationship is inherently situated by and holds ramifications for the there-and-then of her marriage. Whether or not she can articulate it, the question arises: could she also be similarly responsible for the struggles with her husband? And why would he – therapist or husband – stick with her given her responsibility?

All these questions arise because of the authenticity of the therapeutic relationship, not because it is an idealization, model, “blank screen,” or “interpersonal mirror.” If Ann were allowed to continue with the common assumption that therapists are compassionate but disinterested clinicians whose relationships to clients are purely instrumental, it would not occur to her to ask how her therapist puts up with her. Professionalism and contractual duty could be assumed to account for any and all of the therapist’s contribution.

Moreover, modeling this therapeutic relationship also means idealizing this type of instrumentalism in her other relationships. In a helping relationship, for instance, Ann would presumably act just as disinterested and abstracted as her therapist. Yet, this is not a good outcome for the relationist because it denies, rather than affirms, the humanness, messiness, changeability, and uncertainty of real relations, not to mention their intimacy

and camaraderie. A better therapeutic goal involves the third feature of a relational therapy – being a part of rather than apart from. Actualizing this goal begins with questioning the ultimate goal of nearly all *nonrelational* therapy approaches – individual autonomy.

This one-sided individualism has rightfully invited the wrath of many critics in recent years, most notably a member of our own symposium, Frank Richardson (XXX, 200x). Individual autonomy assumes not only that humans *can* be abstracted from their contexts, including historic and interpersonal, but also that they *ought* to be. Otherwise, they are restricted by these obligations and guilt, and cannot maximize their freedom or get what they want, robbing them of autonomous happiness. Relationships, from this perspective, are best treated as instrumental means to the ends of individual well-being, with interpersonal entanglements kept to a minimum.

From a relational standpoint, Ann's marriage is not best understood in this manner. Her marriage is not a set of obligations that prevent her from actualizing her desires and potentials. Ann's marriage is a unique relational space where intimacy is permitted and supposedly practiced. Unfortunately, Ann, like so many of us, has never been taught by our individualist culture how to know and effect intimacy. In fact, she has, with the tacit encouragement of our culture, avoided concrete intimacy and dealt only with abstract intimacy, such as polite conversation and intellectual banter. It is little wonder that her full-blooded encounter with the therapist "startles" her. It is not surprising that she is a novice at the contextually rich beginnings of intimacy evidenced in this snippet – questions such as the therapist's, "Do you like yourself with me?" and her own question in reply, "How do *you* put up with me?"

The fourth feature of an ontological relationality in this vignette is what could be called **relational agency**. Relational agency is not an encapsulated, self-contained, “subjective” decision-making ability that separates meanings and decisions from the contexts in which they occur. Relational agency is understood and expressed in the light of actual relationships – relationships with our past and future, our friends and enemies, our spiritual and physical environments. This form of agency addresses a frequent criticism of a relational ontology – personal and individual responsibility. If everyone is mutually constituted, as this ontology would assume, how are we *individual* identities, with legal and ethical responsibilities?

The answer entails a look at the possibilities that allow for these individual responsibilities. Possibilities are not conjured *ex nihilo* in our heads. They stem, instead, from our contexts. From a relational viewpoint, all things and events imply, connote, or relate to other things and events, providing the relational possibilities needed for human agency. Our individual identity, in this sense, is the unique nexus of relations and possibilities in any particular situation for that particular individual. For this reason, individuals are personally responsible for the meanings they act on, but they are not wholly responsible for the possibilities available to them.

An important relational question is whether these individuals authentically “own” their meanings and take some responsibility for them. Ann first attempts to escape a form of this question, “What are you doing that allows you to like yourself with me?” She attempts to appeal to the qualities of the therapist – “you understand,” “you listen,” – and these qualities are part of the therapeutic context that forms her possibilities. Nevertheless, they do not address her personal responsibility for the possibilities nor do

they answer the therapist's question. In reiterating the question, "I want to know what *you* are doing . . . ," the therapist invites Ann to look at herself, not in relation to her husband who is not concretely present in the interaction, or in relation to some interpretation or therapeutic principle, but in relation to the therapist who is authentically posing the question.

As a result, Ann exposes herself both in the content and the process of their relationship. In content, she confesses to remaining with the therapist in spite of her disappointments with him. In process, she exposes her anger and impatience at the messiness of their relationship and the imperfections of the therapist. Her subsequent quietness reflects her growing realization of the meaning of this exposure. Her own impatience and expectations are partly responsible for the relationship, prompting her finally to ask something she should ask her husband: "how do you put up with me?"

In closing, we want to reiterate that we are not meaning this presentation of relationality in therapeutic practice as a manifesto. Nor do we consider the four relational features of this brief therapy interaction as any set of cardinal principles. Rather, we are attempting to exemplify pivotal characteristics of good therapy that we believe good therapists already sense and act on to some degree but do not always conceptualize. As Yalom put it, they are the critical "throw-ins" of therapy. We believe these characteristics have this "throw-in" status because of the implicit abstractionist ontology of Western culture, and thus Western therapy. Our hope is that this tiny vignette and its relational implications will raise your consciousness a little, both about the everyday waging of this unrecognized ontological battle and about the long known, but little understood truth of therapy – "it's the relationship that heals."