

Taking Relationship Seriously in Psychotherapy:

Radical Relationality

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There would seem to be nothing radical about the notion that “relationships heal.” This notion has been around since the inception of psychotherapy and relayed from one generation of psychotherapists to another. However, we will argue that psychotherapists have rarely taken this notion seriously in psychology, at least in our theories and explanations of how psychotherapy works. Virtually all approaches to psychotherapy pay homage to the therapeutic relationship, but most assume it to be an important *background* condition and consider other factors, such as a client’s beliefs, behaviors, unconscious, and feelings, as the main focus of a therapist’s work.

For this reason, we admire the work of John Norcross (2002) and others who recognized that the therapeutic relationship has been relatively omitted from recent discussions of evidence-based practice. As he demonstrated (Norcross, 2002), there has long been a strong tradition of research support for the centrality of the therapeutic relationship in effective therapy (Lambert & Ogles, 2004) as well as strong research support for schools of therapy that emphasize relationship, such as interpersonal therapy (see Elkin, Shea, Watkins, & Imber, 1989; Imber et al., 1990) and experiential therapies (Elliott, Greenberg, & Lietaer, 2004). Even so, we aim to show that Norcross and his fellow researchers underestimate the radical nature of truly “taking relationship seriously” in psychology. A *serious* understanding of relationship will change not only the nature of psychotherapy but also the nature of how we conduct psychological science, and thus our understanding of what evidence-based practice is (Wendt & Slife, 2007).

We begin to describe this change in psychotherapy with a discussion of two approaches to relationship, weak and strong relationality. We argue that weak relationality does not ultimately “take relationship seriously.” We then discuss the general implications that a strong relationality has for psychotherapy. Finally, we present and attempt to illustrate the “top ten” practical features of a truly relational psychotherapy.

Weak versus Strong Relationality

We acknowledge that psychologists have done their best to conceptualize relationship. Social psychologists and historic psychotherapists, such as Freud, Sullivan, and Rogers, have surely “taken relationship seriously,” at least in the sense that they have thought deeply about it and taken into account the relevant research. Still, we would argue that they have been unknowingly “boxed in” by the zeitgeist of the modern Western era – individualism. At its most basic, individualism refers to the outlook that the individual is most important: the individual should be independent and self-reliant; the individual’s goals, desires, and wishes take precedence over those of the family, group, or community; the individual’s preferences or autonomy should not be restricted by external moral systems based on tradition or religion. Relationships can be important to the individualist as long as they contribute to and do not interfere with the individual’s goals and liberty to reach those goals.

The influence of these individualistic values is evident in most traditional schools of psychotherapy. For Freud, the subject of psychotherapy is the self that is rooted in the pre-social pleasure-seeking id (individualist to the extreme), out of which arise the complex psychodynamics that become necessary for satisfying and protecting the id in a social world. For Sullivan, whom many would consider more radically interpersonal, the interpersonal reduces to internal and individual representations of others or “personifications” which determine the

success of individuals in engaging the world and meeting their individual needs. For Rogers the self is primary and the therapist's role is to facilitate a letting go of the values and expectations of others and to clear a space for the individual to self-actualize.

Although these theorists clearly take relationship seriously, when push comes to shove their individualism ultimately places the individual above or at least before relationship. As Fowers (1998) has shown in his research, most divorces occur because the marital relationship is no longer realizing its individualist function—personal happiness. Only recently have we become sufficiently aware of this individualist zeitgeist to think outside this cultural and intellectual “box.”

We now know that most of these pivotal thinkers understood relationship *weakly*, rather than *strongly*. They viewed people as self-contained individuals first, who then interacted with others and their environments. From this perspective, the *reason* that people interact the way they do is *because* of their self-contained reinforcement histories or their cognitive programming or their biological predisposition. In this sense, interpersonal relationships are themselves explained *non*-relationally – through what was carried *into* the relationship or what was incorporated *inside* the individual. Weak relationality, in this sense, recognizes the ubiquitous nature and significance of relationship, but it also assumes that all relationships – whether among inanimate objects, such as environments, or among animate “objects,” such as persons – are eventually incorporated *inside* the individual and carried into relationships as self-contained traits, personalities, or styles. In this sense, it is the “inside” that drives our behavior, feelings, beliefs, and relationships.

The “revolution” we would like to see in psychotherapy¹ concerns what has been variously labeled radical, strong or an ontological relationality. An ontological relationality postulates that the most basic reality of the world is relationship. Things, events, and places are not *first* self-contained entities that *later* interact and relate to other things, events, and places. All things, events, and places are *first* relationships – already and always related to one another. Hence, the best understanding of something is in relation to its context. Laboratories have traditionally been used to abstract context away from the subject matter, but more recently even the natural sciences have realized the connectedness of all things. Physics has embraced this strong relationality in its understanding of string theory, quantum mechanics, and relativity theory; the observed and the observer cannot be ontologically separated. All entities have a shared being and mutually constitute the very nature of one another.

In psychology, a few historical figures have experimented with a truly ontological relationality. Kurt Lewin, for example, postulated a field theory of the person and personality. Yet, as Jeff Reber (Reber & Osbeck, 2005) and others have shown, Lewin’s ontological relationality has been all but abandoned in modern social psychology for the sake of the weak relationality of individualism. For example, most introductory social psychology textbooks now begin with discussions of how we are primarily individuals and only secondarily related (e.g., Kenrick, Neuberg, & Cialdini, 2007; Myers, 2008). In fact, this distinction is often presented to distinguish social psychology from sociology, with the former viewed as an individualist approach and the latter considered the more communal and relational.

A similar history has unfolded in psychotherapy. The closest to ontological relationality we have are some of the relational psychoanalysts, such as Irvin Yalom and Stephen Mitchell.

¹ This article is derived from an APA presentation (Slife, 2006) in which Al Mahrer invited us to “describe how you would revolutionize psychotherapy.”

Mitchell is perhaps even more explicit than Yalom in his strong relational claims, observing that individualism is “. . . predicated on an inattention to a more basic interpenetrability of minds that makes individual mindedness possible in the first place” (2000, p. xi). He asserts instead that “[o]ur minds are not static structures that we carry around for display in different contexts. What we carry are potentials for generating recurrent experiences that are actualized only in specific contexts, in interpersonal exchanges with others” (Mitchell, 2004, p. 9). Mitchell’s relational mind forms the basis of his relational psychoanalysis. Nevertheless, Mitchell does not flesh out these ontological foundations and it remains unclear about how radically relational his work potentially is.

Consider also the advocates of therapeutic relationship and alliance, such as John Norcross (2002). These researchers often “operationalize” their constructs in individualist ways, translating the relationships themselves into individual feelings about relationships. Positive psychologists, too, have extolled the importance of relationships. Yet, again, this importance has been ultimately evaluated through its effect on positive *individual* affect or happiness (Christopher & Hickinbottom, in press; Seligman, 2002). We sympathize with these movements not only in the value they give to relationships but also in the dilemma they face in studying relationships. Although individuals in relationships are observable in the empirical sense, the “betweenness” of these individuals is generally not observable. Hence, therapeutic alliance and positive psychology researchers have frequently opted to study individual feelings about relationships rather than the relationships themselves. For these reasons, most attempts at “taking the relationship seriously,” at least in the sense of strong relationality, have ultimately foundered.

Toward A Radically Relational Psychotherapy

We believe that the main reason for this emphasis on weak relationality is that these scholars lacked a thoroughly relational philosophy for espousing their insights. This is one of the reasons Slife has written recently in psychology about a strong relationality, where relationships are not secondary to self-contained realities; relationships are fundamental and primary (Slife, 2004; Slife & Richardson, in press). Other scholars have championed strong relationality outside of psychology, such as Martin Buber (1958), Hans-Georg Gadamer (2004), Paul Ricoeur (1981), René Girard (1977), Emmanuel Levinas (1969), Martin Heidegger (1962), Charles Taylor (1989, 2007), and John Macmurray (1991). Although all these scholars and their works are worth reading, consider Martin Buber and John Macmurray as two of the more accessible philosophical treatments of the revolution of strong relationality.

Macmurray, for example, describes a thoroughly relational understanding of a child's development (Macmurray, 1991). The baby is “‘adapted’, to speak paradoxically, to being unadapted, ‘adapted’ to a complete dependence upon an adult human being. He is made to be cared for”—made to be in relation (p. 48). Rather than viewing the infant as an unformed individual—moving from dependence to independence and thus a self-contained identity—Macmurray interprets the baby's dependence as the very thing that provides him with identity, a relational identity. Macmurray goes on to explain that “the impulse to communication is [the infant's] sole adaptation to the world into which he is born. Implicit and unconscious it may be, yet it is sufficient to constitute the mother-child relation as the basic form of human existence, as a personal identity, as a ‘You and I’ with a common life” (p. 60). Thus, for Macmurray humans are relational “all the way down”—our being itself is rooted in the shared being of ontological relationship.

In psychology, this means that literally everything is about relationship ultimately. Our very identities do not stem solely from what is within and carried from context to context. Our identities are constituted by the unique nexus of our relationships in the past, present, and future. We can be distinguished individually from these relationships, just as any part of a whole can be distinguished. However, just like part of a whole, our very qualities stem from the role our part plays in the whole. The same physical movement of the hand, for example, can be the beginning of a greeting, physical abuse, or religious absolution – all dependent on its relation to the immediate context. A kiss can mean affection, an unwanted advance, or death (if you watch the Sopranos). In this relational sense, nothing can be truly understood apart from the context in which it is embedded. People, especially, are best understood in relation to their contexts. Yet, we routinely require our clients to come to our offices – as if they carry their problems “inside” them; as if the context in which they experience their difficulties is less than relevant.

Features of a Relational Psychotherapy

With our limited space, we can only sketch a few of the more significant features of a radically relational psychotherapy. We are aware, as we do this sketch, that many psychotherapists will view themselves as already practicing in this manner, at least at times. This view would not surprise the strong relationist, because the actual practice of our profession cannot be accomplished *well* without a close touch with the deep context of the clients we see. In other words, we need to understand ourselves and our clients in the warp and woof of our lives—*thickly*, not *thinly* (Dueck & Reimer, 2003).

The problem is that many of us have been taught that the core of good therapy is the application of a thin, abstract theory. A relational ontology reverses this understanding by insisting that good practice, which cannot be abstracted from specific contexts, must precede and

develop good theory. Theory is not irrelevant, but theory is not primary; the concrete context of *lived* practice is the more real and fundamental. Therapy and therapy training is learned best by supervised doing, not by theory. We recognize that we are espousing a rather thin theory here in this writing, given the abstract context of this article and academic writing in general. Still, we do not have to hold that the core of therapy is theory or that theory must precede practice. Further, we do not have to hold that our clients can be abstracted from the situations in which they live. We can use our language to refer to something more fundamental and real than our theory – the concrete, situated, and engaged actions of ourselves and our clients. (Please see Slife (2004) and Slife and Richardson (in press) for a fuller explication of ontological relationality.)

Allow us, then, to use this language to describe the “Top Ten” features of a radically relational psychotherapy:

Feature 1: Relationships, especially interpersonal ones, are the most crucial aspects of life and living. At our core, we are relational beings—we exist for relationship. Because strong relationists understand relationship not merely as a priority for psychotherapy, but also as the basis of the self and of reality in general, they view the denial of the importance of relationship as a distortion of ontological reality (Macmurray, 1991). The good life, from this view, is the life of good relationships and the central imperative of psychotherapy is to help clients relate well and love completely.

We all need to “belong” and be part of something greater than ourselves, such as a community. Indeed, the relationist makes the bold empirical claim that people who belong, are part of some greater communal whole, and are loved and loving in this community will rarely darken our psychotherapy doors. The term “community” is actually very important to strong

relationists because it conveys the sense of shared life, meaning, and purpose that is essential for the relationist, and imperative to healing groups and healthy families. Indeed, many strong relationists consider themselves communitarians in this sense (e.g., Bellah, Madsen, Sullivan, Swidler, & Tipton, 1985; Macmurray, 1991).

Feature 2: Relationships should be good rather than satisfying, because a true relationship is more about virtuous relations than an individual's personal satisfaction. This feature implies, foremost, a different general goal of psychotherapy. Therapists must look beyond merely serving their clients' individual satisfactions to serving their clients' relationships. This goal flies in the face of an important individualist value, which says that what the individual prefers, wants, or decides is most beneficial, is what is most important. Relationality, in this sense, has an implied morality: we should protect and enhance virtuous relationships. This is not to say that we cannot value uniqueness and autonomy. It is to say, rather, that these values are subordinate to the values of virtuous relationships (e.g., altruism, compassion, care, friendship), not the other way around. Therapists can and should help clients consider how their values, choices, words, and general manner of being impact others and the quality of their relationships. Indeed, the best therapeutic option may sometimes be for the therapist or client to choose an option that is personally *unsatisfying*, yet serves the client's relationships best (e.g., work through the difficulties in a marriage, give up a pleasurable hobby to have more time with family).

Strong relationists recognize that relationships are inherently messy and unavoidably involve a degree of conflict (Slife, 2004; Yalom, 1995). Rather than neutralizing or avoiding such messiness, the relational therapist embraces it, celebrates it and encourages clients to engage in the messiness in ways that foster closeness and complementarity. Overlooking or

avoiding conflict and messiness can create relational distance and reinforce a pattern of relating weakly. The goal of the relational therapist is to help clients experience productive conflict that leads to greater intimacy and love, despite the seeming messiness of such interactions.

Feature 3: Fear of rejection—the fear that we do not belong, are not acceptable, or do not have meaningful relations—is the greatest of all the fears and anxieties. This claim contrasts with the more traditional claim of many existential (e.g., Yalom, 1980) and psychodynamic thinkers (e.g., Freud, 1950) that the fear of death is the greatest fear and anxiety. However, the strong relationist claims that all being (life) is rooted in relationship addresses how the fear of rejection might go even deeper than the fear of death. Philosopher John Macmurray explained, “. . . the personal relation of persons is constitutive of personal existence; there can be no man until there are at least two men in communication.” (1991, p. 12). In other words, “. . . existence depends upon the existence of the Other” (p. 17). Thus, because the relationist assumes that relationships are ontologically prior to individuals, the end of relationship spells the end of being, just as the end of the individual (death) spells the end of being for the individualist.

In this sense, fear of rejection is the ultimate centerpiece of a client’s therapeutic problems. For example, many clients avoid closeness and intimacy in order to avoid rejection. However, this avoidance also leaves them without the meaning and fulfillment of closeness and community. They may even respond to this avoidance with feelings of depression and anxiety, overeating, engaging in unhealthy sexual behaviors, or using addictive substances. This is not to say that all people seeking psychotherapy are driven to avoidance by fear of rejection. Indeed, many clients may seek therapy because certain symptoms are interfering with their otherwise healthy and meaningful relationships. For example, persons coping with an organic illness or the death of a loved one may seek help for the way these events have destabilized their relationships.

Nevertheless, the strong relationist assumes that a good psychotherapy outcome will be one that introduces or restores the client to community.

Feature 4: All clients must be understood “thickly,” i.e., in relation to their interpersonal, temporal, situational, and moral contexts, which include the interpreting therapist. For relational therapists to begin to know and understand a client they need to immerse themselves in their contexts. All these contexts are likely introduced as the therapist asks about and the client conveys his or her background and the presenting problem. However, lived context, which embodies the unique coalescence of these contexts, is also reflected in the here-and-now experiencing of the therapist’s relationship with the client—what Yalom (1995) calls the “social microcosm.” Often, this here-and-now relational experiencing is a more reliable indicator of contextual issues than a client’s report of there-and-then circumstances.

Relational therapists also recognize that because they are relating with the client themselves, they are also actively involved in the client’s contexts, including the client’s moral context. This involvement contrasts with the neutrality advocated by many mainstream approaches: the interpersonal mirror of client-centered therapy (Rogers, 1951), the blank screen of psychoanalysis (Freud, 1966), the objectivity of behaviorism (Wilson, 2000). As we now know, values in psychotherapy are inescapable (see Slife, Smith, & Burchfield, 2003) and relational psychotherapy is no exception. Relational psychotherapists should seek to be aware of the impact of their values (as well as their interpretations, interventions, and interactions) on their clients and seek to be as informing as possible in this awareness. Indeed, the therapist’s place in the client’s context is precisely what allows him or her to help create change in the client’s life and is thus embraced and celebrated by the strong relationist.

Feature 5: Part of the temporality of all contexts is possibilities, implying that a relational human agency is important (along with the responsibility it implies). Because clients are always a constitutive part of their own contexts, they always contribute to and are thus at least partly responsible for the situation in which they find themselves. Agency for the strong relationist is something different from individual free will, especially if this free will means freedom from context. A relational agency implies a will situated in a context of both possibilities and constraints. For example, the physical body presents amazing possibilities (e.g., mobility, speech, physical affection, etc.) as well as significant constraints or limits (e.g., illness, limited strength, stress, fatigue, etc.). In this sense, such things as inherited traits, chemical imbalances, traumatic experiences, or habitual patterns do not strictly determine a person's particular pathology, behavior, or experience of the world (Hedges & Burchfield, 2005; Slife & Hopkins, 2005). Rather, these things contribute to the contextual limits and possibilities that the person encounters.

Suffering clients often experience themselves as “trapped” or “stuck,” as if they are without possibilities. For instance, one of the prominent distinctions between major depression and the “blues” is the hopelessness or trapped feelings of the former. Part of the relational therapist's role in such cases is to attend to this “stuckness” as it arises and to explore with clients what limited responsibility they bear for their situation. As clients recognize and acknowledge their responsible relation to their situation, they become aware of possibilities that have been previously hidden to them and these possibilities become alive (are related to) once more.

Feature 6: The therapist's 'here-and-now' relationship with the client is the most pivotal aspect of the therapeutic experience and should be focused upon to facilitate change. Just as the

psychotherapy group can be a microcosm of a client's social relationships (Yalom, 1995), so can any "therapeutic community" (e.g., dyad, family) be a microcosm of clients' relational "there-and-then." Hence, the relational therapist attends closely to how the client's relational patterns manifest themselves in the here-and-now therapeutic relationship. The here-and-now is perhaps the richest and most concrete manifestation of the client's context available to the therapist, and the strong relationist assumes that it is often where the greatest client change can be facilitated. As relational patterns emerge in the here-and-now, the therapist seeks to engage the client in examining and challenging those patterns that create relational distance as well as encourage those patterns that allow the client to have a healthy and virtuous relationship with the therapist.

This feature of strong relationality has many similarities with the classic psychodynamic concept of transference. The important difference is that many psychodynamic therapists view the client as projecting their internal (self-contained) *representations* of key relational figures onto the therapist. The strong relationist, instead, recognizes these patterns as emerging in the *real* relationship of therapy—one just as authentic, if not more authentic, as those the client has with other key figures in his or her life. The reality of the therapeutic relationship casts the therapist as an active participant (rather than distant and objective analyst) capable of intervening and interacting with the client in ways that can effect positive change.

Feature 7: Abstractions (theories, principles) are important but are secondary and should be derived from thick particulars. Because context is infinitely rich with particular detail, abstractions, such as diagnoses, treatment principles, and case conceptualizations, are necessary and useful for reflecting upon, conceptualizing, and communicating important aspects of context. Indeed, this sort of abstractive reflection can often highlight meanings and details in the rich context that had been previously obscured in the noise of detail. Such abstractions can help

therapists to make sense of what they learn from client contexts as well as provide a frame of reference as they are more immediately immersed in the thick here-and-now of their clients.

Admittedly, this article is just this sort of abstraction.

Still, for the strong relationist abstractions are only valuable as they facilitate healthy engagement with and understanding of clients in their particular contexts. In order to avoid subordinating the concrete particulars of context to the generalities of abstraction, relationists take care that the abstractions they use arise out of the experience of concrete particulars. They avoid merely imposing a favorite or even an implicit, pre-session theory on the context. Indeed, relational particulars are allowed or encouraged to “rupture” the deepest of therapeutic conceptualizations (Slife & Whoolery, 2006). In other words, therapists seek to learn the particulars of a client’s life and use, adapt, or develop theories that make sense of the particulars rather than make the client fit a preconceived theory. The issue here is that favoring abstractions over particulars can lead us to neglect relevant context, especially when the context is at variance with the abstracted theory or principle.

The contextual detail that guides intervention and conceptualization is why radical relational therapy would be an unlikely candidate for manualization, and even the standardization of many research paradigms. With their emphasis on standardization, manuals, and paradigms can only provide general abstractions and must assume that the particulars of individual clients can somehow be accommodated under the umbrella of these abstractions. Likewise, the use of standardization implies that abstractions have primacy over particulars because it assumes that what matters for a certain study or treatment is the right abstractive procedure. Strong relationality, by contrast, challenges these assumptions.

Feature 8: Relationships are not solely based on sameness (e.g., agreement, matching); difference or 'otherness' is vital to individual identity and intimacy. Many clients believe that they need to appear more similar to and less different from others around them if they want to be accepted. This belief can lead them to hide inauthentically their uniqueness and manufacture sameness, a move which ultimately prevents true closeness, intimacy, and community from a relational perspective. A variation of this sameness assumption sometimes makes its way into psychotherapy through therapist matching. This is the practice of matching clients with their potential therapists based on the similarity of their values, beliefs, culture, background, race, gender, religion and other “core” dimensions. The idea here is that the therapist/client relationship will be more natural and therapeutically effective if therapist and client are more similar than different.

However, strong relationists consider difference to be as important as sameness in relationships. If relationship is an ontological given and does not have to be “built,” then differences are not obstacles to relationships and similarities are not necessarily pathways to their construction. Indeed, it is this ontological foundation of relationship that makes it possible for two very different individuals to know and appreciate one another, and even develop closeness and community. In fact, our identity *depends* on otherness and difference in this sense. We are as much “in contrast with” as we are “similar to” in the forming and current contexts of our identities. For example, personality traits, such as aggressiveness, are identified not only by what they are like but also by what “stands out” and is “striking.” If everyone is equally aggressive, then no one is aggressive.

This dialectical quality of our relational self is not only necessary but also embraced. Differences can often draw people together in community, because they craft complementary

contributions and provide the richness and texture that make community so satisfying. For relationists this means that therapists must learn to accept and love the “otherness” of their clients, and clients must learn to accept and love the otherness of their therapists as well as those in their there-and-then lives (Levinas, 1969; Slife, 2004). Some types of otherness are, of course, unacceptable (e.g., serial killers), but this is a matter of one’s moral framework. The point of this particular feature is that many types of otherness are vital for developing the here-and-now closeness that is so important in relational psychotherapy.

Feature 9: Others are never reducible or capturable. Consequently, therapists and clients must be humble about their conceptions and perceptions of others, because these conceptions are always incomplete and never final. One reason for this irreducibility is that strong relationists understand context (including the individuals who mutually constitute their contexts) as dynamic rather than static. Because context is constantly in flux, the strong relationist holds all conceptualizations of the client tentatively and seeks to be sensitive to indications that a conceptualization no longer applies or needs revision. Overgeneralizing conceptions and perceptions of others is over-reliance on abstraction and can give the illusion of stasis, thus obscuring the dynamic nature of relational being.

Consider, for example, an actual client who, upon hearing from his therapist that he seemed to be depressed, perked up, stood up, and excitedly declared, “That’s it! I’m depressed!” Neither the client nor the therapist noticed this moment of elation (hope) that punctuated the otherwise melancholy tone of the client’s first session. They both had assumed the essential unchangeability of the “case,” and thus had not seen this momentary deviation from a deep depression. Only on reviewing a recording of the session did the therapist notice this nondepressed moment. The label “depressive” was incomplete, if not misleading, because it

obscured such moments of happiness. By bringing this realization back to the client at their next session, the therapist was able to explore with the client the many times and contexts he experienced feelings other than depression.

In this sense, both therapist and client should always be ready for, and even expecting, their assumptions and conceptualizations to be ruptured. By too rigidly adhering to abstractions—diagnoses, techniques, therapeutic principles— we run the risk of becoming disengaged from the particulars of our relationships, because we relate to the abstractions rather than the people themselves. Greater closeness and intimacy become possible when we see people as they are, rather than as our conceptions of them say they are.

Feature 10: Meaning and practice are central, because they require situated engagement in the world, including engagement in the temporality (past, present, and future) of one's life narrative. Meaning here refers specifically to the meaning encountered in lived experience, rather than a more detached or abstractive meaning such as a theory or principle (Christopher, 2005). Because a lived meaning is embedded in one's practical engagement with the world rather than in abstract or cognitive deliberation, the relational therapist is less concerned with helping the client achieve reflective or instrumental reasoning (e.g., Richardson, 2005) and more concerned with helping the client engage in the practice of relating well. In other words, it is more important and meaningful for the client to *experience or practice* good relationships than it is to describe or think about how to have good relationships in therapy.

This experientialism highlights, again, the importance of the here-and-now relationship in therapy because it offers practical and engaged experience of relationship rather than abstracted discussion of relationships in general or the there-and-then. As the “now” in here-and-now implies, this sort of practical engagement is also temporal engagement. The three dimensions of

time, like all other things in relationality, are fundamentally related and make up the “now.” In this way, past, present and future function as relational parts of the now’s greater whole—the person’s narrative.

This shift to a dynamic narrative story line is not limited to the individual’s self-narrative, but also refers to the relationships of these narratives and the meaning that they bring to community (Ricoeur, 1981). In their landmark work, *Habits of the Heart*, Bellah et al. (1985) observed that these narratives “carry a context of meaning that can allow us to connect our aspirations for ourselves and those closest to us with the aspirations of a larger whole and see our own efforts as being, in part, contributions to common good” (p. 153). Thus, these stories are not mere inventions of individualist self-determination, but rather the relational fabric that forms much of the identity and tradition of individuals, communities, and cultures. They are mutually constitutive—they shape one another with shared relational meaning.

Conclusion

Although our “Top Ten” list in no way captures all that a strong relational psychotherapy has to offer, we have attempted to point toward what a truly relational turn in psychotherapy would look like. There is a sense in which this relational turn is another school of thought, but there is also a sense in which this turn is more radical than that. It is the core of what good and virtuous practice has always been and already is. For this reason, we believe that the seeds of good relational therapy are already abundant in our field and often sprout in fortuitous circumstances as good therapists care about and relate well with their clients. Yet we also believe that much more of this is possible if we can begin to take seriously the claim that “relationships heal.”

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