Taking Relationship Seriously in Psychotherapy: Radical Relationality

Brent D. Slife · Bradford J. Wiggins

Abstract Psychologists who have historically focused on relationships have tended to underestimate the radical nature of human relationship. A "serious" or an ontological relationality would change the nature of psychotherapy. We describe this change in a discussion of two approaches to relationship, weak and strong relationality. We argue that weak relationality, the general conception of relationship in mainstream psychology, does not ultimately take even the therapeutic relationship seriously. We then discuss and illustrate ten practical implications that a strong relationality would have for psychotherapy.

Keywords Relationship · Therapeutic relationship · Therapeutic alliance · Philosophy · Therapeutic theory

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 Norcross (2002) and others who have recognized that the therapeutic

B. D. Slife (✉) · B. J. Wiggins
Department of Psychology, Brigham Young University, Provo, UT 84602, USA
e-mail: slife@byu.edu

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 and Ogles 2004) as well as strong research support for schools of therapy that emphasize relationship, such as interpersonal therapy (see Elkin et al. 1989; Imber et al. 1990) and experiential therapies (Elliott et al. 2004; Mahrer 1986). 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 and 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
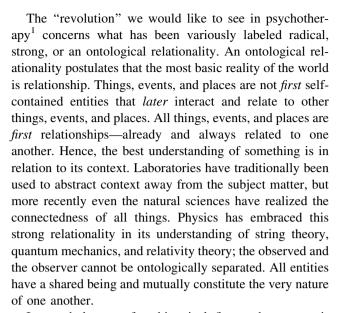
the modern Western era—individualism. At its most basic, individualism refers to the outlook that the individual is most important: the individual should be independent and self-reliant; the individual's goals, desires, and wishes take precedence over those of the family, group, or community; the individual's 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 psychotherapy[1] 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 and 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 et al. 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. 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.

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

Consider also the advocates of therapeutic relationship and alliance, such as 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 and Hickinbottom 2008; 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 and Richardson 2008). Other scholars have championed strong relationality outside of psychology, such as Buber (1958), Gadamer (2004), Ricoeur (1981), Girard (1977), Levinas (1969), Heidegger (1962), Taylor (1989, 2007), and 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 and 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 (2008) 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 et al. 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 *un*satisfying, 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 claim that all being (life) is rooted in relationship addresses how the fear of rejection might go even deeper than the fear of death. Philosopher 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 clients' 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 et al. 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 and Burchfield 2005; Slife and 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 and 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 both 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."

References

Bellah, R. N., Madsen, R., Sullivan, W. M., Swidler, A., & Tipton, S. M. (1985). *Habits of the heart: Individualism and commitment in American life*. Berkeley: University of California Press.

Buber, M. (1958). *I and Thou* (2nd ed.). New York: Scribner.

Christopher, J. C. (2005). Moral visions of developmental psychology. In B. D. Slife, J. S. Reber & F. C. Richardson (Eds.), *Critical thinking about psychology: Hidden assumptions and plausible alternatives* (pp. 207–231). Washington, DC: American Psychological Association.

Christopher, J. C., & Hickinbottom, S. (2008). Positive psychology, ethnocentrism, and the disguised ideology of individualism. *Theory and Psychology, 18*, 563–589.

Dueck, A., & Reimer, K. (2003). Retrieving the virtues in psychotherapy: Thick and thin discourse. *The American Behavioral Scientist, 47*, 427–441. doi:10.1177/0002764203256948.

Elkin, I., Shea, M. T., Watkins, J. T., & Imber, S. D. (1989). National Institute of Mental Health Treatment of Depression Collaborative Research Program: General effectiveness of treatments. *Archives of General Psychiatry, 46*(11), 971–982.

Elliott, R., Greenberg, L. S., & Lietaer, G. (2004). Research on experiential psychotherapies. In M. J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (Vol. 5, pp. 139–193). New York: Wiley.

Fowers, B. (1998). Psychology and the good marriage: Social theory as practice. *The American Behavioral Scientist, 41*, 516–541. doi:10.1177/0002764298041004005.

Freud, S. (1950). *Beyond the pleasure principle*. London: Hogarth Press.

Freud, S. (1966). *The complete introductory lectures on psychoanalysis*. New York: W. W. Norton.

Gadamer, H. G. (2004). *Truth and method* (J. Weinsheimer & D. G. Marshall, Trans. 2nd, rev. ed.). London; New York: Continuum.

Girard, R. (1977). *Violence and the sacred*. Baltimore: Johns Hopkins University Press.

Hedges, D., & Burchfield, C. (2005). The assumptions and implications of the neurobiological approach to depression. In B. D.

Slife, J. S. Reber & F. C. Richardson (Eds.), *Critical thinking about psychology: Hidden assumptions and plausible alternatives* (pp. 99–120). Washington, DC: American Psychological Association.

Heidegger, M. (1962). *Being and time*. New York: Harper.

Imber, S. D., Pilkonis, P. A., Sotsky, S. M., Elkin, I., Watkins, J. T., Collins, J. F., et al. (1990). Mode-specific effects among three treatments for depression. *Journal of Consulting and Clinical Psychology, 58*(3), 352–359. doi:10.1037/0022-006X.58.3.352.

Kenrick, D. T., Neuberg, S. L., & Cialdini, R. B. (2007). *Social psychology: Goals in interaction* (4th ed.). Boston: Pearson.

Lambert, M. J., & Ogles, B. M. (2004). The efficacy and effectiveness of psychotherapy. In M. J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (Vol. 5, pp. 139–193). New York: Wiley.

Levinas, E. (1969). *Totality and infinity: An essay on exteriority*. Pittsburgh, PA: Duquesne University Press.

Macmurray, J. (1991). *Persons in relation*. Atlantic Highlands, NJ: Humanities Press International.

Mahrer, A. R. (1986). *Therapeutic experiencing: The process of change*. New York: A Norton Professional book.

Mitchell, S. A. (2000). *Relationality: From attachment to intersubjectivity*. Hillsdale, NJ: Analytic Press.

Mitchell, S. A. (2004). My psychoanalytic journey. *Psychoanalytic Inquiry, 24*, 531–541. doi:10.1080/07351692409349100.

Myers, D. G. (2008). *Social psychology* (9th ed.). Boston: McGraw-Hill.

Norcross, J. C. (2002). *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients*. New York: Oxford University Press.

Reber, J. S., & Osbeck, L. M. (2005). Social psychology: Key issues, assumptions, and implications. In B. D. Slife, J. S. Reber & F. C. Richardson (Eds.), *Critical thinking about psychology: Hidden assumptions and plausible alternatives* (pp. 63–79). Washington, DC: American Psychological Association.

Richardson, F. C. (2005). Psychotherapy and modern dilemmas. In B. D. Slife, J. S. Reber & F. C. Richardson (Eds.), *Critical thinking about psychology: Hidden assumptions and plausible alternatives* (pp. 17–38). Washington, DC: American Psychological Association.

Ricoeur, P. (1981). *Hermeneutics and the human sciences: Essays on language, action, and interpretation (J. B. Thompson, Trans.)*. New York: Cambridge University Press.

Rogers, C. R. (1951). *Client-centered therapy, its current practice, implications, and theory*. Boston: Houghton Mifflin.

Seligman, M. E. P. (2002). *Authentic happiness/Using the new positive psychology to realize your potential for lasting fulfillment*. New York: Free Press.

Slife, B. D. (2004). Taking practice seriously: Toward a relational ontology. *Journal of Theoretical and Philosophical Psychology, 24*, 157–178.

Slife, B. D. (2006). *A radical approach to psychotherapy: Radical relationality*. Paper presented at the American Psychological Association convention.

Slife, B. D., & Hopkins, R. O. (2005). Alternative assumptions for neuroscience: Formulating a true monism. In B. D. Slife, J. S. Reber & F. C. Richardson (Eds.), *Critical thinking about psychology: Hidden assumptions and plausible alternatives* (pp. 121–147). Washington, DC: American Psychological Association.

Slife, B. D., & Richardson, F. C. (2008). Problematic ontological underpinnings of positive psychology: A strong relational alternative. *Theory Psychology, 18*, 699–723.

Slife, B. D., Smith, A. F., & Burchfield, C. M. (2003). Psychotherapists as crypto-missionaries: An exemplar on the crossroads of history, theory, and philosophy. In D. B. Hill & M. J. Kral (Eds.), *About psychology: Essays at the crossroads of history, theory, and philosophy* (pp. 55–69). Albany, NY: State University of New York Press.

Slife, B. D., & Whoolery, M. (2006). Are psychology's main methods biased against the worldview of many religious people? *Journal of Psychology and Theology, 34*, 217–231.

Taylor, C. (1989). *Sources of the self: The making of the modern identity*. Cambridge, Mass: Harvard University Press.

Taylor, C. (2007). *A secular age*. Cambridge, Mass: Belknap Press of Harvard University Press.

Wendt, D. C., Jr, & Slife, B. D. (2007). Is evidence-based practice diverse enough? Philosophy of science considerations. *The American Psychologist, 62*, 613–614. doi:10.1037/0003-066X62.6.613.

Wilson, G. T. (2000). Behavior therapy. In R. J. Corsini & D. Wedding (Eds.), *Current psychotherapies* (pp. 205–240). Itasca, IL: Peacock.

Yalom, I. D. (1980). *Existential psychotherapy*. New York: Basic Books.

Yalom, I. D. (1995). *The theory and practice of group psychotherapy* (4th ed.). New York: Basic Books.