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A Multiplicity of Relational Modalities — 25 Years On

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Twenty-five years after Petruska Clarkson's influential five-modalities model of the therapeutic relationship, Michael Soth revisits and substantially extends the framework — developing what he calls the 'diamond model' which articulates the essential relational conflict inherent in the therapeutic position between objectifying and intersubjective relating.

KEY THEMES

— Clarkson's five modalities revisited and extended

— The diamond model: object-relating vs subject-relating

— The essential relational conflict in the therapeutic position

— Multiple modalities as simultaneously present tensions

— Using the model in supervision and training

Clarkson's Model and Its Limitations

Petruska Clarkson's five-modalities model of the therapeutic relationship — working alliance, transferential/counter-transferential, reparative/developmentally needed, person-to-person, transpersonal — was a genuinely integrative achievement when it was published in 1995. It gave practitioners from different orientations a shared language for talking about the multiple dimensions of therapeutic relating, without privileging any single tradition.

Twenty-five years on, the model has become a mainstay of integrative training. But there is a limitation which has become increasingly apparent: the model presents the five modalities as if they were sequential options — modes the therapist moves through, or a menu from which they select the appropriate intervention for the appropriate moment.

This framing misses something crucial: all five modalities are simultaneously active in every therapeutic moment. They are not alternatives but tensions — dimensions which are always already in dynamic relationship with each other, and which the therapist navigates rather than selects between.

The Diamond Model: Object-relating and Subject-relating

Extending Clarkson's model, I have proposed what I call the 'diamond model' — which places the essential relational conflict at the centre of the framework. This essential conflict is between objectifying and intersubjective relating, between what I call 'I-It' relating (treating the other as an object) and 'I-Thou' relating (meeting the other as a subject).

Neither pole is simply good or bad. Objectifying relating — in which the therapist maintains a professional third-person stance, treats the client as a case, applies theory and technique — is necessary and valuable. It provides structure, containment, and a frame within which the client can safely regress. Intersubjective relating — in which the therapist is genuinely present as a fellow human, allowing the client's reality to land in them, risking being moved and affected — is equally necessary.

The art of therapy lies in holding both simultaneously — in being available as an object (to be used, projected upon, constructed as a figure from the past) while remaining genuinely present as a subject (able to surprise the client, to be a real other who cannot quite be reduced to the transference). This is the paradox at the heart of the therapeutic position, which no model or technique can resolve — only lived, moment by moment.

Multiple Modalities as Simultaneous Tensions

Clarkson's modalities, re-framed through the diamond model, can be understood as different dimensions of the fundamental tension between objectifying and intersubjective relating. The working alliance involves the tension between the client's cooperation with the frame (objectifying) and their genuine investment in the relationship (intersubjective). The transferential modality involves the tension between being used as an object by the transference (objectifying) and maintaining authentic presence within it (intersubjective).

What this means in supervision is that rather than asking 'which modality am I in?', the question becomes: 'what is the balance of these tensions in this moment, and how am I navigating them?' This is a more dynamic and less categorical way of attending to the relational field.

It also means attending to the therapist's own embodied experience of these tensions — which modality is pulling most strongly, where the charge is, what the therapist is avoiding and what they are drawn towards. The diamond model, like all good clinical models, should illuminate the therapist's experience rather than obscure it.

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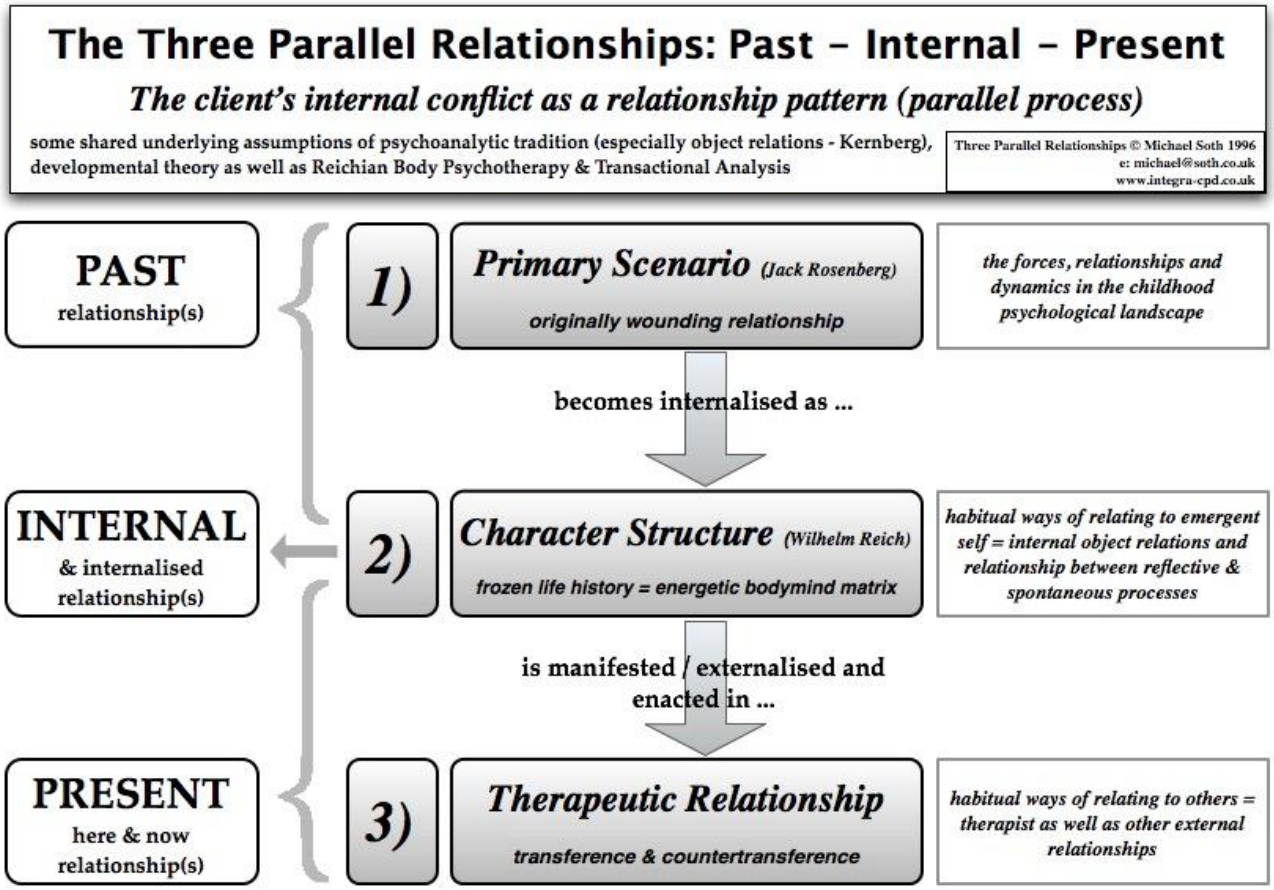
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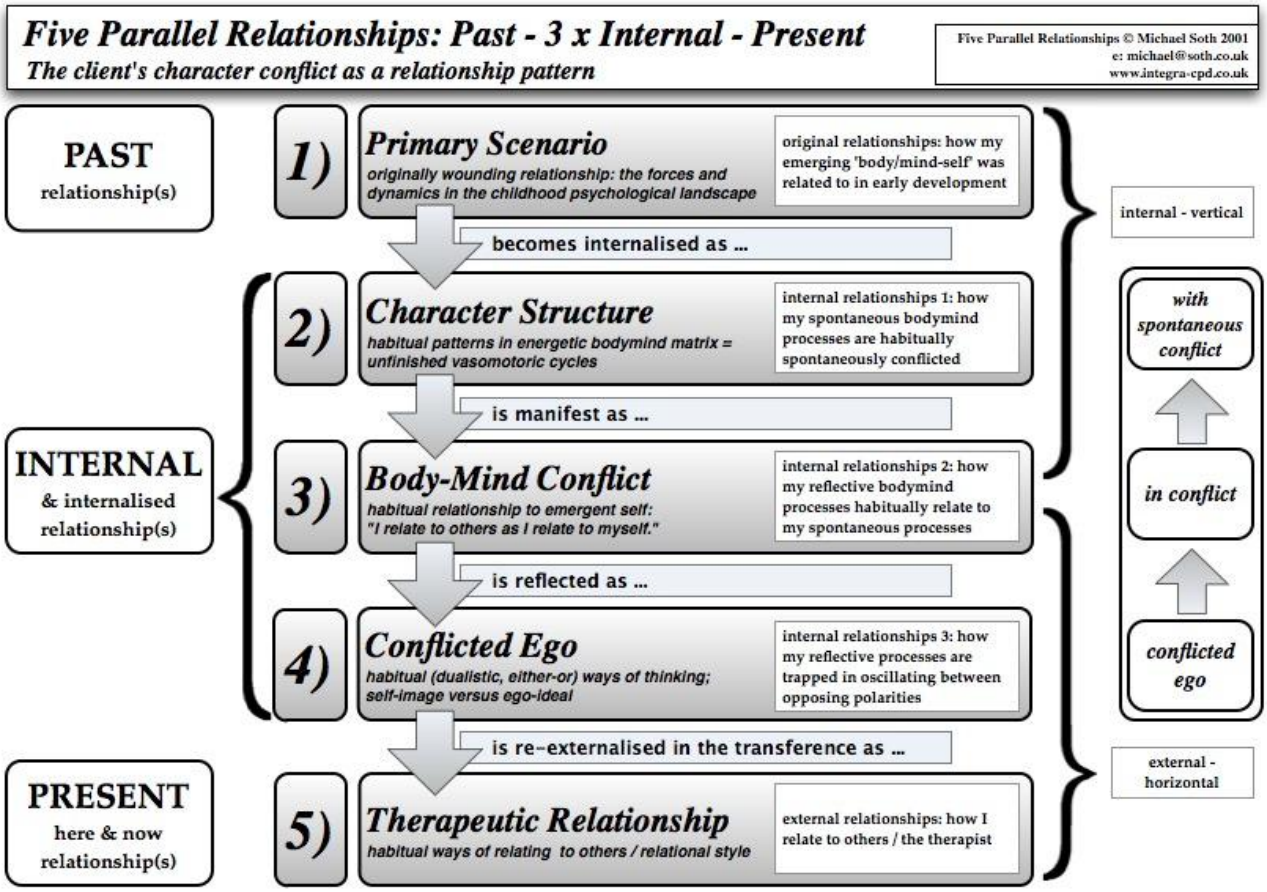
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The Three Parallel Relationships · Michael Soth, 1996



Five Parallel Relationships · Michael Soth, 2001

DIAGRAM · 1996 · MICHAEL SOTH

Three Parallel Relationships: Past - Internal - Present

The client's internal conflict as a relationship pattern (parallel process)

PAST	**1 · Primary Scenario** Originally wounding relationship	Forces & dynamics in the childhood psychological landscape
	becomes internalised as...	
INTERNAL	**2 · Character Structure** Frozen life history = energetic bodymind matrix	Habitual ways of relating to emergent self = internal object relations
	is manifested / externalised and enacted in...	
PRESENT	**3 · Therapeutic Relationship** Transference & countertransference	Habitual ways of relating to others = therapist & other external relationships

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Five Parallel Relationships: Past - 3x Internal - Present

The client's character conflict as a relationship pattern

PAST	**1 · Primary Scenario** Originally wounding relationship *becomes internalised as...*	Original relationships in early development
INTERNAL	**2 · Character Structure** Habitual patterns in energetic bodymind matrix *is manifest as...*	Internal relationships 1: spontaneous bodymind processes habitually conflicted
	3 · Body-Mind Conflict Habitual relationship to emergent self *is reflected as...*	Internal relationships 2: how reflective processes relate to spontaneous processes
	4 · Conflicted Ego Habitual (either-or) ways of thinking; self-image vs ego-ideal *is re-externalised in transference as...*	Internal relationships 3: reflective processes oscillating between opposing polarities
PRESENT	**5 · Therapeutic Relationship** Transference & countertransference	External relationships: how I relate to others / the therapist

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