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# Is Relating as Such Curative?

Michael Soth

A critical examination of the claim that 'the relationship is the cure' — exploring what this claim actually means, when it is valid, when it is naively idealistic, and how a more nuanced understanding of relating as therapeutic vehicle relates to the full complexity of transference, enactment, and the therapist's embodied presence.

KEY THEMES

— Is 'the relationship is the cure' naively idealistic?

— What kind of relating is curative and why

— Relating without embodiment is not enough

— The enactment as the crucial test of 'relating'

— When genuine relating becomes possible in therapy

## The Claim and Its Ambiguity

The claim that 'the relationship is the cure' — or that 'it's the relationship that matters' — has become something of a consensus position across the psychotherapy field. It represents a welcome move away from the earlier belief that cure comes primarily through the application of correct technique or the achievement of insight. But the claim is ambiguous — and its ambiguity conceals some important questions.

What kind of relating is curative? Is any relationship therapeutic, provided it is warm and genuine? Is it the experience of being understood that heals? Of being contained? Of being genuinely met? Or is it something more specific — something which happens in the complex, charged territory of transference and enactment, where the wounds of the past are alive and the therapeutic relationship has become the arena in which they are re-enacted?

The easy answer — that warm, empathic, genuine relating is curative — captures something real but is also problematic. Warm, empathic, genuine relating is a necessary but not sufficient condition for therapeutic transformation. It is the ground from which more complex and difficult forms of relating — including the relating which happens in the middle of enactment — can become therapeutic.

No relating without embodiment. A crucial refinement of the 'relationship is the cure' claim is the recognition that relating which is purely cognitive-verbal is not enough. The relationship is curative when it is genuinely embodied — when the therapist's body is present and responsive, when the somatic dimension of the encounter is included rather than bypassed, when the non-verbal communication which constitutes the majority of human relational experience is attended to and valued.

## No Relating Cure without Embodiment

The relationship is curative precisely because it engages the client's relational history at the level at which that history lives — which is primarily the somatic, pre-verbal, non-conceptual level. The wounding which brings clients to therapy happened largely before language, or in the non-verbal dimensions of early relationship. It is stored primarily in the body — in postural patterns, breathing patterns, muscle tensions, autonomic nervous system responses which were laid down long before the cognitive mind developed its current capacity for reflection.

A purely verbal relationship — however warm, however empathic — cannot reach this level directly. The therapist's words may be received at the cognitive level, may be intellectually understood, may even be emotionally meaningful — but they may not reach

the somatic substrate where the wounding lives.

Embodied relating, by contrast, can reach this level. When the therapist's embodied presence — their quality of aliveness, their willingness to be affected, their genuine responsiveness at the bodymind level — meets the client's embodied reality, something can happen at the somatic level which cannot happen through words alone. The wound can be met at the level at which it lives. This is what I mean by relating as curative: not just warm verbal connection, but full bodymind relational contact.

## The Enactment as the Test

The most demanding test of 'relating as curative' comes in the moments of enactment — when the therapeutic relationship has become charged with the client's wound, when the therapist has been drawn into a particular relational pattern, when the working alliance is under strain and the pressure of the re-enactment is at its most intense.

It is precisely in these moments that the claim that 'the relationship is the cure' is either vindicated or revealed as naive. If the therapist can remain genuinely present — embodied, responsive, neither colluding with the enactment nor defending against it, holding the complexity of the relational field in awareness — then something genuinely curative can happen. The wound is met, in all its difficulty, by a real other who can contain it without being destroyed by it.

If the therapist retreats into technique, or becomes defensive, or loses contact with their own embodied experience, the opportunity is lost — and what might have been curative becomes another repetition of the wounding. The relationship is the cure, but only when it can include, survive, and work through the enacted re-presentation of the wound.

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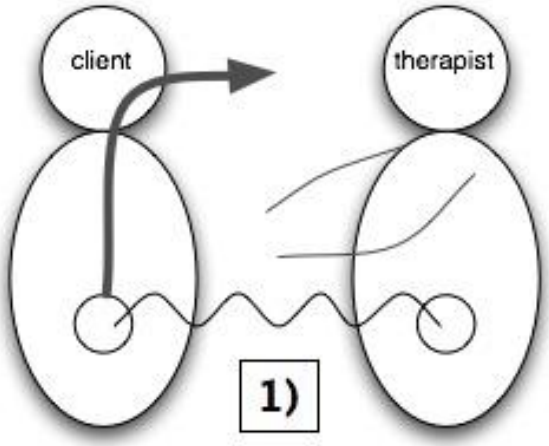
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# The three kinds of contact in the therapeutic relationship

In terms of my internal process as a therapist (perceptions, fantasies, understandings of self and other as well as therapeutic impulses), I find it useful to distinguish the following three kinds of contact arising in the therapeutic encounter, noticable as varying degrees of 'working alliance'.




Therapist experiences:

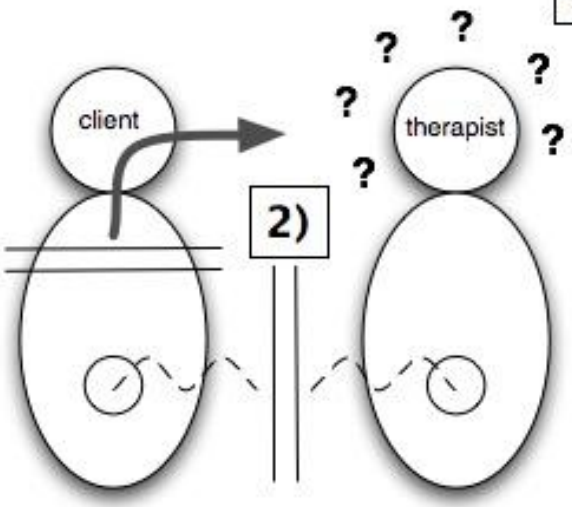
**RESONANCE**

(explicit empathic flow and attunement, no doubts about working alliance)

a) through therapeutic persona (good will, intention)

b) spontaneously, without effort or intention, as a result of deepening process

how to contain/facilitate awareness of transition between 1) and 2) ?



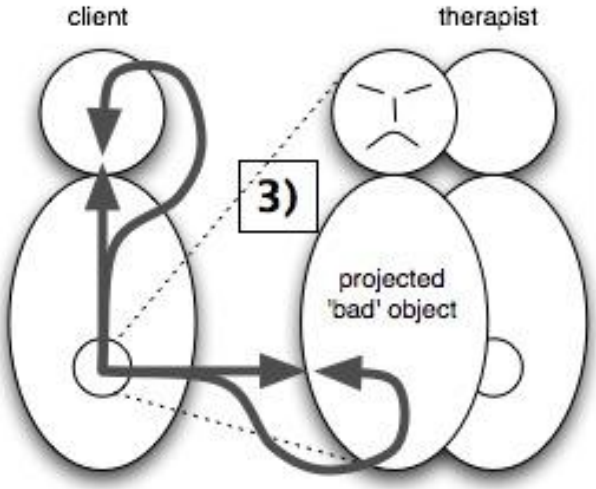

Therapist experiences:

**DISSONANCE** as well as **RESONANCE**

(explicit empathic flow disturbed or conflicted, doubts about working alliance)

therapist feels in doubts, unsure, worried, uncomfortable, ambivalent or in conflict about
a) understanding: "what's going on ?", or ...
b) intervention: "what should I do ?"
(often torn between conflicting impulses)

how to contain/facilitate awareness of transition between 2) and 3) ?




Therapist experiences:

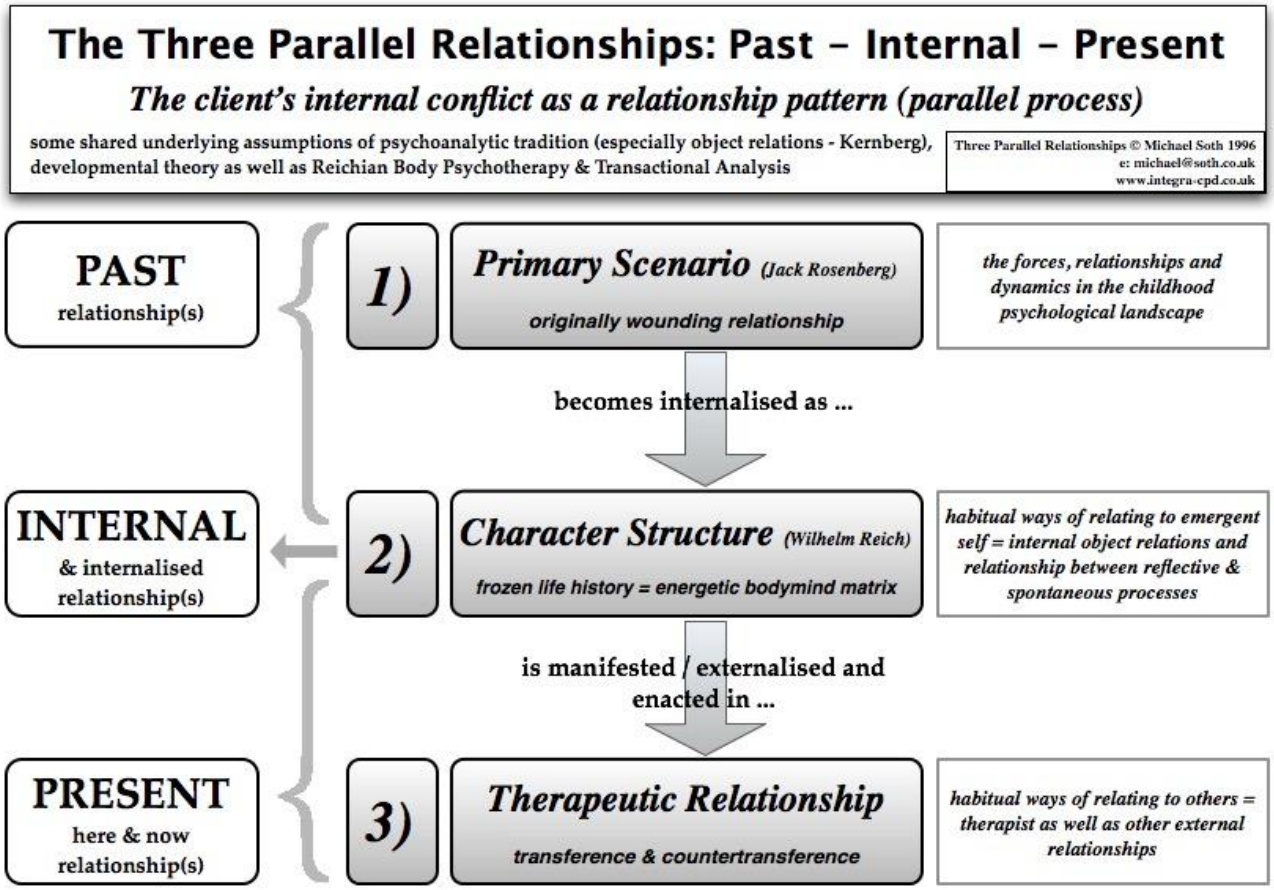
**INTENSE CONFLICT / PRESSURE**

(charged and conflicted moment - working alliance acutely/intensely threatened = loss of therapeutic position seems imminent or already happened)

therapist intuits that possibility for re-enactment of client's wounding and negative patterns is strong = tendency to go unconscious

transition from 3) to 1a) happens spontaneously if the re-enactment can be contained sufficiently, the characterological conflict can re-organise itself

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The Three Parallel Relationships · Michael Soth, 1996

DIAGRAM · 1995 · MICHAEL SOTH

# The Three Kinds of Contact in the Therapeutic Relationship

## 1 RESONANCE

*Explicit empathic flow and attunement, no doubts about working alliance*

a) through therapeutic persona (good will, intention)

b) spontaneously, without effort or intention, as a result of deepening process

↓ *how to contain / facilitate awareness of transition between 1) and 2)?*

## 2 DISSONANCE as well as RESONANCE

*Explicit empathic flow disturbed or conflicted, doubts about working alliance*

Therapist in doubts, unsure, worried, ambivalent or in conflict about:

a) understanding: 'what's going on?'

b) intervention: 'what should I do?' (often torn between conflicting impulses)

↓ *how to contain / facilitate awareness of transition between 2) and 3)?*

## 3 INTENSE CONFLICT / PRESSURE

*Charged and conflicted moment — working alliance acutely / intensely threatened*

Therapist intuits that re-enactment of client's wounding is likely — tendency to go unconscious.

Transition from 3) to 1a) happens spontaneously if the characterological conflict can be contained sufficiently.

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# Three Parallel Relationships: Past - Internal - Present

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

| | | |
|---|---|---|
| **PAST** | **1 · Primary Scenario**<br>Originally wounding relationship | Forces & dynamics in the childhood psychological landscape |
| | *becomes internalised as...* | |
| **INTERNAL** | **2 · Character Structure**<br>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**<br>Transference & countertransference | Habitual ways of relating to others = therapist & other external relationships |

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