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The Relational Turn

Michael Soth

An interview with Michael Soth by Nancy Eichhorn, published to accompany the Relational Body Psychotherapy panel at the 13th International EABP Congress (2012). Explores what 'relational' actually means in body psychotherapy — beyond buzz-word status — and how the relational turn constitutes a fundamental paradigm shift for every therapeutic orientation.

KEY THEMES

— What 'relational' actually means beyond the buzz word
— The relational turn as a paradigm shift beyond technique
— Embodiment as a learning and unlearning process
— The teacher/expert trap in body psychotherapy
— Integrative versus integral-relational approaches

Do We Have a Shared Understanding of 'Relational'?

The term 'relational' has recently achieved buzz-word status. Therapists are quick to quip they are 'relational' because they see themselves as relating well to their clients and because they consider the quality of relationship with their client crucial to the work. Books are written, conferences held, workshops offered — all based on the increasingly widespread conviction that healing takes place in the relationship: 'it's the relationship that matters.'

It is a precious achievement that the profession is now placing such significance on the relationship. But the apparent consensus across the profession around the centrality of the relationship is only skin-deep. The closer we look, the more apparent it becomes that being 'relational' means profoundly different things to therapists from different approaches.

Each therapeutic approach tends to assume that relationality is to be understood through its own framework, neglecting the recognition that different approaches understand therapeutic relating in diverse, and often profoundly contradictory, ways. Relationality is too easily appropriated by the paradigms and preconceptions of each partial approach, without the field having plumbed the depths of the fertile conflicts between them.

Two Key Differences: Integrative and Relational

There are two key differences from how I understood Body Psychotherapy 25 years ago. The first is integrative: in the past, the special expertise and attitude of Body Psychotherapy was partial to its own tradition, excluding other and contradictory approaches. Today we are able to take an integrative stance which includes a wider embrace of other therapeutic approaches — there is room for all knowledge, all methodology, all ideology.

The second difference is relational. This is the 'relational turn' I formulated in the mid-1990s — based on a shift that potentially impacts every sort of therapeutic intervention regardless of methodological affiliation. From this perspective, the therapeutic relationship becomes much less etiologically perceived and all the more complicated. Nothing we have been taught is untrue; it can all be included and valued. But the therapist will have to rely on every tool they have, within a new paradigm.

Specifically: the relational turn requires the therapist to recognise that their own subjectivity — their own woundedness, their own embodied aliveness or deadness — is not a distortion of the process but a constitutive part of it. The therapist is not a neutral instrument applying techniques; they are a participant in a two-person process which

inevitably constellates both people's history.

Can We 'Educate' the Client into Embodiment?

Bodily knowing and embodiment involve a profound learning — and unlearning — process. And once acknowledged as a learning process, we must ask: what position does the therapist take? How do I, as a therapist, engage with the disembodiment that the client brings into the room?

One stance a therapist is likely to take is 'the teacher': the explicit version of this is psycho-education, and we know from trauma work that this can have a calming, containing effect. But as an exclusive or dominant stance, a 'teacher' position has limiting consequences. I can tell the client how important it is to notice how they are breathing. But as I do so, what kind of person am I being perceived as by the client's unconscious? If I position myself as a 'body expert', my interventions might be translated as 'Don't be like that with your body' — creating a relational atmosphere like a doctor's consulting room.

To integrate the work with the body relationally, whether or not the client experiences it as objectified, requires a new approach. Perhaps even a new paradigm. Here we can take inspiration — rather than direct instruction — from neuroscience's appreciation of how the infant's embodied sense of self develops in an intersubjective dance with the mother.

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