Second edition

Relational Psychotherapy

a primer

Patricia A. DeYoung

Relational Psychotherapy

Relational Psychotherapy: A Primer, 2nd ed., offers a theory that is immediately applicable to everyday practice, from opening sessions through intensive engagement to termination. In clear, engaging prose, the new edition makes explicit the ethical framework implied in the first edition, addresses the major concepts basic to relational practice, and elucidates the lessons learned since the first edition's publication. It is the ideal guide for beginning practitioners but will also be useful to experienced practitioners and to clients interested in the therapy process.

Patricia A. DeYoung, MSW, PhD, is a relational psychotherapist, clinical supervisor, and a founding faculty member of the Toronto Institute for Relational Psychotherapy.

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A Primer

Second Edition

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Dedication

To Mary B. Greey

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Preface to the Second Edition

When Anna Moore, my editor at Routledge, asked me if I would be willing to develop a second edition of *Relational Psychotherapy: A Primer*, I answered, "Yes, but there's this manuscript on chronic shame I've been working on for a while. I think I should finish it first." Anna trusted my instincts, I buckled down to write the shame book, and then I turned to this project. I didn't imagine then that the two books would be linked. I simply felt that I had cleared my mind and would be able to speak in my own voice going forward.

When I considered the Primer revision, two things came to mind: (1) Twelve years haven't changed the basic principles of relational practice. (2) Twelve years have brought subtle but significant changes to how relational theory is articulated. Could a revision do justice to both realities? Would I start from the beginning of the Primer and try to weave these subtle changes into the original text? I thought not. It might be easier and more useful to write a completely new book!

How then to revise? I proposed an experiment. I would draft a new last chapter (Chapter 8) that would summarize key new articulations of relational theory, explain how they interact with previous theory, and illustrate the changes with some case material. We would then send the new chapter, along with the first edition Primer, to impartial reviewers to see whether the experiment worked, whether this new format would extend the cogency and usefulness of the first edition. Anna welcomed the idea. I felt liberated to write—and grateful that she once again believed in my process.

As I worked my way through the four new ideas I wanted to address, exploring their impact on the overall system of relational theory, a certain case kept coming to mind unbidden. Not only did it illustrate the theory in question, it was also a case discussed in the first edition. Thus it could be a perfect example of how new theory creates new meanings, even from material already understood in relational terms. It was, however, my own case,

the impasse with my analyst I had written up in Chapter 5, an event I could now acknowledge as a tsunami of shame that took me years—and writing a book—to understand. I wondered: What kind of narcissism would lead me to write about myself again? What kind of shame am I still exorcising?

And so I couldn't quite write the case, though my head was clear enough to see connections between my case and the new theory, and I had voice enough to speak what I saw. But then, thanks to my peer supervision group—Judy Gould and David Schatzky, who encouraged me to take an hour to speak my case to them, and Bonnie Simpson, who wholeheartedly endorsed my first nervous draft—I *could* write it.

Off it went to the reviewers, and their solid support of the project in this form was a great relief. Thanks to Steve Tuber for his helpful questions about the connections between mentalizing, empathy, and compassion. Thanks to Donna Orange for the warm welcome she gave to my personal story and for linking the chapter to an "ethical turn" in relational theory, which inspired me to add the final section, "The Ethics of Showing Up."

Many readers of the Primer's first edition, mostly students of the Toronto Institute for Relational Psychotherapy (TIRP), have asked me after reading Chapter 5, "So what happened? How did it turn out between you and your therapist?" I'm happy finally to be able to give them substantial answers to their questions. And I owe them thanks for asking—for letting me know that something was missing in the story and in the theory about it. I hope that readers familiar with the first edition will find clarity gained and nothing essential lost in the edited version of the chapters that come before Chapter 8.

I am grateful again to my clients, from whom I have learned how to put the new theory into practice. They have taught me that when they show up for real—in need of my personal, emotional presence—good things happen if I, too, can show up for real, with the skill and care I owe them. I have learned with them that there need be no shame in any of the emotions between us, not even when it's affection we feel.

I can't sign off on this second Preface without thanking those who always help me with my writing. My wordsmith daughter Adriel Weaver came up with good catches in a final edit of Chapter 8. My partner Mary Greey persists in believing that I and all my projects are wonderful (in essence, if not constantly). Sometimes I'm shy about how much her delight matters, but luckily she hasn't been shy to show up and show some emotion about the new chapter—in which she gets a cameo appearance, as well she should.

Pat DeYoung
Toronto
September, 2014

Preface to the First Edition

This book wouldn't have seen the light of day without the editors at Brunner-Routledge. Bernadette Capelle was the first to take an interest, George Zimmar proposed a format that would work, and Shannon Vargo and Cindy Long suggested useful revisions. I'm grateful that the Brunner-Routledge team saw value in what I had to say and helped me fashion an appropriate vehicle for it.

Graduates and students of the Toronto Institute of Relational Psychotherapy will recognize that the gist of the book is what they have heard from me over the years. They taught me how to translate relational theory into language they could understand and use. Faculty colleagues Louise Gamble, Rozanne Grimard, Mary Greey, Carl Moore, Jim Olthuis, Rita Fridella, and Catherine Comuzzi all contributed to the relational synthesis that has emerged at TIRP.

My understanding of self psychology has been deepened in supervision/study groups with Howard Bacal, Ellen Lewinberg, and Alan Kindler. A self psychological psychoanalysis with Sam Izenberg has taught me from the inside out what it's like to benefit from a relationship of consistent empathy and thoughtful understanding. Peer supervision groups have been another rich resource for learning how to put relational theory into practice. Thanks to the members of my current group—Pat Archer, Midge Breslin, Judy Lester, Susan Marcus, Sonia Singer, and Lisa Walter—not only for what I've learned from them, but also for their support for the book project. Thanks, too, to members of another study/supervision group—Diane Johnson, Alisa Hornung, Harriet Tarshis, and Jan Turner—for their helpful response to an early version of the text.

My clients have taught me as much about relational therapy as anyone, for one by one they teach me how to be with them. I'm grateful for what we have discovered together and for permission to use some vignettes of our work. The longer case histories I have included are composites of stories

I've heard over the years—except for Lucy's story. I appreciate her gracious permission to use her story as I have written it.

I owe special thanks to those colleagues and friends who read early versions of the manuscript with a critical eye and a willingness to challenge my ideas and agendas: psychotherapist readers Midge Breslin, Pat Archer, Sonia Singer, Susan Marcus, Mary Greey, Betty Kaser, and Cathy Schwartz, and writerly readers Adriel Weaver and Adrian and Johanna Peetoom.

I owe special thanks of another kind to Mary Greey, who has been not only a TIRP colleague and a careful reader of early versions of the text, but also a loving partner who has welcomed the presence of this book in our daily lives. Her unshakable confidence in me helped me keep the faith in difficult times, and her good-natured support made it all so much easier than it might have been.

Pat DeYoung
Toronto
September, 2002

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Introduction

In a small, quiet room, two people sit facing each other. One of them listens attentively as the other talks, trying to explain what's troubling her. She speaks in hurried, broken sentences, her shoulders hunched, her face tense with worry. When tears spring to her eyes, she dabs at them with a crumpled tissue. The listener puts a box of tissues within the speaker's reach and continues to listen without interrupting her.

These two people will be here together for exactly fifty minutes. Both of them hope that by the end of that time, the listener will have been able to offer meaningful help to the one in distress. They will meet again next week at the same time for another fifty minutes, because the trouble is complicated and the help isn't a quick fix.

You are the one who sits and listens. You are the psychotherapist. One hour at a time, one person at a time, you listen to the trouble people have living their lives. You hear about how anxious, frustrated, and depressed they feel. They confess to you the self-destructive patterns they've fallen into as they've tried to do their best. They're stuck. They're at the end of their rope. They're in pain. You listen to them one by one, and every hour you think carefully: What meaningful help can I offer this person?

Every time you answer that question, every time you offer a comment, a suggestion, or an intervention, you do so with conscious or subliminal reference to a theory of how psychotherapy works. The theory gives you a conceptual filter for understanding what's wrong in the picture, and it gives you a matching set of ideas about what needs to change if this person is to feel better. The theory also guides you, the therapist, to make certain moves to facilitate those changes.

General theories of psychotherapy—psychodynamic, feminist, solution-focused, or cognitive-behavioral therapies, for example—view many kinds of psychological problems through the same lens of assessment and treatment. Other theories of psychotherapy address specific problems such as

phobias or eating disorders. Most experienced therapists work from a general theory of psychotherapy, integrating into it specific theories of how to work with particular problems their clients bring.

This book puts forward a general theory of psychotherapy, a theory I call *relational psychotherapy.* It's not entirely new, for its roots are in psychodynamic and humanist therapies that have been around for many years. It also owes a lot to feminist theories about a fundamentally relational self. But at the same time, relational psychotherapy, understood in its own terms, is a new phenomenon. In recent decades, a relational perspective has opened up new vistas for psychoanalytic theory. And of course analysts aren't the only therapists who read psychoanalytic theory. Through books and articles, in conferences, therapist training programs, and collegial reading groups, relational theory has become a force to be reckoned with.

There are good reasons for the strength of this growing movement: First, relational theory is a powerful general theory of psychotherapy; second, a relational approach provides a strong foundation for responsible, coherent eclecticism; and third, relational psychotherapy is a flexible alternative to goal-oriented, expert-driven models of psychotherapy. Relational psychotherapy is a model driven, instead, by the client's experience and the client's needs. It pays close attention to how those needs are understood and addressed within the therapy relationship.

Since relational psychotherapy is so client-centered and experience-near, I have written this primer in a way that tracks very closely a client's experience of relational psychotherapy. Since a relational therapist is always personally engaged in the process of therapy, in parallel process I will speak to you, the relational therapist, with as much personal immediacy as a written text allows.

The Book: An Overview

The first seven chapters of this book are laid out in a sequence that mirrors a client's experience of therapy. Chapter 1, Relational Therapy and Its Contexts, responds to questions a client might ask before beginning therapy with you: What does relational therapy offer compared to other therapies? How does it work? The chapter is a useful resource when clients come from other experiences of therapy or are looking for a therapist for the first time.

Even if clients don't ask about your theoretical orientation—and most don't—they pick up on your confidence in your own way of working. Confidence comes from experience, but it also comes from knowing where you stand and what you think. Chapter 1 gives you a sense of where a relational therapist stands in relation to other therapists. I sketch the primary themes

of relational therapy, and then I compare and contrast various contemporary theories of psychotherapy from this vantage point. This relational point of view is not the property of one school of therapy. Relational theory is spoken in many voices. In the last part of Chapter 1, I review the sources that contribute to the working synthesis I propose.

Chapter 2, Beginning with the Basics: Structure, Ethics, and Empathy, begins with the assumption that the client has decided to give you a try. So we discuss the clarity you need about the structure, boundaries, and ethics of relational therapy. What clients can expect above all when they show up for sessions is *empathy.* As a relational therapist, you won't predict a particular course or outcome of therapy, but you will do all you can to understand your client from inside her own experience and to share your understanding with her. Empathy is such an apparently simple method that clients may be nonplussed in its presence. Often they want more guidance or advice. They wonder, "How can just 'being understood' help me?" But your active empathy only seems to be a simple process. In this second chapter, I explore the complexities of empathy and how it becomes effective treatment.

Chapter 3, Assessment: What's Wrong When Your Client Feels Bad?, addresses the question of assessment. As your client tells you the story of his trouble, how will you understand what's wrong for him? I spell out one of the basic tenets of relational psychotherapy: What's wrong is neither entirely inside the client, in his psychological makeup, or dysfunctional patterns, nor entirely outside in the world, in forces that impinge on him. Instead, according to a relational model of psychotherapy, the problem exists in those spaces or activities where outside influences and inside responses interact to create the shape and feel of a "self." I explain how patterns of interaction between self and others become principles that organize a personal psychology, and I show how these patterns quickly become woven into interactions between therapist and client. Noticing these patterns as they emerge between you and your client is part of an in-process relational assessment of what's wrong for him.

In Chapter 4, Relational Trauma: Past and Present, Memory and Now, I take up the issue of the relationship between past and present, especially a traumatic past and the work of healing in the present. The principles that organize a client's sense of self-in-relation came into being over time and in certain relational contexts. When clients need to recover from the effects of relational trauma suffered early in their lives, they often have to work long and hard in therapy. Their trauma may have included emotional neglect and physical or sexual abuse. Relational therapy helps clients understand how the past remains alive in the present, undermining their well-being, and it trusts that new, positive relational experiences can reduce the destructive power of the past.

Past trauma can be repeated as here-and-now emotional struggles between client and therapist. This phenomenon, called *negative transference* in traditional psychodynamic theory, is what I address in Chapter 5, The Terribly Hard Part of Relational Psychotherapy. I call it "the terribly hard part of relational therapy"—because that's what it is, both for you and your clients. As clients share themselves with you, they hope that you will understand them ever more deeply and completely. But at the same time, their painful relational history leads them to expect that you will fail them. And inevitably, usually in small ways, failure happens. Moments of misunderstanding rupture the relationship, and repairing the ruptures takes careful empathic work to understand how things went wrong. If you can attend to what's happening in a way that validates your clients' need to be understood and that keeps their pain inside the relationship with you, you can support and steady them through these difficult times.

The hardest part of this work is to stay close to what's happening, to not be afraid to feel it. As fate or luck would have it, when I came to write Chapter 5, I had just fallen into transference trouble with my own relational analyst. To help myself through it, I wrote about what was happening, trying not to be afraid to feel it. Then I included my story in the chapter, because looking at the terribly hard part of relational therapy from this up-close, personal perspective seemed a very good way to ground theory about "transference" in felt experience.

This work can be as hard for the therapist as it is for the client. Feeling deeply mistrusted makes even the most committed relational therapist want to pull back from a relationship. What if you do get hurt and defensive? What matters is what you do next, because if you don't catch yourself (with help in supervision), the relationship may spiral downward into an angry, despairing standoff. It's possible to catch those downward spirals before they get out of hand. The point of chapter 5 is that relational impasses can, indeed, be resolved in therapy. In fact, this is sometimes the most effective work you and your client will do together.

In Chapter 6, The Wonderfully Good Part of Relational Psychotherapy, I move from what's very hard about relational therapy to what's very good about it. The chapter is about the everyday health and well-being that relational therapy makes possible for clients—through subtle but profound changes in how clients can experience themselves with others. I briefly introduce several models of development that give us language for these changes, without making a special case for any one model. They all envision psychological health and well-being as products of healthy relationships from infancy onward. Within any one of these systems, dependency can be redefined as your clients' ways of connecting with you in ways that help them grow stronger and more connected to others and to themselves.

Chapter 7, Ending and Going On, describes how relational therapy ends—in its own time, and when clients feel significantly better than they did when they began. As clients feel more at ease with themselves, more secure with others, and more confident in their abilities and dreams for the future, they become ready to let the therapy relationship become a memory. This is more than the end of a treatment process, however; good-byes must be spoken between persons who have come to know each other deeply. Your clients will need time and space to feel the loss of the relationship, and to sense how it will continue as memory. Then a good ending can become a good beginning for a new phase in your client's life.

In seven chapters, from beginnings to endings, this is the story the book tells about how relational psychotherapy works. Then comes a final chapter, Twelve Years Later, and written twelve years after the first edition of 2002. Chapter 8 introduces four new themes that have emerged within the dynamic system of relational psychotherapy theory, themes that both affirm and transform the fundamental principles of relational work. To illustrate these themes, I return to my own case from Chapter 5, follow it forward ten years, and offer a new discussion of the case in terms of the new ideas. Thus Chapter 8 is both an update and an epilogue to the original story.

Before we get into that story, however, I have two more introductory topics to cover. The first is about identifying the clients who need and get the most out of relational therapy. The second is about identifying the therapists who are best suited to this kind of work.

Who Needs Relational Therapy?

Relational therapy can be effective treatment for a wide range of psychological and emotional problems, since so many of them are rooted in troubled relationships, past and present. Often clients don't know how helpful it can be to talk through their problems and symptoms in terms of context—what's happening in their lives right now and the history behind what's happening now. They have no idea how to tell their own relational story, or what a difference careful, empathic listening can make to their self-understanding—and then to their symptoms.

Many models of psychotherapy also fail to recognize the significance of a person's relational context. They treat problems as if they are only a person's internal dysfunctions, and they focus on the therapist's ability to help the person change his problem thoughts and behaviors. From a relational perspective, such treatment addresses only the symptoms of self-in-relation problems, and when it leads to change (which is quite possible) the change

may be due more to the relational care with which the nonrelational model is delivered than to the model itself.

Let me explain. Therapists of many persuasions want to be helpful and understanding. Sitting down with any one of them can be a powerful new relational experience for clients who have been alone with their distress. Suddenly their trouble makes sense to someone. That person is listening and understanding. Help is possible; they don't have to be alone. Thus a treatment delivered with respect and empathy may not be relational by definition or intent, but it can change what clients can expect from their relational worlds. Furthermore, if a structured treatment shifts clients' patterns of thought and behavior, their relationships with other people will change, too. From a relational perspective, these more positive interpersonal interactions may have more to do with the clients' subsequent improvement than the "internal" changes they have made.

A relational perspective also explains why these clients don't need a specifically relational approach (even though it might be good for them, too). Even when stressed and needing help, these clients live within a sense of self-with-other that is relatively flexible and open to change. They can receive interpersonal help easily and try out new strategies. They don't need a specifically relational therapy in order to change how they think about themselves or how they interact with other people.

Other clients aren't so fortunate. They live within a much more dangerous self-with-other world, though they may not know this is true. They know about their anxieties and addictions. They are constantly warding off insecurity, shame, and insidious worries about failure and incompetence. They may have tried self-help books, self-improvement programs, and other therapies, but nothing much has changed for them over the long term. They suspect that maybe nothing can change for them. And yet their unhappiness draws them back to therapy, for it seems clear to them that there's some kind of psychological problem going on.

Someone with a story like this needs intensive, specifically relational therapy more than she needs more goals and strategies. So far her self-improvement efforts have done nothing to change what she feels with others. Her self-with-other knowledge keeps telling her that she's defective, not trying hard enough, and bound to fail, and these convictions, though mostly unconscious, are far from flexible and open. Whether she knows it or not, she can't help but see you as one more person who will judge her, feel disgust about her feelings and needs, and ask things of her she can't produce. Your kindness and good intentions may barely register against the strength of what she secretly believes. Unless you and she can find ways to address these relational problems between you, therapy will become for her just one more round of self-protection, compliance, and secret shame.

On the other hand, if you can address these problems and thus make way for new kinds of interactions between you, therapy can become a matrix for profound, long-lasting change.

Sometimes these clients who have already worked hard to change themselves will ask, "How do you think you can help me?" That's a difficult question to answer because although you want to be honest, you don't want to say something that will frighten or shame them. Clients protect themselves from even knowing that they feel interpersonal fear and shame. As a relational therapist, you know that they will come to trust you only insofar as you respect their self-protection. You know that this long, slow interaction of understanding and trust will take time, lots of time. You also know that these clients would rather locate their trouble inside themselves than in their relational world—which they "know" can't change. The last thing they can bear to imagine is trouble between themselves and their therapist, because for them interpersonal trouble leads directly to win-or-lose, and of course a therapist would win and they would be the blamed, shamed loser in the wrong.

All that being said, there are some simple ways to talk with a client about the essence and advantages of a specifically relational course of psychotherapy. Often, after I have developed some rapport with a client, I say something like this:

> I'm a relational therapist. So while I understand that you feel bad inside, I think that those feelings are relational, too. They're questions like: "How do other people see me? Am I good enough for them? Am I worth something?" When the relational answers aren't good, you feel bad about yourself. And those bad feelings can really wear you down.
>
> In relational psychotherapy, we spend a lot of time on relational feelings. They turn up in three main ways. First, there are your everyday relationships with the people in your life right now. We'll look at what happens there that leaves you feeling bad about yourself.
>
> Patterns of feeling bad in your everyday life might make you think of important earlier relationships in your life. That would be the second way relational feelings turn up in therapy. When those early relationships come to your mind, we'll talk about how they told you who you are and what you're worth.
>
> The third kind of relationship we'll keep in mind is the one between you and me, how you and I are working together. It will be especially important to notice if you feel misunderstood or judged by me in some way, and for us to sort that out together.

What I don't say in this uncomplicated explanation is that this is how relational psychotherapy proposes to "make the unconscious conscious." It's worth saying here, though, because it bears on the question: Who needs relational psychotherapy? In the language of theory, the answer is: Relational psychotherapy is especially good for people who need to

be released from the bonds of punitive, constricting unconscious organizing principles. In this view, developed within relational and intersubjectivist theories of psychoanalysis, the unconscious isn't a place or a thing; it's a self-perpetuating patterning or organizing of self-in-relationship that remains out of a person's awareness but shapes all of his self-experience.

In this understanding of the unconscious, relational therapy takes a position that has traditionally been reserved for psychoanalysis. Traditional psychoanalysis is treatment that probes for the unconscious conflicts that cause tenacious psychological symptoms. Relational psychotherapy is treatment that addresses the unconscious relational patterns that underlie tenacious psychological symptoms, symptoms that don't give way in shorter-term, more goal-oriented psychotherapies.

Whether a particular client might need a relational therapy comes down then to questions like these: How longstanding is this trouble? How tenacious? How deeply does it threaten the client's sense of being a cohesive, worthy self? In short: How bad is it? If it's pretty bad, a relational therapist will begin contemplating a longer term, intensive relational approach to therapy with this client.

But let's not forget that a relational therapist envisions most psychological difficulties as symptoms of unsatisfying relationships with others and self. You take this approach in all of your work. So when you begin to think that intensive relational therapy might be what a client needs, you're thinking not of a different approach to this client, but of attending even more carefully and specifically to the client's relational history and relational struggles and of focusing the therapy as explicitly as possible on the patterns that develop within the client–therapist relationship. With a client in this group, a more intensive treatment often emerges organically from your general relational understanding of the problems your client brings. This kind of development serves you both well, for the client has time to test your trustworthiness, and you have time to discover something about how the relationship takes shape between you.

Not everyone who could profit from intensive relational therapy has the patience or interest to do the work. On the other hand, sometimes the most unlikely candidates settle in for the long haul, if only out of desperation. I think that any client who can allow himself to want or need something from you in the therapy relationship can be a candidate for relational therapy. No matter how conflicted the want or how muted the need, if the client has invested some personal passion to be understood and you can meet that need with personal, responsive presence, the therapy relationship can begin to form and move. Deeper capacities for reflection can develop as the therapy progresses.

Who Makes a Good Relational Therapist?

Relational psychotherapy isn't for every client, and it certainly isn't for every therapist, either. Often therapists who are drawn to relational work have come from families of origin in which relationships were tense, conflictual, and unrewarding, and they're likely to have carried away from that formative familial experience a certain combination of characteristics: (1) a profound longing for relationship that is meaningful and supportive; (2) a sense of responsibility for supporting fragile, unhappy family members, especially unhappy parents; and (3) personal psychological organizing principles that leave them with a somewhat fragmented, precarious, or depleted sense of self. In other words, therapists drawn to relational work are often first of all very good candidates for relational therapy themselves. In fact, if they don't do their own therapy first, therapists who come from such families are likely to repeat their histories in their work—feeling at first both stimulated and overwhelmed by responsibility and then fragmented or depleted as they lose themselves in their efforts to help.

On the other hand, therapists who have come to terms with their own relational history, however traumatic it may have been, don't have to keep repeating that history in their personal or professional lives. They have discovered that it's possible to develop ways of being with others in the world that leave them feeling much more whole, alive, and secure in themselves. If they're drawn to practicing relational therapy, it's likely that the relationship with their own therapist was transformative. They know what a difference it makes to be understood deeply and consistently. They know that feeling connected makes possible slow, quiet movement from anxiety to contentment, from insecurity to confidence, from isolating depression to vital engagement with other people.

I imagine that you recognize something of yourself in this picture. But you might still ask, "What does it take to practice relational psychotherapy for thirty years?" It takes the passion for the healing power of relationship that I've just described. But like any other profession, it also requires specific traits of mind and personality. If you enjoy being a relational therapist, you enjoy entering into the stories of people's lives. Though these stories are sometimes hard to hear, you also find them meaningful, like powerful plays or novels. You're not afraid of your clients' strong feelings, and you can feel your own feelings deeply. You're good at pattern recognition, and also at putting complicated ideas into simple, evocative language. You can think on your feet and take quick, considered risks, but you're not impulsive or reactive. You understand and manage your own emotions well. You can sit quietly for long periods of time, and you have an abundance of patience with long, slow processes. You are able to balance your life: for all

the time you spend listening and caring, you spend plenty of other time being active, self-expressive, and connected to others in ways that invigorate and nurture you.

These personal characteristics are integrated into a professional relational therapist-self through specific training in relational psychotherapy, training that includes both book learning and practical learning from closely supervised work with clients. And though you may be exquisitely well-suited for the work and quite well-trained, to thrive for 30 years in a relational therapy practice, you also need a strong community of peers with whom you can continue to grow and learn.

You may have noticed that I haven't mentioned whether you're a social worker, an educator, a psychiatric nurse, a family doctor, a pastoral counselor, a psychiatrist, or someone trained exclusively in psychotherapy. I haven't distinguished between work in an agency or hospital and work in private practice. This is because I believe it's possible for relational therapy to be done by persons in many professions and settings. It's a portable model with significant efficacy even in settings that restrict the number of sessions available to a client.

Perhaps the most likely setting for relational psychotherapy is the office of a relational psychoanalyst, where it may be called either analysis or therapy. But that doesn't mean that relational psychoanalysis is the benchmark for relational treatment. In fact, many relational analysts no longer make a sharp distinction between analysis (on the couch, several times a week) and therapy (face to face, once or twice a week). In either form, relational treatment happens when the therapy explores patterns of the patient's relational experience, especially as they emerge in the therapeutic relationship.

The relational theory I'm about to explore with you is informed by relational psychoanalytic theory. A wealth of relational psychoanalytic theory has appeared in recent decades, giving relational psychoanalysts plenty to read. I'm writing not to them so much as to the rest of us, who want to learn how to put this wealth of insight to work in a psychotherapy practice not defined as analysis. Practitioners who aren't analysts make good relational therapists, too!

One final note: since I identify with lay psychotherapists in a nonmedical tradition of therapy, I have always spoken of the people I work with as clients, not patients. But I trust that if "patient" is the word that works for you, you'll make the translation for yourself.