

The Therapist's Embodied Presence in the Transformative Repair of Relational Breakdowns

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The therapist's embodied presence in the transformative repair of relational breakdowns

- Enactments seem to occur suddenly, when we are caught unawares and plunged into them. But from outside the intersubjective entanglement it is apparent that they build up slowly, increasingly, over time.
- Before we become implicated in an obvious, explicit rupture, there have been implicit, unspoken, subliminal versions of the enactment which have passed unnoticed. Importantly, as we recognise with hindsight, our supposedly therapeutic responses have fed into and contributed to this build-up all along.
- Based on a multi-layered model of enactments (Diamond Model, Fractal Self), Michael will explore how the therapist's embodied presence,

Overview

- **the notion of 'rupture and repair'**
 - origins, value, critique in the context of 'relational' approach
- **historical overview: three relational revolutions**
- **different levels/depths of ruptures via enactment**
- **Michael's 'diamond model'**
- **in practice: how to perceive enactment/ruptures**
- **in practice: what to do about them?**

The 'wound' enters ...

- why does the notion of 'rupture and repair' reflect a paradigm shift in the field?

'medical model' treatment

versus

'relationship'

- history of last 100 years of therapy ...
- (2006) How 'the wound' enters the consulting room and the relationship, *Therapy Today*, December 2006

- or better: the 'wounding' enters

The beginnings of the 'relational turn'

- **J.C. Greenberg, S. Mitchell: Object Relations in Psychoanalytic Theory (1984)**
- **Petruska Clarkson: A Multiplicity of Therapeutic Relationships (1990, 1994)**
- **Martha Stark: Modes of Therapeutic Action**

⇒ **no longer quasi-medical theory & technique**

“It’s the relationship that matters”

- **‘quality’ of relationship – what does that mean?**
 - harmonious?
 - reparative?
 - productive?
 - what is ‘rupture’ and what is ‘bad practice’?
 - what is ‘repair’ and what is ‘collusion’?

 - what *is* ‘therapeutic’?
 - what *is* ‘counter-therapeutic’?

Rupture and Repair ...

is a notion inherited from attachment theory
and infant observation

- **how is that useful for therapy? how is it misleading?**
- **similarities and differences between mother-infant and psychotherapist-client relationship**
 - reparative bias - infantilising?
 - regulation – objectifying?
 - **not collapse multiplicity of modalities/therapeutic relatedness**

Three relational revolutions

- **transference** (Freud 1905)
- **countertransference** revolution (1950's)
- **enactment** (in degrees, since 1995)

To what extent is enactment avoidable?

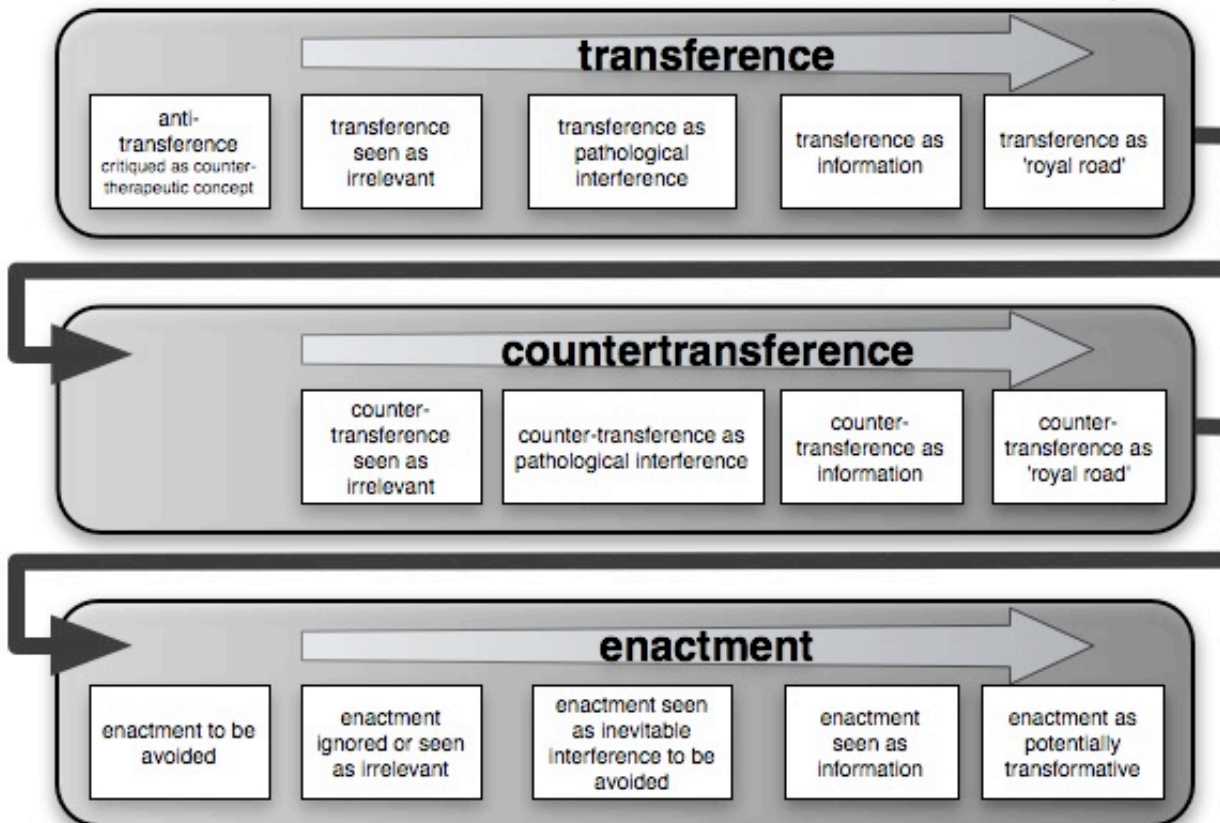
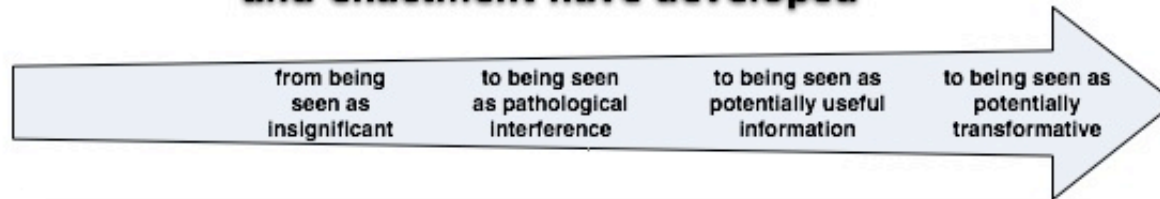
To what extent is enactment a mistake?

Why is enactment inevitable?

Why is it necessary?

The three revolutionary moves (re-framing the supposedly counter-therapeutic)

How the concepts of transference, countertransference and enactment have developed



How ...

1. transference, then
 2. countertransference and maybe now
 3. enactment
- can increasingly be embraced as valid and necessary,

as 'royal roads'

Rupture and Repair ...

in an otherwise functional working alliance?

- **four kinds of assumptions about enactment / ruptures / unconscious:**
 - **nothing disturbs working alliance** (working alliance assumed = ‘medical model’ / idealised)
 - **working alliance is disturbed, but therapist recovers easily** (therapist's 'mistakes')
 - **working alliance is disturbed, but client recovers easily** (intersubjective friction resolved via dialogue/mutual recognition)
 - **fundamental tension between working alliance and enactment** (working alliance is ocean in which islands occasionally arise)

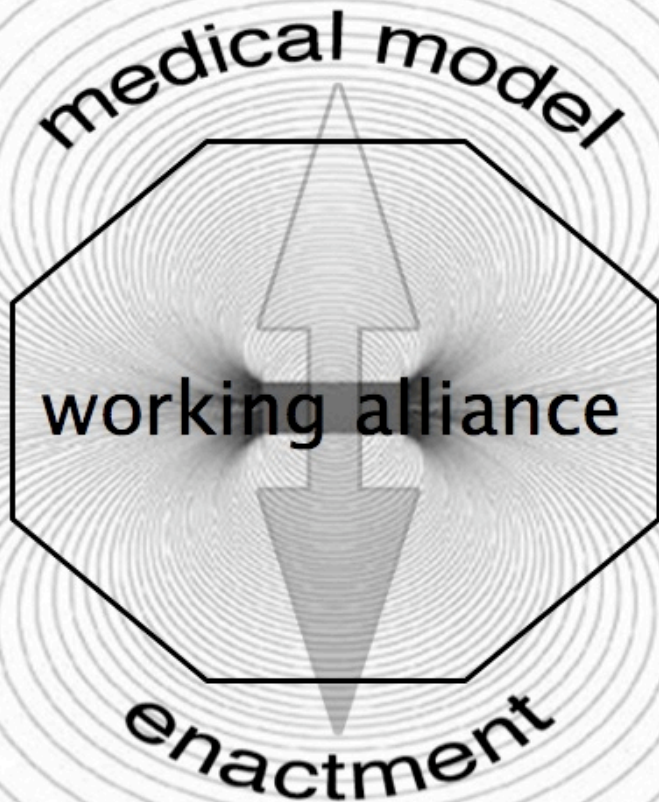
Diamond Model (Soth 1995 - 2005)

- *The fundamental forcefield*
 - fundamental tension between working alliance and enactment
 - ‘medical model’
 - working alliance
 - enactment

The therapeutic space in the forcefield between
'medical model' and enactment

working alliance assumed =
absolute avoidance and
denial of enactment
(medical model)

=
therapeutic
space



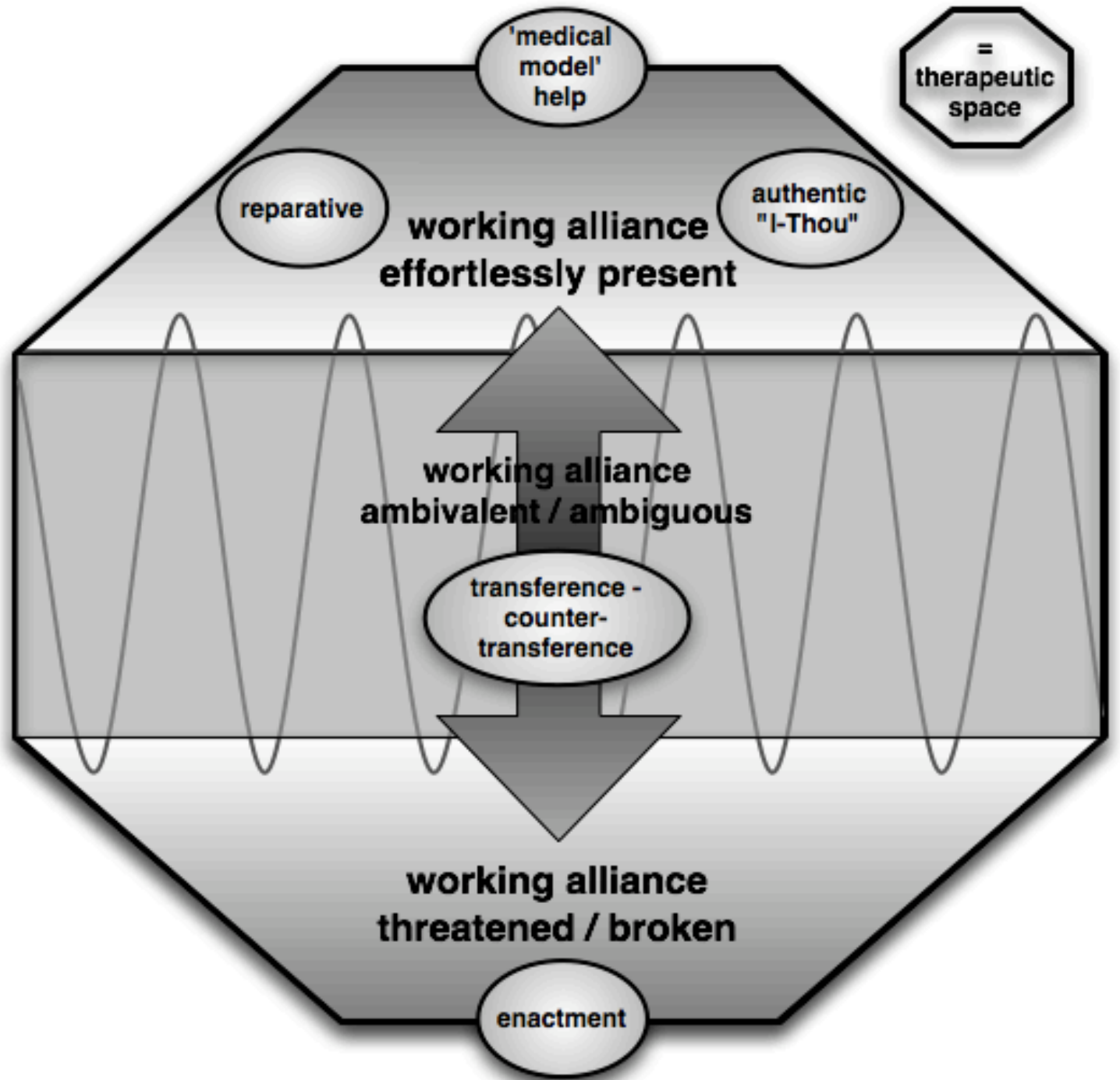
rupture of working alliance
via enactment understood
as counter-therapeutic AND
potentially transformative

The working
alliance hangs in
limbo
in a forcefield
between the
poles of 'medical
model'
and
enactment.

Diamond Model of Modalities / Kinds of Therapeutic Relatedness

- **The modalities** (extended, after Petruska Clarkson 1990, 1994)
 - ‘medical model’
 - authentic / I-Thou
 - reparative / developmentally needed relationship/
corrective emotional experience
 - working alliance
 - transference / countertransference - enactment
 - transpersonal

The Diamond Model of Modalities

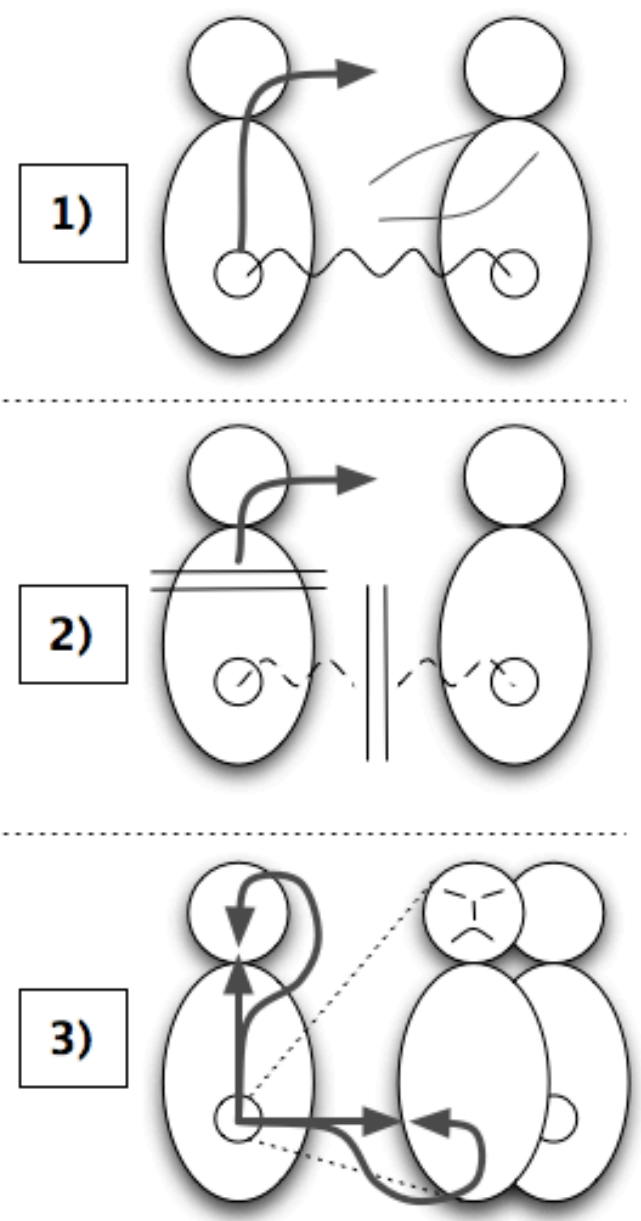
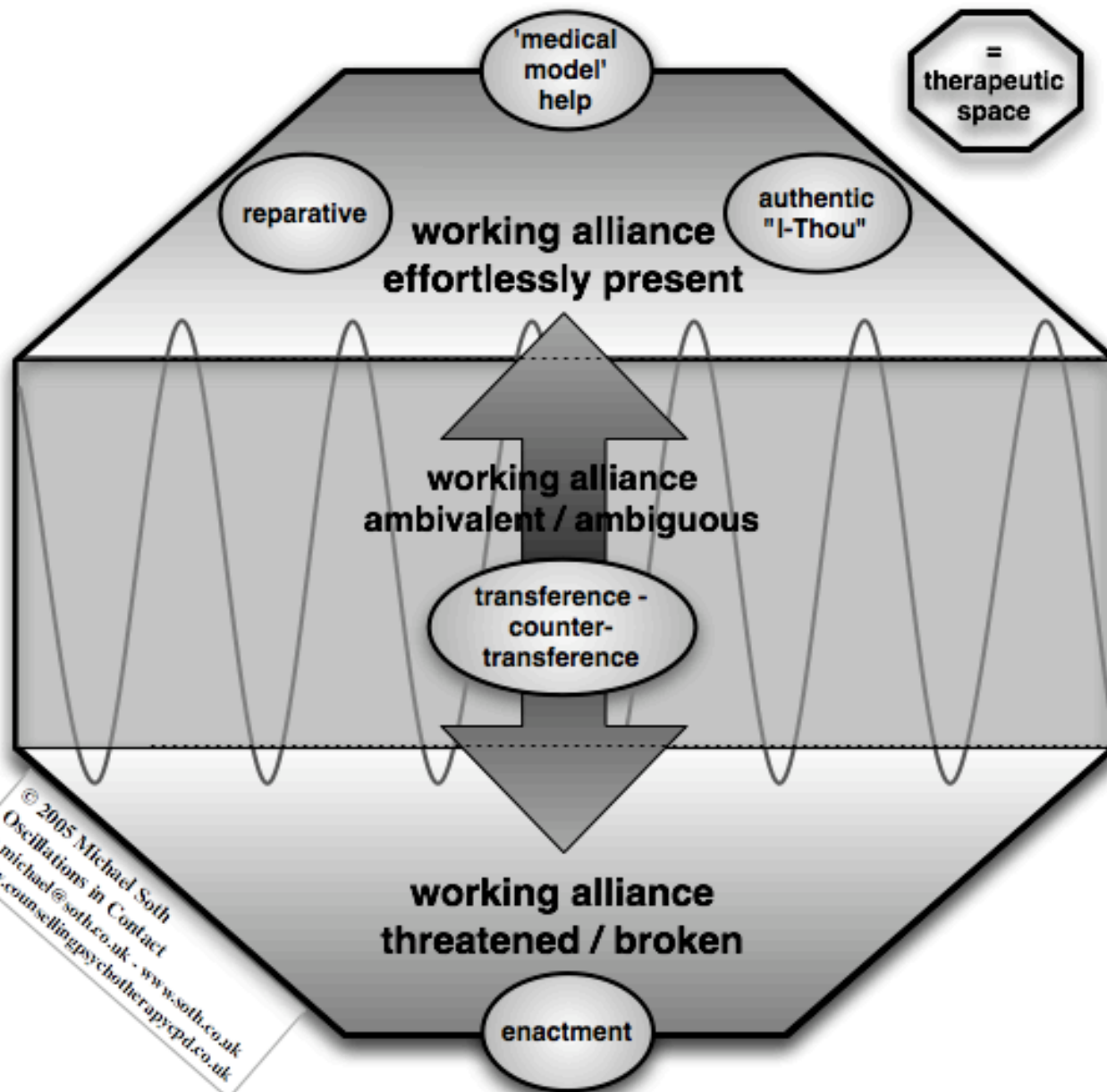


Modalities – oscillations in working alliance

- rupture and repair *is* the therapeutic process
- three kinds of contact
 - 1. resonance
 - 2. ambivalence
 - 3. enactment

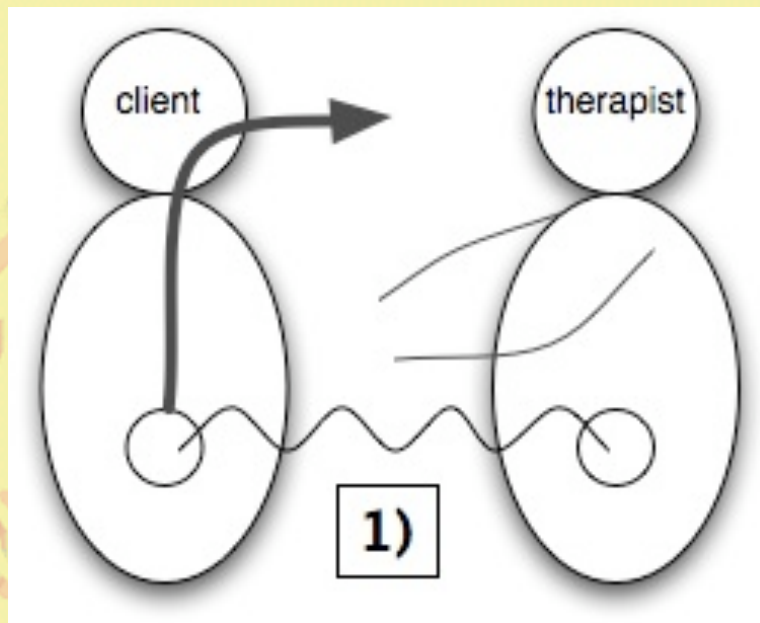
The oscillations in contact between working alliance and enactment (rupture & repair) ...

... in relation to the three kinds of contact



Three kinds of contact in the therapeutic relationship:

1. resonance

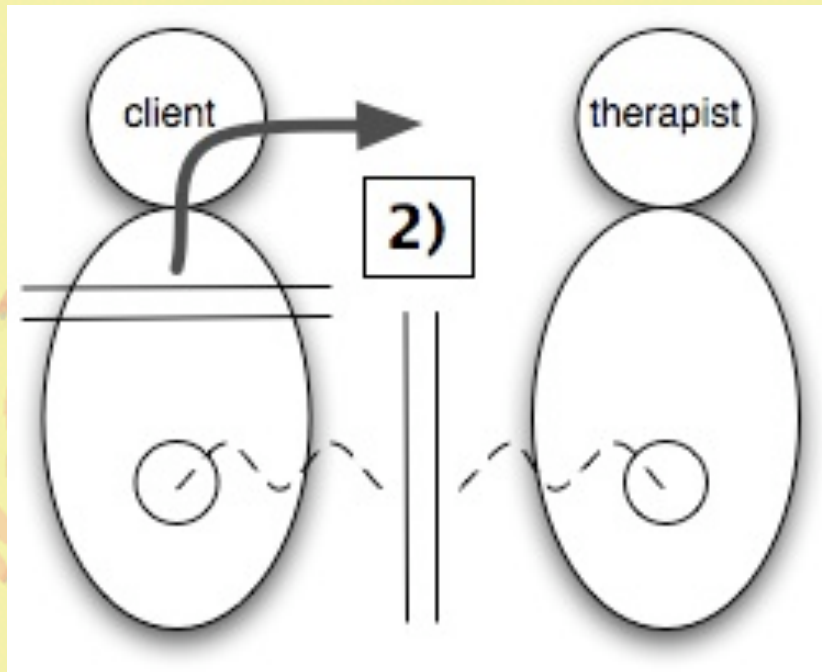


Therapist experiences:
RESONANCE
(explicit empathic flow and attunement, no doubts about working alliance)

- a) spontaneously, without effort or intention
- b) through therapeutic persona (good will, intention)

Three kinds of contact in the therapeutic relationship:

2. ambivalence

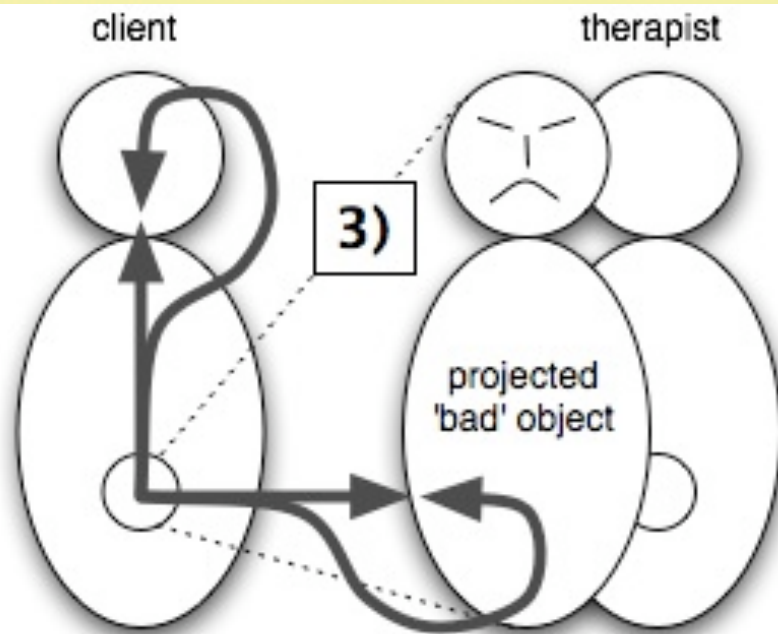


Therapist experiences:
DISSONANCE as well as **RESONANCE**
(explicit empathic flow disturbed or conflicted,
doubts about working alliance)

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)

Three kinds of contact in the therapeutic relationship:

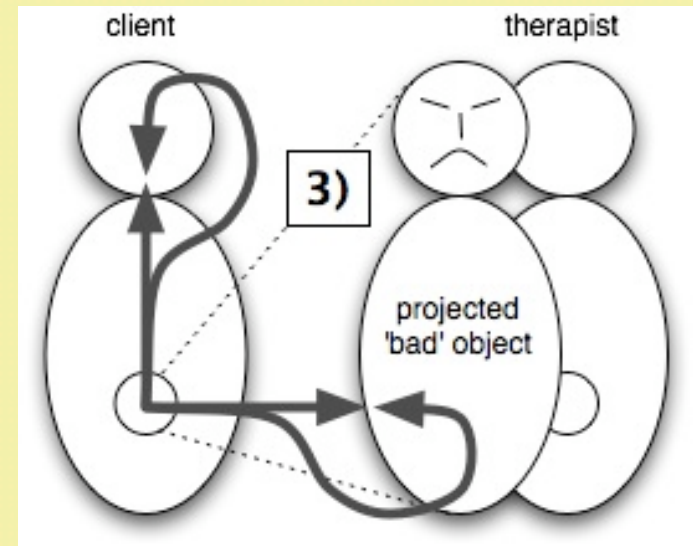
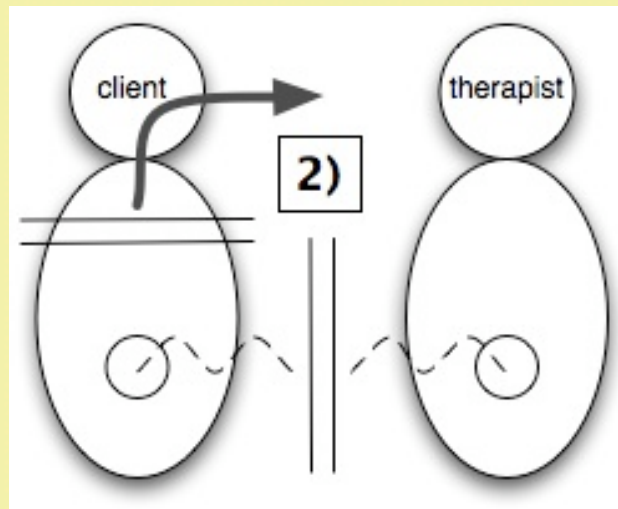
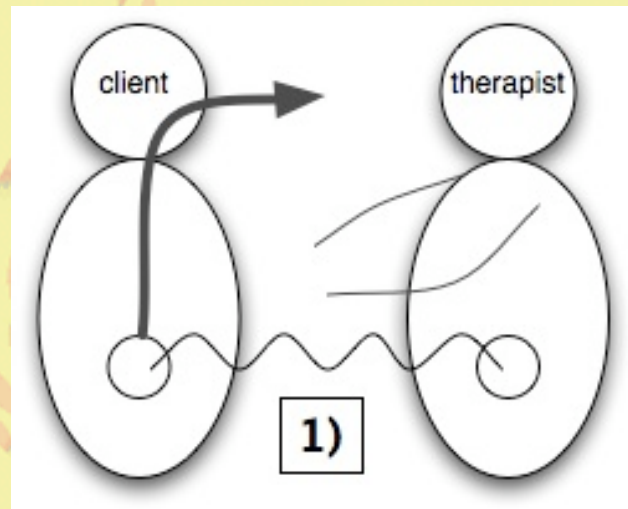
3. enactment



Therapist experiences:
INTENSE CONFLICT / PRESSURE
(charged and conflicted moment - working alliance acutely/intensely threatened = loss of therapeutic position seems imminent or already happened)

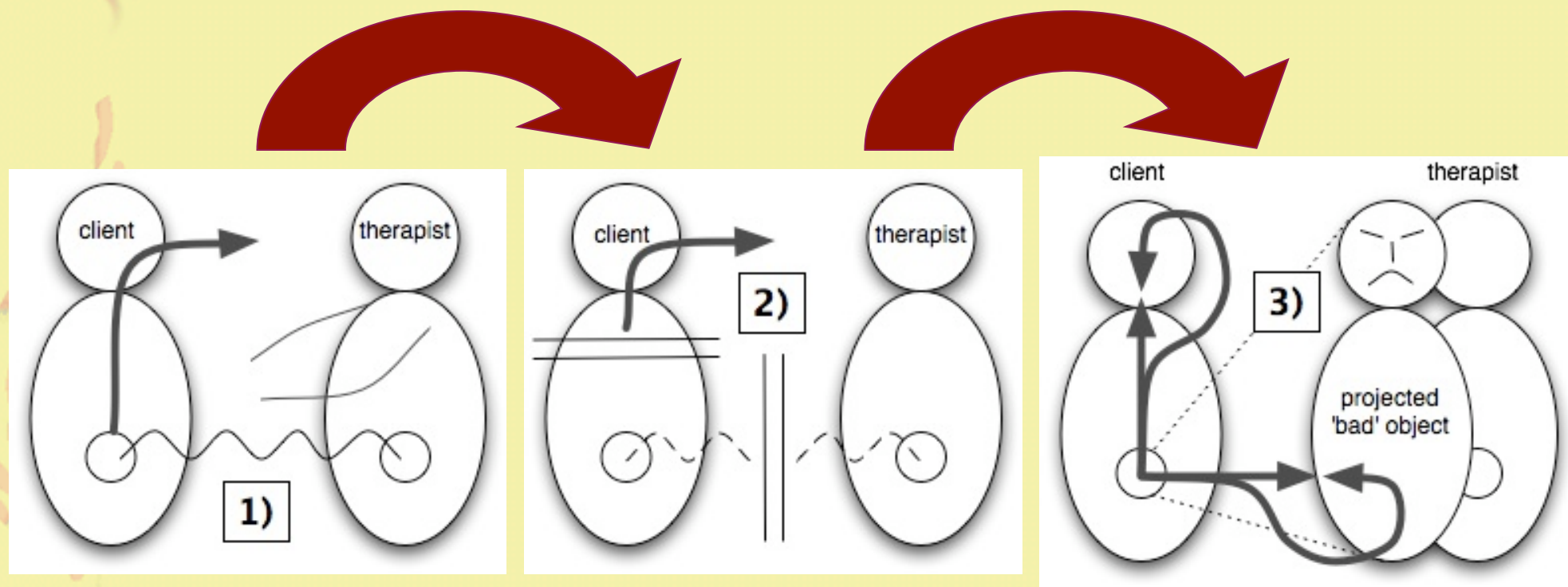
therapist intuits that possibility for re-enactment of client's wounding and negative patterns is strong = tendency to go unconscious

Three kinds of contact in the therapeutic relationship: the spiralling process



How to facilitate and/or contain the transition from 1) to 2) ?

How to facilitate and/or contain the transition from 2) to 3) ?



the transition from 3) back to 1) happens spontaneously

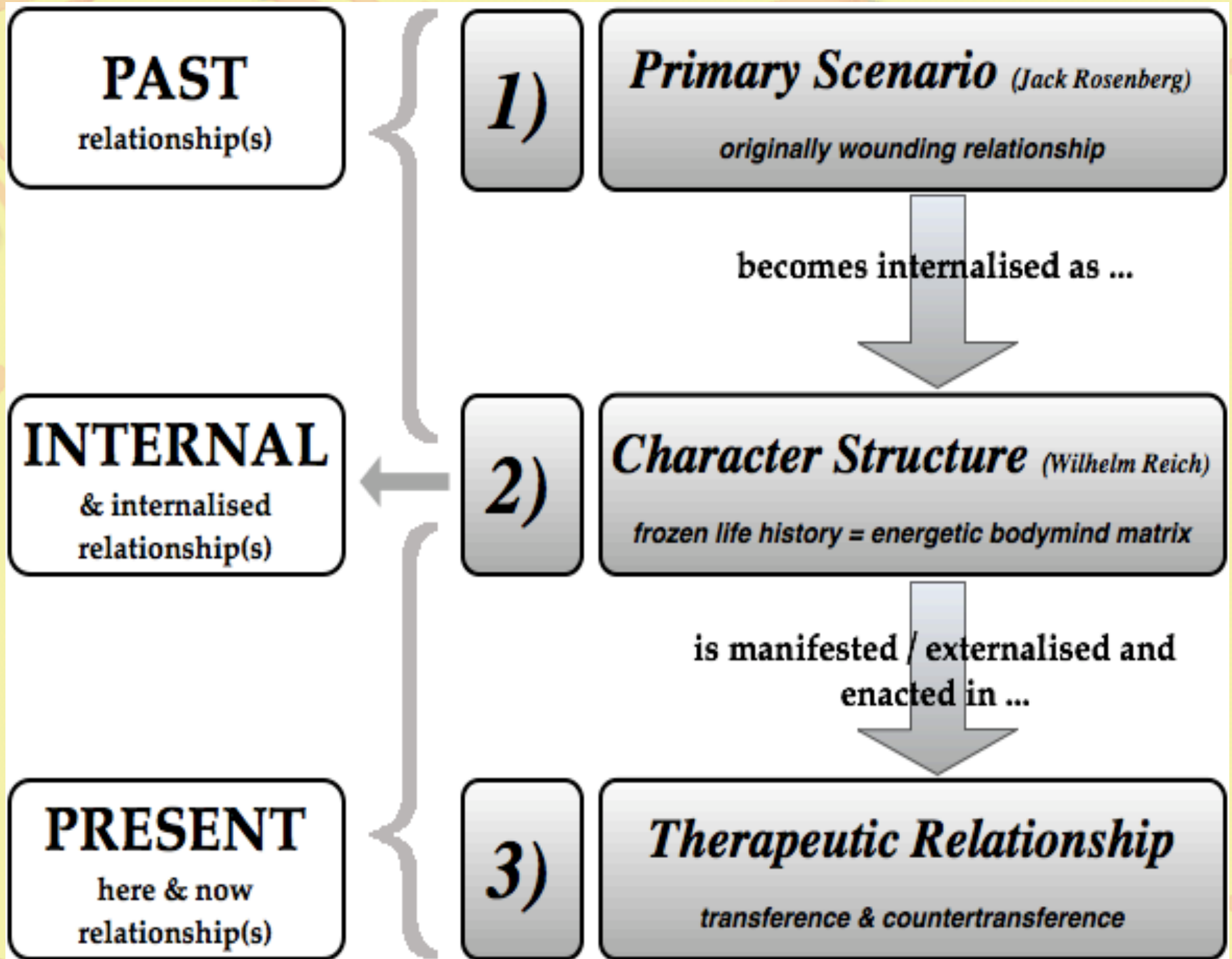
In Practice – Perceptions:

wait until the client complains?

Perceiving enactments/ruptures

- **verbal versus non-verbal working alliance**
 - right-brain-to-right-brain perception (*not* only attunement)
- **watch oscillations – charged moments**
 - notice charged bodymind fragments in the whole system
- **notice conflicts in countertransference = loss of therapeutic position**
 - the client's conflict becomes the therapist's conflict
- **gathering the fragments**
 - spontaneous versus reflective processes
 - parallel processes throughout system of therapeutic relationship (past – internal – external)

three parallel relationships



In Practice – Interventions:

What to do about enactment/ruptures?


other than to reflect, interpret and talk about it?

what is the effect of my intervention on the charge in the system?

- window of tolerance
- edge of window of tolerance (safe, but not too safe)

– types of intervention – some examples:

- reflection of feeling? (unconscious, denied and defended against)
- interpretation? (evacuation – Bion; interpretation deepens enactment?)
- disclosure of countertransference dilemma
- directive / breaking of trauma escalation
- switching attention
- focus on spontaneous processes
- experiential exploration (Gestalt)
- many types of paradoxical interventions
- surrendering to ('acting into') enactment



**email for
references and hand-
outs:**

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References / Hand-outs

- **Soth, M. (2005) Embodied Countertransference. in: Totton, N. (2005) New Dimensions in Body Psychotherapy. Maidenhead: OUP**
- **Soth, M. (2006) How 'the wound' enters the room and the relationship, Therapy Today, December 2006**
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