

THE ART AND SCIENCE OF RELATIONSHIP

The Practice of Integrative Psychotherapy

Richard G. Erskine & Janet P. Moursund



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Joan Lourie
Carol Merle-Fishman
Marye O'Reilly-Knapp
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About the authors

Richard G. Erskine, Ph.D., Training Director at the Institute for Integrative Psychotherapy, is a clinical psychologist with five decades of experience in the clinical practice and teaching of psychotherapy. He has specialized in the treatment of severely disturbed children, run a therapeutic community in a maximum security prison, and conducted his psychotherapy practice in New York City specializing in the treatment of obsession, dissociation, narcissism, and schizoid processes.

In 1972, as a Professor at the University of Illinois, Dr. Erskine developed the initial concepts of a developmentally based, relationally focused integrative psychotherapy. By 1976 he established the Institute for Integrative Psychotherapy in New York City and, along with members of the Professional Development Seminars, continued the development, research, and refinement of a relational and integrative psychotherapy. Each year Dr. Erskine teaches formal courses and experiential workshops on the theory and methods in several countries around the world. He is a licensed psychoanalyst, certified transactional analyst, internationally recognized Gestalt therapist, and a certified group psychotherapist. He is the author of eight books and numerous articles on the practice of psychotherapy. Some of the articles are available on his website, <https://www.integrativetherapy.com>.

Janet Moursund, Ph.D., is a retired psychotherapist and Professor of Counseling Psychology. Originally trained in educational psychology, she brings to the practice of psychotherapy a grounding in learning theory as well as years of experience as a therapist and a teacher. She is the founder of the Center for Community Counseling (formerly Aslan House), a no/low-cost counseling center staffed by professional volunteers from the Eugene, Oregon, counseling community. She is the author or co-author of eight books, on topics ranging from statistics to personality theory, and before her retirement practiced as a licensed clinical therapist and served as Departmental Coordinator of the Counseling Psychology program at the University of Oregon.

Preface

A book—any new book—is an invitation to a cooperative venture. The book's author offers ideas, facts, and conclusions; the reader reaches out to grasp and take in all of that information. As in all cooperative ventures, it is useful for each participant to have an idea of what the other is trying to accomplish. In our venture together, we authors assume that you, the reader, are interested in learning how to be a better counselor or psychotherapist, as well as (possibly) doing well in a course that uses this book as a text. To be successful, you need to know something of what we are trying to do and how we intend to do it. That is what the first part of this preface is about.

As you will discover, there are many varieties of integrative psychotherapy, and this book concerns itself with only one of them: relationship-focused integrative psychotherapy. We decided, though, that *The Practice of Relationship-Focused Integrative Psychotherapy* would have been a bit cumbersome and opted for a shorter, if less accurate, subtitle.

The book is divided into three parts: Theoretical Foundations, Therapeutic Interventions, and The Transcript (a verbatim, annotated transcript of a full therapy session). While it might be tempting to skip the theoretical section and leap right into the chapters about actual psychotherapy, we recommend against it. What we have to say about therapy will be much more meaningful in the context of a theoretical background—how we believe people function, how they get that way, and how they can be helped to change. Chapter 1 provides an introduction to the notion of relationship-focused integrative psychotherapy and its connections to the whole developing array of psychotherapeutic approaches. Chapter 2 presents a sort of anatomy of human functioning, discussing the sorts of problems and challenges that people deal with and often bring to psychotherapy. It is a here-and-now sort of chapter, asserting that all human

behavior is grounded in relationships and addressing the ways in which relationships affect who and how we are as people. In contrast, Chapter 3 concerns itself with human development, the paths we all follow as we go through our lives. It talks about how things can go right for us, and how they can go wrong, and how those rights and wrongs can influence our ways of being in the world months and years later.

In the second major section of the book, we turn to the process of relationship-focused integrative psychotherapy: given what we believe about how people function and how they get to be the way they are, what a therapist can do to help them live fuller, happier, more contactful lives. Do please notice that word “contactful”; the basic premise of our work is that *contact*, with self and with others, is what healthy functioning is all about. The work of therapy is designed to help clients restore full contact with all of the parts of themselves, with the other people in their lives, and with the world around them. Chapter 4 provides an overview of this approach, along with some of the other basic assumptions of a relationship-focused psychotherapy.

Chapter 5 and Chapter 6 take us more deeply into the nature of the therapeutic relationship, the relationship within which the client experiences a new sort of interpersonal contact. Chapter 5 discusses how to establish and maintain a therapeutic relationship, and Chapter 6 explores the three major facets of such a relationship that we believe to be central to the healing process: inquiry, attunement, and therapeutic involvement. In Chapter 7, we discuss some of the issues to be dealt with as therapy begins; Chapter 8 takes us further into the process of deepening the client’s awareness of and contact with self and others. Chapter 9 is perhaps the most pragmatic part of the book, as it deals with specific interventions that tend to further the client’s growth. Chapter 10 brings us back again to the most important “intervention”—the relationship between client and therapist and how that relationship itself can be used in the therapeutic process. Finally, Chapter 11 discusses the end of therapy and how it can best be managed so that clients continue to grow and heal even after they terminate their work with the therapist.

Throughout the book, we have struggled with the issue of clinical examples. Most significant therapeutic events generally build over a series of transactions and lose much of their meaningfulness when plucked, a few sentences at a time, from the therapeutic fabric. How, then, can we present examples that truly represent the concepts we are trying to describe? How can we convey the ongoing, evolving quality of a relationship-focused integrative psychotherapy?

Our solution has been to provide the reader not with individual, out-of-context examples (although a few such examples have been retained) but with a verbatim transcript of an entire therapy session. The final section of the book—Chapter 12—contains this transcript. The session was not chosen specifically to illustrate the concepts introduced in the earlier part of the book, nor were the earlier chapters written to fit the transcript we selected. Rather, the transcript was chosen almost at random from audio recordings available to us; it has been a confirmation and a delight to rediscover how closely our actual work fits the theory we have been developing and professing over the years.

The transcript is annotated with comments about both therapist interventions and client responses, and the annotations, in turn, are keyed to pages in previous chapters where relevant theoretical and clinical material is presented in greater detail. We had originally planned to insert references to the transcript chapter as footnotes throughout the entire book. The footnotes began to feel intrusive, however, interrupting the flow of the narrative, and we removed them. The reader who would like to move back and forth, from text to transcript example, can still do so: the “Transcript Linkage Index” correlates important concepts, together with the page numbers on which they are discussed, with transcript segments. Using this linkage index, the reader can find embedded examples of most of the ideas presented in the first 11 chapters of the book.

In the last several decades, we have all been sensitized to the gender-pronoun issue: the English language does not have a gender-neutral pronoun, and the use of “he” and “him” to refer to people in general is no longer acceptable. We have found that using “he or she” and “her or him” as a solution to this problem is awkward, and have instead chosen to refer consistently to the therapist as “she” and the client as “he.” This usage not only helps the reader keep track of who is being referred to, but also tends to counteract the bias that assumes men to have senior or higher-status positions than women—a bias that still exists, though largely at an unconscious level, among many people in our culture.

Another linguistic challenge for us was the “counseling” or “psychotherapy” distinction. This book is intended for both counselors and psychotherapists, as well as for psychiatrists, clinical social workers, psychiatric nurse practitioners, and pastoral counselors. But, again, the continual use of “psychotherapy and counseling,” and “counselor or psychotherapist,” becomes cumbersome and intrusive. We decided to use “psychotherapy” (and, occasionally, simply “therapy”) as a shorthand way of referring to all counseling and therapeutic activities. We hope that you, as a part of our cooperative venture, will frequently remind yourself that this usage is indeed a kind of shorthand and that our ideas are intended to apply to all of the many varieties and settings of counseling and psychotherapy.

Finally, you may notice that we have not included a chapter on multicultural issues. There are no guidelines in these pages for working with individuals from various cultural backgrounds, no generalizations about this group or that. We believe that such generalizations can be dangerous to therapists, in that they tend to create a sort of false confidence: a belief that the therapist does know and understand her client without having to fully explore his world, her response to him, and the in-between that client and therapist create through their work together. Similarities and differences among individuals are more profound and significant than similarities and differences between groups—whatever the basis for the grouping.

As we learn to attune ourselves to the cognitive, affective, behavioral, rhythmic, and developmental aspects of each client, putting aside our own preconceptions and simply listening to and resonating with him, issues of race, age, and gender become—not unimportant—but an

integral part of the unique fabric of the therapeutic relationship. The key word here is *unique*: cultural generalizations can too easily slide into cultural stereotypes, stereotypes that undermine our growing appreciation of each client's uniqueness. Rather than espouse a politically correct (and all too often superficial) concern with multiculturalism, we invite the reader to learn from every client the beliefs and values they have acquired through contact with caregivers and comrades, through dealing with opportunities and with oppression.

Culture is a two-way street. While it is true that understanding a client's cultural background can help us to understand how he deals with his world and the people in it, it is equally true that we can only truly understand his culture *as he experiences it* by learning about him: his needs, wants, fears, and expectations, how he makes and rejects contact, how he relates to self and others. The most sincere respect for cultural differences emerges from a respect for each individual and from an honest acknowledgment that we know that individual only insofar as he chooses to share of himself with us—and that only through the lens of what we ourselves have been and are now. Rather than trying to learn about any group in the abstract, we believe therapists are better served by allowing our clients to teach us what we need to know and by never assuming that we know before we have been taught.

A number of people should be recognized and thanked for their help in making this book possible. First on the list is Rebecca Trautmann, who has played a major part in the development of our ideas over the years. Next are the members of the Professional Development Seminar (Institute for Integrative Psychotherapy, New York, New York, and Kent, Connecticut), to whom the book is dedicated: their questions, comments, criticisms, and insights have been invaluable in shaping our thinking, and their love and support have helped us through many snags and stuck spots. The staff of the Sacred Heart Medical Center in Eugene, Oregon, have shown extraordinary patience in allowing the use of their facilities for writing and editing. Our reviewers Chris Faiver, John Carroll University; Susan W. Gray, Barry University; Cindy Juntunen, University of North Dakota; Ellyn Kaschak, San Jose State University; Pamela M. Kiser, Elon University; Jennifer Kukis, Lorain County Community College; Christopher McCarthy, University of Texas at Austin; and H. Edward Stone, Lee University have been both helpful and encouraging. Finally, we want to express our great appreciation of Kate Pearce and the staff at Phoenix Publishing House for their encouragement and support. To all, a most heartfelt thanks!

Introduction

When I (Richard) was young, I enjoyed repairing old cars. I had always been able to fix broken light switches or replace plumbing fixtures. Repairing things has always been an interesting challenge. If something is broken, I may be able to repair it. But, when it comes to writing a new edition for this book, I am at a loss as to what needs to be fixed.

This second edition reflects the zeitgeist of contemporary thinking in the fields of psychotherapy, counseling, and coaching. Throughout each chapter, we articulate the main premise of the book: *Healing from the emotional and physical effects of cumulative neglect and trauma requires a contactful therapeutic presence*. Therefore, this book describes the various interpersonal qualities necessary to establish a healing relationship.

Although some of the author citations reflect older articles and books, these writings are still relevant today because the *art* of relationship is not new. Some of the *science* of relationship may have evolved with increasing evidence about people's interdependence, attachment patterns, child development, neuropsychological processes, and relational needs, but the central concepts remain the same (Cozolino, 2006; Porges, 2011; Siegel, 2015; Schore, 2009; Toksoy et al., 2020; Van der Kolk, 2005; Žvelc, Jovanoska, & Žvelc, 2020).

The numerous concepts in this book reflect what I have been teaching in various seminars, training workshops, and supervision groups but the organization and writing style throughout this book is that of my co-author Janet Moursund. Janet has a remarkable ability to write as though she is having a pleasant conversation with an old friend. As you read this book, I hope you will imagine yourself conversing with the two of us about your therapeutic work. It is through our mutual dialogue that we all learn.

This book was originally published with the title *Integrative Psychotherapy: The Art and Science of Relationship* (Moursund & Erskine, 2004). In organizing this new edition, we have altered the title slightly to highlight the central theme of the book—*The Art and Science of Relationship*. This book focuses on the centrality of a therapeutic relationship while describing the methods of a developmentally based, relationally focused integrative psychotherapy. It lays the theoretical foundations for reading two subsequent books, *Relational Patterns, Therapeutic Presence* (Erskine, 2015) and *A Healing Relationship* (Erskine, 2021).

The book begins with the premise that in the practice of a developmentally based, relationship-focused integrative psychotherapy, there is a fundamental interrelatedness among all aspects of human functioning: physiology, affect, cognition, and behavior. Just as relationship shapes the development of all of these aspects, so relationship is the basic therapeutic mechanism by which they can be changed and healed.

Throughout this book, we present several theoretical concepts and describe actual methods that facilitate clients' capacity to change and grow. The ideas presented in each chapter build on each other; they create the basis for a comprehensive psychotherapy. What follows is a brief summary of the salient points in the book.

Human development is shaped in the context of child–caregiver relationships. When a child's relational needs are not responded to, over and over again, the child's life script is shaped by these failures. Scripts protect the individual from perceived harm or danger and are developed when one's relationships fail to provide the needed protection. However, life scripts rigidify and limit one's ability to respond to the world spontaneously and creatively. The cost of a life script—and the defenses that maintain it—include internal conflict, an erosion of self-worth, and a narrowed ability to interact with others. These are the kinds of symptoms and problems that bring people to psychotherapy and counseling. Self-reinforcing, they are maintained because they provide predictability, identity, continuity, and stability.

In this book, we describe the *script system*, a valuable concept in any psychotherapy and counseling program. We discuss how to therapeutically address the rigid system of beliefs and reactions that govern how one will feel and behave. In our therapeutic methods we attend to the repetitive feelings that echo the pain and loneliness of the original trauma, the resulting automatic and seldom-questioned behaviors, and the selective perceptions and memories that reinforce the client's *script beliefs*.

Transference and countertransference are an integral aspect of any therapeutic relationship. Recognizing and using transference and countertransference responses can help both client and therapist bring the client's life script patterns to awareness. Bringing hidden patterns out into the open allows them to be changed: the shift from unaware to aware requires a change in the overall system, and this change in turn requires that the other, interlocking elements also change. Such changes can lead to dissolving a life script, reducing relational distress, and recovering the ability to form and maintain healthy relationships.

Psychotherapeutic and counseling interventions and techniques are most impactful when delivered in the context of an effective therapeutic relationship. In any therapeutic relationship the counselor, coach, or psychotherapist must develop her ability to listen *with* the client rather than *to* the client, to observe from *within* the relationship rather than standing outside it.

Empathy, the ability to feel with the client, is the key element in the therapeutic relationship. Empathy can be both active and passive, analytic and receptive. In order to have therapeutic value it must be conveyed to the client, not simply experienced by the therapist. To have a meaningful and lasting therapeutic effect we must go *beyond empathy* to provide a therapy based on *contact-in-relationship* (Erskine, Moursund, & Trautmann, 1999).

Attunement, inquiry, and involvement go beyond empathy. They allow the therapist to use herself to develop and maintain an effective therapeutic relationship. The attuned therapist resonates with what the client presents by acknowledging and validating the client's experience as well as meeting the client's thoughts and feelings with her own affective and cognitive responses. When the client is joined by an attuned therapist, he feels respected and safe and is encouraged to expand his awareness of self and other.

We emphasize the importance of therapeutic inquiry and involvement: inquiry into the client's phenomenological experience, his history, his patterns of coping with stress and loss, and the ongoing quality of his relationship with us. Inquiry includes not only questions; the process of inquiry is woven into every response that invites the client to deepen his awareness of his own internal process. Effective inquiry is crafted so as to enhance the client's self-discovery; what the therapist learns is secondary. Therapeutic inquiries are respectful and open-ended, and they encourage the client to correct the therapist's misunderstandings or misconceptions. The goal of therapeutic inquiry is to expand the client's contact with self and others.

Involvement has to do with the therapist's commitment to being an active, caring, vulnerable, and authentic participant in the therapeutic process. Involvement is reflected in the therapist's acknowledgment, validation, and normalization of what the client presents, and by being fully present, emotionally available, self-aware, and willing to be known as well as to know.

What we have described above is the foundation on which this book is based. As we discuss the therapeutic work with actual clients, we begin with identifying the client's therapeutic goals by establishing therapy contracts. Contracts are built around the answers to four questions:

- How are you?
- How would you like things to be different?
- How did things get to be the way they are?
- How will we know when you have accomplished your goals?

In exploring answers to these questions, we focus on evaluating the client's resources and begin to form a sense of his life script. Contracts can be long- or short-term or may even be set up for a single session's work; they frequently need to be renegotiated. Our therapeutic goal is to provide

the client with a sense that he is respected and supported by the therapist—a therapist who is a partner in the therapeutic task.

Throughout this book, we describe a variety of therapeutic interventions; all of them are designed to enhance the client's internal and external contact, dissolve their script beliefs, and support their sense of efficacy and self-worth. Almost all therapeutic engagements involve experiments and enactments that allow the client a new experience designed to challenge his script beliefs and enhance his awareness of his internal processes within the safety of a protective therapeutic relationship.

In response to our contactful interventions and our invitation to experiment with new behaviors, the client may regress into a pattern of thoughts, feelings, and behaviors common to an earlier developmental age. Some clients regress only partially or shift in and out of a regressive experience. With the support of a nurturing and protective therapist, regression can help a client assess walled-off memories, beliefs, and decisions, revisit old and toxic relationships, and learn how to recognize and express their relational-needs.

We also acknowledge and utilize a variety of behavioral interventions that encourage changes in behavior that can lead to changes in thought, feelings, and physiological reactions. The value of behavioral interventions lies in the feedback the client receives, from self and others, as a result of new ways of interacting and expressing himself. We discuss how behavioral interventions should be chosen to build on the client's strengths while challenging his script patterns.

Although we may focus on behavior change, we also focus on therapeutically supported age regression, affect expression, and physiological movement, and providing alternatives to script beliefs. We emphasize how the therapeutic relationship itself is the counselor's and psychotherapist's most powerful intervention. We assert that the contactful and involved qualities of a healing relationship are maintained through the therapist's authenticity, therapeutic intent, and a constant attention to the relational context of all client behaviors.

We end the book with a detailed, word-for-word, transcript of an actual psychotherapy session that illustrates the wide variety of concepts presented in the book. This detailed therapy transcript includes annotated footnotes that contain references to the page(s) in previous chapters where the theory or method used is discussed in detail. These annotations are a valuable guide to putting theory into practice.

Enjoy your reading !

*Richard Erskine,
Vancouver, Canada
www.integrativetherapy.com*