

Integrative Psychotherapy 'Revisited'

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Abstract:

This article revisits aspects of the theory and methods of Integrative Psychotherapy as written and discussed by Richard G. Erskine, PhD and others. A case study demonstrates the use of Integrative Psychotherapy as the basis for therapeutic interventions that allow the client to interpret early experiences of relational failures, via a relationally based psychotherapy. Revisiting the theory and methods of Integrative Psychotherapy served to further validate the core of IP and its value as a cohesive and comprehensive psychotherapy.

Key Words: *integrative psychotherapy; case study; relational psychotherapy*

As I end my clinical practice my thoughts take me to the theory I have embraced in my work as a psychotherapist. When I first started my practice I used a combination of Psychoanalysis, Gestalt and Transactional Analysis. When I joined a training group in New York led by Richard G. Erskine, PhD and then, six years later, the Professional Development Seminar, I became immersed in the theory and methods of Integrative Psychotherapy. It was like a door had opened and I was in a place where I could learn to be the best I could be and work with clients within a respectful and powerful therapeutic framework. In the last year I began to re-read and carefully examine various works in Integrative Psychotherapy, assessing the guiding principles intrinsic to its theory and methods. This in-depth study provided me with a deeper appreciation for its comprehensive theory and methods based on sound ethical principles. This article revisits the theory and methods of Integrative Psychotherapy with a case example that demonstrates how I use Integrative Psychotherapy as my base for therapeutic interventions.

A perspective is needed for all theory. A theoretical framework gives structure to ideas. Through his writings, Richard Erskine has offered both perspective and framework, and developed a concise, systematic body of principles (Erskine, 1997; 2015) needed for psychotherapists to work within the therapeutic relationship. As a theory, Integrative Psychotherapy is a comprehensive theory, meaning that the ideas are organized, coherent sets of

concepts, and their relationships to each other offer descriptions, explanations, and predictions about events. The organization of the theory in a relational-focused, motivation-oriented, personality paradigm gives the clinician a strong and useful framework for therapeutic approaches. In both the theory and methods of Integrative Psychotherapy there are principles and values regarding the worth of human beings, the importance of the quality of life, the significance of relationships, and the support of psychological growth through a relational psychotherapy. With emphasis on integrating the personality, Erskine (1997) writes:

Helping the client to become aware of and assimilate the content of his or her ego states, to develop a sense of self that decreases the need for defense mechanisms and a life script, and to reengage in the world and relationships with full contact. (p. 1).

Integration also refers to the synthesis of suppositions from affective, cognitive, behavioral, physiological, developmental, and relationship theories. Integrative Psychotherapy as developed by Erskine (1997) is rooted in “many views of human functioning: psychodynamic, client-centered, behavioral, family therapy Gestalt therapy, Reichian-influenced body psychotherapy, object relations theories, psychoanalytic self-psychology and Eric Berne’s theoretical concepts and ideas” (p. 1). Out of this foundation was formed the key concepts which serve as the basis for Integrative Psychotherapy.

The framework of Integrative Psychotherapy contains the components of the theories of motivation and personality and the psychotherapeutic methods of inquiry, attunement, and involvement. Involved in motivation are the biological imperatives of stimulus hunger, the need for the brain and body to be fueled; structure hunger, the organization of perceptual experiences; and relationship hunger, the hunger for human contact (Erskine, 1997). The theory of motivation speaks to the needs of the human being for stimulus, for structure, and for relationship. This becomes a gauge to determine the needs around stimulation, organization of perceptual experiences, and connection with the therapist as well as others. The theory of motivation provides an understanding of human functioning and the metaperspective that encompasses and unifies the theories of personality and methods (O’Reilly-Knapp & Erskine, 2003). The theory of personality attends to the psyche and provides a path to work with ego states, introjections, developmental fixations, and life script. The methods of inquiry, attunement, and involvement define the steps needed in the therapeutic process. The combination of the theories of motivation and personality, along with the methods of inquiry, attunement, and involvement provide an operative framework for psychotherapy.

Referred by a colleague, Anne walked into my office stating that she wanted to find out more about herself. She had been in therapy two other times and discovered her depression rooted in her childhood where she lived in a dysfunctional family system. At the initial session she told me her mother had been an alcoholic since Anne was a small child and that she did not remember much about her mother's drinking. For a short time, she had attended ACOA, a support group for Adult Children of Alcoholics. She realized she needed something "more" to move her through the numbness she still experienced and the lack of memories for part of her childhood and adolescence. I suspected her previous therapy had been shorter-term with the goals of understanding that one can act differently, versus the longer-term goal of working through by remembering with feeling. I wondered if Anne's "more" was about her desire to deal with the conflicts and painful experiences that needed to be felt, in order to emerge from the defensive positions she had formed to protect herself. At the initial session, I found myself wanting to reach out and take her beyond whatever painful memories she held and would encounter in her therapy.

The first step in meeting with Anne was to begin to structure our relationship. My attention was directed toward providing a secure environment where she could feel safe and begin to trust our relationship. Giving her my undivided attention, listening to her requests, respecting her struggles, and setting up a time to meet was part of the structure of the first session. She had told me that she was well organized and prided herself in doing things herself. I suspected that she used structure as a way to handle her need for stimulus and contact. In working with Anne, our relationship became the basis for her exploring the relationships she had in her family of origin as well as her contacts with family and friends today. The therapist-client relationship was at the heart of her working through the conflicts presented, beliefs held about self and others, how she was using ways to cope today that were based on the past, awareness of the conclusions and decisions she made, as well as feelings experienced.

Since the process was long and often painful, it was critical for Anne to be "held" in the therapeutic relationship in order to work through what was remembered with what was felt. Holding included my presence - an unconditional positive regard and acceptance of Anne's experiences - which facilitated her process of integration. When she was quiet, I was there with her silences. When she was angry at me, I was there to help her reconnect with me. Anne's work in therapy encompassed her "being" in all domains of functioning - cognitively, affectively, behaviorally, and physiologically. Body work helped her learn about the messages her body was sending her. This work occurred by examining body gestures, tightening of the body, breathing patterns, body movement, inhibitions,

mannerisms, all of which provided material for assessment and interpretation. The use of body work, abreacting events, the expression of emotions associated with repressed material - all helpful as she constructed her narrative. Her insights brought meaning to her experiences.

The Use of Inquiry, Attunement, Involvement

Some have described therapy as a journey, a self-discovery, an adventure where inquiry is used. In the first few months of sessions, inquiry into Anne's subjective experiences began a process for her to discover more about herself. Inquiry was a way to expand awareness (Moursund & Erskine, 2004).

Inquiry

Phenomenological inquiry focused on meeting Anne in the therapeutic moment, wherever she was, cognitively, affectively, behaviorally, and physiologically. Questions invited her to get in touch with her thoughts, feelings, sensations, archaic defenses, relational disruptions both past and present, coping strategies, and vulnerabilities. Inquiry allowed for expansion of self-awareness. Time was spent in Anne's therapy remembering her early years, realizing her mother's neglect, connecting her feelings and body sensations to her experiences, recalling her dreams and fantasies, identifying her relational needs, understanding her coping patterns – all while utilizing her relationship with me to deal with the differences between the past and the here-and-now. She could tolerate the intensity of therapy through my being there with her. She was not alone now and could, in relationship with me, grasp and hold her past. For instance, she realized how she was neglected and did not have the resources as a child to get what she needed. She felt the hunger, both physical and psychological, of not getting the nourishment she needed from her mother. She experienced her cries for help and her mother yelling at her. She became aware of the shame she suffered when her classmates made fun of her messy hair and dirty clothes, and dealt with these past humiliations in her therapy sessions. There were times when my inquiry confused Anne and temporarily disrupted the connection we had, so I backed off and addressed what she was experiencing internally.

The entire process of inquiry reinforces an evolving self and also the development of a relationship with an "other", in this case the therapist. While working with Anne, inquiry guided the process of contact-in-relationship. Important to remember in inquiry is internal interruptions to contact. The Keyhole (Erskine, Moursund, Trutmann, 1999), as seen in Figure 1, places these interruptions alongside each of the areas of inquiry - phenomenological, history/expectation, coping, and vulnerability.

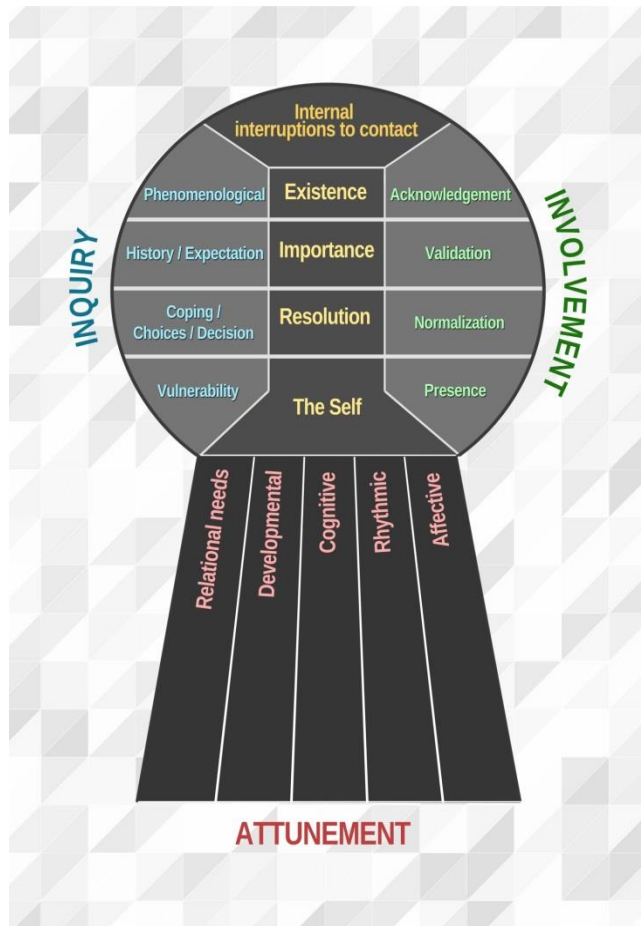


Figure 1. The Keyhole

The four dimensions of Inquiry within the relational context enrich the restorative process. Linking phenomenological inquiry with existence gives a window into the client's perceptions and life. For Anne, this meant that she could explore her perceptions without questioning the reality of what was experienced. The significance of interruptions to contact and the client's attempts to resolve the conflicts by coping as-best-as-could-be-done in any given situation gives direct information as to how much credence was put on the significance of experiences and how problems were explained and attempted to be resolved. Anne was able to examine the importance of her needs and the massive discounting of these needs. She began to piece together her attempts to resolve her troubles and the means she used then, and even today, to cope. The last area in this portion of inquiry, vulnerability of self, allowed for the continued focus of contact with Anne's self and her transforming sense of self.

Until Anne could learn about her relational needs and how her parent's neglect impacted her life, until she could feel the anguish that went with these memories, only then could she begin to understand what the pain and numbness

meant. Relational needs discounted or denied were brought into her awareness. She went through a mourning process – the loss of a needed mother and the undoing of her old identity. As a result of the consistency, reliability and dependability of the relationship with me, the seeds planted from the beginning sessions began to take hold. As she began to trust me she trusted herself more. Anne started to value herself as a human being who had purpose and worth. Her self-worth empowered her to move through the archaic resistances and become more of the person she really was.

The “how to” of inquiry involved a respect for Anne’s perceptions, facilitating a sense of contact between us, and expanding her awareness of internal experiences and sensations. The initial inquiry contained questions regarding the problems and symptoms the client presented: What brings you here today? Tell me about yourself. What would you like from me? As therapy continued, phenomenological inquiry – the deep examination of Anne’s experiences - was at the forefront of our work. *What is this like for you right now? What is going on inside of you? What is your body telling you? What are you feeling?* Transferential inquiry helped me to assist Anne in realizing internal and external disruptions in contact and the sorting out of her feelings. In describing the “psychotherapy of transference” Erskine (1997) viewed transferences as: “.... past, developmental needs that have been thwarted, and the defenses erected to compensate; the resistance to full remembering, and paradoxically, an unaware enactment of childhood experiences; the expression of intrapsychic conflict and the desire to achieve intimacy in relationships; or the expression of the universal psychological striving to organize experience and create meaning” (p. 143). Awareness of the transference and my own countertransference gave me a clear direction in working with Anne. At one point in the session I had this sense of a frightened little girl. I then asked her if she had ever been slapped in the face. Anne had been talking about how impatient her mother could be with her at times. She looked at me and at first said she had never been slapped. Then her eyes widened and her whole body tightened. She then told about her mother taking a hair brush and hitting Anne across her cheek. It was as if her body was holding the memory, the repressed experience was transferred to me, and I sensed an image of her mother striking her. The sad, scared and angry feelings connected with this image became part of Anne’s working through by remembering with feeling. Countertransference as part of my inquiry allowed me to connect with Anne and to facilitate her awareness. For example, my body tightened up while Anne described her mother hitting her.

Attunement

The next component of the methods of Integrative Psychotherapy is attunement, “a kinesthetic and emotional sensing of the other” (Erskine, 2015, p. 17). There is a deep respect for the other. Attunement involves being open and

responsive to rhythmic, cognitive, affective, developmental, and relational needs (Erskine, Moursund, Trautmann, 1999). Assessment of cognitive and emotional dissonance, rhythmic responses, the developmental stage, and relational needs are all part of what needs to be given attention while working with a client. A few of the questions to address in this area involve: *What opposition is experienced cognitively and/or emotionally? Is the pace too slow or too fast? At what stage developmentally is the client? What needs does the client have at this time?* Attunement has provided me a means to further understand the client and to provide a resonating response. In our work, Anne's thinking was often distorted because of confusion. Focusing on her feelings allowed her to then put thoughts to her emotional state and reduce a great deal of her bewilderment. This occurred because at the core of affective attunement is the need for a reciprocal response. Anne's sadness was met with my compassion, her fear with the sense of my protection, her joy with my pleasure. Additionally, I took her anger seriously. In attunement there is an "entering into the client's space" cognitively – what the client is thinking..... how the client is thinking it" (Erskine, Moursund, Trautmann, 1999, p. 54). Attunement is also about knowing where the client is developmentally – what is needed in the therapeutic regressions to access the archeopsyché or Child ego states, address old conclusions, change old decisions, and for the therapist to provide a sensitive, respectful presence and satisfying response during this work. When Anne told me about her mother slapping her in the face, I listened intently to her story, reciprocated by voicing my sadness and concern for her, and slowed the pace for working through her child ego state's early conclusions and decisions. All this allowed the space, time, and presence she needed for her mind to process this information.

Involvement

Parallel to inquiry in the 'Keyhole' is involvement. Acknowledgement, validation, normalization, and presence are placed along the contact-in-relationship continuum. Acknowledgement recognizes existence of what is occurring, validation gives significance to what has been acknowledged, normalization stabilizes the occurrence, and presence says "I am here with you" and value you. Throughout the therapeutic relationship Anne's experiences were acknowledged and validated by me. Through our discussions, she was able to identify the struggles in growing up, to grasp their significance, to understand her coping strategies and to appreciate how different it is now where she has support and guidance. My involvement with her included my commitment to her welfare and the ability to be with her as she worked through often intense situations. The enactments in her sessions facilitated Anne's progress and they also called for my full attention to her safety and well-being. Regression to compartmentalized

memories meant dealing with the past as well as Anne realizing my presence with her in this process. Sometimes holding onto my hand and asking her to squeeze it to feel me with her, at other times saying softly “I am here with you” were needed so she would not go into her memories all alone. Her awareness of my being with her was critical in that it brought her to the here-and-now while dealing with the past. Acknowledging and validating her, normalizing her defensive/protective reactions, along with my full presence added notably to the efficacy of treatment approaches in her therapy.

Inquiry, attunement and involvement facilitated the therapeutic relationship. The three methods created an intersubjective space for contact-in-relationship – a space that allowed Anne and I to work together. She moved beyond the numbness and her feelings of despair and hopelessness. She no longer denied or diminished her childhood experiences and gradually could even identify some “good times” in growing up. She no longer discounted the needs she had and could stay connected with herself. Her connection with me enabled her to bond with others.

The Models

Three visual models were developed to illustrate the theories of personality in an integrative, relationship-focused integrative analysis: “The Self-in-Relationship System” (Erskine, 2015), “The Script System” (Erskine, 2015), and “States of the Ego” (Erskine, 1988). Each one gives a specific, concrete, visual road map for working with clients. In working with Anne, the “Self-in-Relationship” model had been a way for me to check where she may be open or closed to contact and interruptions of contact. Anne demonstrates how contact with her body was closed off as well as feelings. She would numb her body when she started to experience scare and anger. Helping her to stay with her body and at the same time feel her feelings was a process that helped her move forward in her healing. How this was done was for Anne to stay in the present with me, while at the same time dealing with her sensations and feelings which had been constructed in the past. Such therapeutic interventions included: periodically reminding her ‘I am here with you’ when she would start to lose contact with herself, and with me, as a result of the force of her feelings and body sensations; repeating back to her the words she was giving to her experience; validating and normalizing her affective and physiological reactions; and dealing with the fundamental defensive fixations – all the while maintaining a calm and relational presence in order to neutralize the intensity of the situation. All this allowed Anne to accept and integrate parts of herself.

The “States of the Ego” model facilitated an understanding of Anne’s introjections and the fragments of archaic fixations. Her mother’s alcoholism loomed over her terrified Child ego state. When Anne was a child she was left in

her room for hours all alone. She became aware of rocking herself in her bed to pass the time. This is a striking example of her attempt for stimulus and her need of contact. She learned in her earlier therapy that she was alone so much because her mother started drinking from early morning. Two of her aunts corroborated her mother's behavior. They had pleaded with their sister to get help and she refused. Anne was now back in therapy to deal with the neglect and loneliness she had carried with her for years. Her Child ego states froze these early memories. An understanding of both the Child and Parent ego states allowed for not only an acceptance but also an appreciation of the child's dilemma in dealing with an absent, neglectful mother. A 'me' at the center was trying to figure it out all alone and could not. Her 'me' in the relationship, with me as the therapist, gave Anne the needed support for her mind to understand and accept her experiences. Sorting out her ego states, giving voice to these parts, and accepting her reality ultimately led to integration.

Psychotherapy provided Anne the opportunity to challenge her script beliefs and understand the components of her script system. "The Script System" (Erskine, 2010), an integral part of Integrative Psychotherapy, allows for unconscious relational patterns to be examined. Such beliefs as "*no one loves me, there is no one there to help me, life is confusing*", left Anne overwhelmed and contributed to her thinking that she had to do most things by herself, in addition to feelings of bewilderment a great deal of the time. The therapeutic relationship, although at times creating a juxta-position where she was now experiencing what was needed in the relationship with her mother, permitted her to get in touch with repressed feelings and needs. To be in the presence of another, to be seen, to be heard, to be understood, were all important and much needed for Anne to fill in the gaps of her past. Beliefs about herself, others, and the quality of her life, as well as a better understanding of her feelings, sensations, behaviors, fantasies, needs and desires were addressed. With the use of the models of the "Self-in-Relationship" and the "Script System" as a guide, she was able to construct her narrative, resulting in a sense of continuity and confidence.

A Basic Philosophy

One's own values are inherently woven into our thoughts and actions. For me, the core values of Integrative Psychotherapy are comparable to my fundamental beliefs: all people have innate value and are unique; each has a thrust toward a life that has meaning; psychotherapy guides a person to be the best he/she can be through the intersubjective experience of client and therapist. Connecting with Anne to her unique life events and the meaning she gave to her experiences, understanding her thoughts, feelings and behaviors as a way for her to express herself, and a willingness to provide a holding environment for her to

explore, helped Anne experience her importance and worth as a human being and gave her the needed support to work through her intrapsychic and interpersonal struggles.

Conclusion

A basic and critical premise of Integrative Psychotherapy is that healing is in the relationship. My relationship with Anne, as well as with other clients I have worked with throughout the years confirm the significance of the therapeutic relationship. Relationship-focused Integrative Psychotherapy has been my psychotherapeutic framework for most of my professional career. The organization of the theory in a relational-focused, motivation-oriented, personality paradigm along with the methods of inquiry, attunement, and involvement have given me a strong and useful framework. As a member of the Professional Development Seminar in Kent, Connecticut I was part of an exciting time where concepts and constructs were further developed. And as a client in both individual and group psychotherapy, along with Kent 10-day residential seminars, I feel privileged to have been a part of Integrative Psychotherapy professionally and personally. "Revisiting" has given me the opportunity to explore once again the essence of Integrative Psychotherapy, and in this journey to recall my convictions and appreciation for the scope, complexity and richness of Integrative Psychotherapy's theory and methods.

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Marye O'Reilly-Knapp, RN, PhD is a Founding Member of the International Integrative Psychotherapy Association. Retired from her clinical practice she continues to write and present on the theory and methods of Integrative Psychotherapy.

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