

Vulnerability, Authenticity, and Inter-subjective Contact: Philosophical Principles of Integrative Psychotherapy

Richard G. Erskine

Abstract:

The Philosophical principles of a relationally focused Integrative Psychotherapy are described through the concepts of vulnerability, authenticity, and inter-subjective contact. Eight principles or therapist attitudes are outlined with clinical examples that illustrate the philosophy. These philosophical principles provide the foundation for a theory of methods. This article is based on a keynote address given at the 6th International Integrative Psychotherapy Association Conference, Grantham, UK, July 11-14, 2013.

Key words: philosophy of psychotherapy, integrative psychotherapy, inter-subjective contact, vulnerability, authenticity, interpersonal contact, relationship, interdependent, physis, psychopathology, relational-disruptions, relational psychotherapy.

Vulnerability, Authenticity, and Inter-Subjective contact are three words that reflect several philosophical principles of a relationally focused Integrative Psychotherapy. In the process of writing about and teaching Integrative Psychotherapy, I have frequently demonstrated and refer to various philosophical assumptions that are the foundation for working relationally and integratively. On the occasion of this 6th biannual International Integrative Psychotherapy Association conference I want to address the theme of this conference by articulating some of the philosophical principles inherent in a respectful, co-constructed, and interpersonally focused psychotherapy.

In several publications I described and illustrated various methods of facilitating our clients' integration of physiology, affect, and cognition. With such integration, the individual's behavior becomes a matter of awareness and choice and is not stimulated by compulsion or fear. In rereading the books, *Integrative Psychotherapy in Action* (1988/2011), *Beyond Empathy* (1999), and *the Art and Science of Relationship* (2004), I realize that I have not specifically identified or clearly articulated the core philosophical principles of therapeutic practice. This conference address is intended to remedy that oversight and provide an outline

and synthesis of the philosophical principles and central assumptions of a relationally focused Integrative Psychotherapy.

The core principles and assumptions listed in this article are the foundation for our therapeutic interventions when we engage in a relationally focused psychotherapy -- a psychotherapy that holds the relationship between the therapist and client as central to a process of healing and personal growth. I have not listed these principles in any specific order. Most likely this list is not complete and there may be other important principles that you want to add. The following are the philosophical assumptions that influence my therapeutic outlook, attitude, and interactions with clients:

All people are equally valuable

This seems like such a simple statement yet the concept is profound. Many of our clients have grown up in homes and school systems where they were treated as though they had no value as a human being. They, like us, attempt to protect themselves from being vulnerable in the presence of neglect, humiliation, or physical abuse. It is our responsibility to find ways to value every client even if we do not understand their behavior or what motivates them. This involves respecting their vulnerability, as well as their attempts at being invulnerable, while we maintain a therapeutic relationship that fosters a sense of security.

We manifest this principle of equality when we treat our clients with kindness, when we provide them with options and choices, when we create security, and when we accept them as they present themselves rather than looking for a possible ulterior agenda. When we are truly in interpersonal contact, we create a secure environment where our clients are free to be vulnerable with us and we with them. This is an enlivening sense of vulnerability.

Vulnerability can be healing when there is an opportunity to express one's physical and relational needs and to *be valued just as one is* while remaining interpersonally secure. Vulnerability includes being open to any interpersonal encounter with an absence of defenses. Metaphorically, vulnerability is like a naked baby -- a baby free of any defenses -- seeking contact and need fulfillment, open to being cared for, and susceptible to potential harm.

I remember one particular incident where valuing the other's experience was so important. The husband of a client came charging into my office accusing me of destroying his marriage. He raged at me, cursed me, and threatened to do bodily harm because his wife had changed as a result of our therapy. There was no opportunity for me to speak. I started to defend against his rage. I wanted to tighten my body to make myself invulnerable. Instead, I sat still, breathed deeply, listened carefully to his anger, took his concerns seriously, watched for

his hidden vulnerability, and valued the various relational-needs embedded in his rage. I responded to his need to make an impact, to define himself, and to have security in his marriage. He softened his voice when I spoke of his needs as normal and valuable. I told him about my fear of his rage. We were vulnerable together. He ended by agreeing to attend a couple's session the next day.

All human experience is organized physiologically, affectively and/or cognitively

Our biological imperatives require that we make meaning of our phenomenological experiences and that we share those meanings with others. People are always communicating a story about their life either consciously or unconsciously. Our clients' unconscious communication is embodied in their physical tensions, entrenched in their emotional reactions, encoded in the way they make visceral and cognitive sense of their current and past situations. Therefore, our therapeutic task is to observe, inquire, listen, and decode our clients' many unconscious attempts to communicate their life story and to seek a healing relationship. This requires us to decenter from our own perspective and to experience the client through his or her own way of being in the world.

A middle-aged female client did not allow me to inquire. She would become physically tense with each phenomenological or historical inquiry and either became silent for a few minutes or responded with "I don't know." I could see the intense body tension that seemed to increase with each inquiry. I realized that her body was unconsciously communicating an important story about her life experiences. I stopped inquiring and instead made statements -- statements that reflected her body tensions, posture, and silence. Such statements included "It seems important to remain silent" and "Perhaps by holding your muscles tight you do not have to feel." After several sessions in which I only used descriptive statements she began to talk about the sexual abuse in her family and the lack of opportunity to talk to anyone who would be protective. Her story was embodied in her physical tension and communicated through her silence.

Our authenticity is in our awareness that "I know nothing about this client's internal process, therefore I must continually inquire about his or her phenomenological experience". Authenticity is also expressed when we speak truthfully from our heart -- when we make genuine heart-to-heart contact. The healing of psychological confusion occurs through a sustained contactful therapeutic relationship -- a relationship that involves two individuals in full interpersonal contact -- vulnerable and authentic.

Even when we speak heart-to-heart the therapeutic relationship is not the same as a friendship. As psychotherapists we bring our interest, commitment, skill, and ethics to each therapeutic encounter. Our inquiries and responses are

always determined by the needs and welfare of the client. We seek to provide a relationship that allows each client to fully express their life story to a respectful and involved other person.

All human behavior has meaning in some context

It is our therapeutic task to help our clients become aware of and appreciate the various meanings of their behaviors and fantasies. This includes a therapeutic involvement of normalizing their behaviors by helping them understand the contexts in which their behaviors, beliefs, or fantasies were derived. All problematic behaviors and interruptions to internal and external contact serve some psychological function such as reparation, prediction, identity, continuity, stability, or enhancement. Before focusing on behavioral change in therapy it is essential to know and appreciate our clients' phenomenological experiences and various psychological functions.

One young client repeatedly burned herself with cigarettes. On many occasions her family had tried to stop her but she continued to burn herself. I focused our therapy on the functions of her self-harm and we discovered that the aim in burning herself was "to feel real" instead of desensitized and dissociated.

Resolution of both current and archaic conflicts occur when the client becomes conscious of implicit relational patterns, the psychological function of those patterns, and how those implicit and procedural memories effect current relationships. Part of our therapeutic task is to explore with the client the multiple psychological functions underlying such dynamics as fixated script beliefs, repetitive fantasies, and/or internal criticisms.

Internal and external contact is essential to human functioning

Many of our clients have lost proficiency or even the capacity to maintain internal and/or interpersonal contact. In a relationally focused psychotherapy we are always inviting the client into full contact -- contact with his or her internal processes of body sensations, affect, memories, and thoughts. And, we also invite them into external contact -- to communicate interpersonally with awareness and intimacy. In an integrative psychotherapy, one of the definitions of psychological health is the capacity of an individual to shuttle between internal and external contact.

We make use of an inter-subjective process to identify interruptions to external contact. Such interruptions in interpersonal contact may represent significant internal interruptions to contact with physical sensations, affect, memory, or reasoning. We also invite our clients to consistently engage in inter-subjective contact. I frequently engage in a *relational-inquiry* wherein I ask the

client how he or she experiences our relationship. I ask about his or her experience of my tone of voice, what it is like to have me point out a behavior or gesture, or to sit in silence. Such relational-inquiry either leads to further phenomenological inquiry or to a sharing of my personal experience of our relationship.

Inter-Subjective contact involves that vulnerable process of each person authentically expressing his or her own unique feelings, fantasies, thoughts, and relational-needs while also allowing the other's feelings, thoughts, desires, and perspectives to make an impact on him or her. With such inter-subjective contact a new sense of understanding and appreciation is co-created and each person develops as a result of the encounter.

All people are relationship-seeking and interdependent throughout life

Many of the difficulties that our clients describe are based on repeated disruptions in their relational systems and their resulting inability to depend on significant others when it was developmentally necessary. As a result, they are unconsciously inhibited by archaic internal working models of relationship that influence the development of a sense of self and the quality of interpersonal relationships. Through psychotherapy we provide the authenticity of the inter-subjective contact that may challenge our clients' old script beliefs and dysfunctional patterns of behavior. We offer a new inter-subjective relationship that provides emotional security, validation, and dependability.

As we effect a change in one aspect of our clients' relational systems we influence their other relationships as well. When we affectively, rhythmically, and developmentally attune to our clients, consistently inquire about our clients' experience, and when we are authentically involved with our clients, we change their perspectives of what is possible in inter-subjective contact and we open new possibilities to being vulnerable and authentic with other people in their lives.

The healing power of inter-subjective contact is illustrated in the cases of Elizabeth and Kay. Both entered therapy depressed and lonely. By the time the therapy ended Elizabeth had changed her appearance, she no longer compulsively searched for her mother, and she had achieved intimacy with her husband (Erskine, 2010). Kay entered therapy angry at many people in her life. She had a deep sense of being neglected. Consistent attunement to her level of development, validation of her affect and needs, and reparative responses to her traumas produced a transformation in her personality. After terminating therapy Kay began to volunteer at a hospital where she loved working with the children (Erskine, 2008).

Humans have an innate thrust to grow

The ancient Greeks use the term *physis* to describe the vitality and psychic energy that is invested in health, creativity, and the expansion of our personal horizons. *Physis* is the source of our internal thrust to challenge acquiescence, to explore different ways of doing and being, to have aspirations, and to develop our full potential.

As a psychotherapist, it is my commitment to engage each client in a contactful relationship that vitalizes this innate thrust to grow. Such a therapeutic relationship:

- enhances each client's understanding of his or her history and inner experience;
- furnishes each client with a sense that his or her behavior has an important psychological function;
- fosters the capacity for full internal and external contact;
- provides the opportunity for each client to experience being seen as a unique and valuable human being;
- explores creative options and outlets, and
- nourishes the possibility of pleasure in relationships.

I am reminded of a young woman I saw once a week for over a year. She used most of the time in session to talk about films, social events, and the lives of actors and singers. No matter how skillfully I inquired about her own experiences she would turn the conversation into talking about anything but herself. She told me that she had "nothing to say" when I asked her about her life. I wondered what unconscious story she was telling me when she talked about films and the lives of famous people. Was she telling me about her early family life in some encoded form or was she living a vicarious life through these stories?

After the summer holiday she arrived in her first session feeling much more lively and energetic. She looked more attractive. She enthusiastically told me that over the summer she had decided to change her life. She left her previous partner, got a new job, and bought new clothes. I asked her what prompted the big changes. She responded, "I talked to you for a year. You never acted like anything was wrong with me. So I decided it was time to grow up and change the way I live my life."

Although I listened to her stories with interest and presence, attempted to establish full contact, and tried to inquire about her inner experiences, the actual changes in her life emerged from her innate thrust to grow. Our relationship provided a foundation for growth but it was her psychic energy -- *physis* -- that propelled her to develop her potential. She added, "If nothing's wrong with me I am free to live my own life".

Humans suffer from relational-disruptions not “psychopathology”

A relationally focused integrative psychotherapy emphasizes a non-pathological perspective in understanding peoples' behavior. Discomforting physiological and emotional symptoms, entrenched belief systems, obsessions and compulsive behaviors, aggression or social withdrawal are all examples of creative attempts to satisfy relational-needs and resolve disruptions in interpersonal contact.

When we view someone as “pathological” we lose our awareness of the person's unique *creative accommodation* and their attempts to manage situations of neglect, ridicule, and/or abuse. We also lose a valuable opportunity for interpersonal contact when we mistakenly focus on an individual as a “personality disorder”, or view people as either passive or manipulative, or even define them as playing psychological games. Yes, people can be passive-aggressive, manipulative, game playing; they can be cruel; they can lie and cheat -- we would be foolish not to recognize such behavior -- but our therapeutic advantage is in our understanding our client's creative accommodation, their internal working models, core beliefs, and their desperate attempts to resolve intrapsychic conflicts.

Tasha was a thirty year old woman who had been in a previous therapy where her therapist had diagnosed her as “borderline” and had repeatedly told her that she would never be “fully sane”. He insisted that she change her “crazy behavior”. Throughout the early stages of our therapy together she continually referred to herself as “crazy”, “incurable”, and “borderline”. With each self-deprecating comment I focused on how her bodily reactions, emotions, and behaviors were an attempt to describe how she managed an early childhood family environment that was affectively confusing and traumatic.

An important element in the healing of emotional distress, intrapsychic conflict, and relational disruptions involves the psychotherapist's authentic communication to the client that his or her psychological accommodations were creative attempts to solve relational ruptures. We protect our clients' sense of vulnerability and open an opportunity for healing when we perceive our clients' defenses, inhibiting beliefs, and problem-making behaviors as *developmentally appropriate, normal reactions to previous disruptions in relationships*. It is in authentically recognizing and appreciating the other person's emotional vulnerability, relational-needs, and desperate attempts at self-reparation, self-regulation, or self-enhancement that we create the possibility for full inter-subjective contact - - a contact that heals old psychological wounds.

The inter-subjective process of psychotherapy is more important than the content of the psychotherapy

Inter-subjectivity refers to the synthesis of two people sharing an experience together. Each person brings to any interpersonal encounter his or her own phenomenological experience. The inter-subjective process involves the melding together of each person's subjective experience, his or her affects, belief systems, internal relational-models, implicit and explicit memories, and relational-needs. Effective psychotherapy emerges in the creation of a new perspective and understanding -- a unique synthesis. A new psychological synthesis occurs when there is authentic and open contact between two people. Each is influenced by the other; the therapy process is co-created. Therefore, no two psychotherapists will ever do the same psychotherapy -- each of us is idiosyncratic in how we interact with our clients.

The important aspects of the psychotherapy are embedded in the distinctiveness of each interpersonal relationship, not in what we consciously do as a psychotherapist, but in the quality of how we are in relationship with the other person. The therapist's attitudes and demeanor, the quality of interpersonal relationship and involvement, are more important than any specific theory or method. An effective healing of psychological distress and relational neglect occurs through a contactful therapeutic relationship -- a relationship in which the psychotherapist values and supports vulnerability, authenticity, and inter-subjective contact.

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Author:

Richard G. Erskine, PhD is the past president of the International Integrative Psychotherapy Association and the training director of the Institute for Integrative Psychotherapy, Vancouver, BC, Canada. He conducts workshops and training programs in several countries. He can be reached through the web site: www.IntegrativePsychotherapy.com

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