

Integrative psychotherapy, Relational TA – with my additions and reflections

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[Freud, writing to Jung: “Psychotherapy is effected by love”](#)



Beyond Empathy:

A therapy of contact in relationship 1999: Erskine, Mursund, Trautman

Drawing on Client-Centred therapy, TA, Gestalt and Psychoanalysis.

To be psychologically healthy, in fact to be fully human we need to be in relationship with others. In relationship with those who nurture, respect and value us, and celebrate our individuality. Relationship is nurturing, stimulating, and restorative, allowing us to discover who we are, what we want, how we feel and what we think. It is trauma in the early relationship that causes disruption and emotional pain, and it is also through relationship that these disruptions can be healed.

The therapist primary task is to build his or her client's ability to maintain contact with themselves and others. Rogers' 3 necessary and sufficient growth conditions: genuineness, unconditional positive regard, and accurate empathy provide the foundation for psychotherapy.

Central to Integrative psychotherapy are the relational concepts of:

- **Inquiry:** The process in which a client is invited to explore their experiences.
- **Attunement:** Sensitivity to and reverberation with whatever is going on for the client.
- **Involved:** Being fully present, being moved and being present with.

Inquiry:

- The assumption is that therapists know nothing of their client's subjective experience we ask clients to teach us about their experience and we can explore it together. As the client recognises their process of interrupting contact so they can develop new ways of relating to themselves and others.
- The therapist is less interested in the content of the answer, rather the interest is in the process of reaching the answer.
- Inquiry does not just get us somewhere - it is the some where, it is healing in and of itself.
- The relationship between the therapist and the client is the place to explore the experience of relationship.

Characteristics of inquiry: While using theory to guide the therapist is being open to learn about the client's unique experience. The therapist demonstrates:

Respect > Genuine interest > Open-endedness > Constant attention to contact > Expanding awareness

Techniques of inquiry - Respect for the client's perspective, and defences:

Contracting > No pre-suppositions > everything is important.

Inquiry Menu – all areas are to be explored:

- Physical sensations
- Physical reactions
- Physical behaviours
- Emotions
- Memories
- Thoughts
- Conclusions and decisions
- Meanings
- Expectations
- Hopes
- Fantasies

Attunement: A two-part process for both cognitive and emotional attunement:

The therapist becomes aware of the client's experience, their sensations, needs, feelings, desires or meanings. The therapist then communicates with the client that they do understand the client, in such a way that the clients lets the therapist know that they know that the therapist knows.

The desire to be truly understood and "in contact with" is universal. Understanding begins with empathy, and the in-between space in which we co-create our experience is to be explored together.

Functions of Attunement:

Respect > Safety > Reclaiming old experiences > Deals with therapeutic mistakes

Conveying Attunement

Attending to nonverbal communication, the therapist de-centres, putting the client in the centre of their attention. The therapist lets the client impact upon his / her body, emotions and thinking, the therapist uses their own experiences as an amplifier through which to listen to their clients.

The therapist respects the client's defences, noticing and drawing attention to their function and paces their interventions in time with the client's pace.

Involvement

The therapist's willingness to be affected by the client's experience. Resonance, using the impact the client has in his / her body to amplify and resonate with the client. The therapist uses developmental appropriateness, targeting the interventions at an age-appropriate level to match the client's experience.

The therapist demonstrates their commitment to their clients through commitment and professionalism, while offering acknowledgement and validation of the client's experience. Normalising the clients experience, bringing to the client's awareness that others experience similar situations. Self-disclosure is one way of doing this. Another example would be to say something like – "it is quite normal to feel shocked, to feel anger / fear etc in such a situation. Openness, with the therapist being willing to have their experiences known which also models Ok-ness and a willingness to be vulnerable. Thus, inviting the client to also share their vulnerability.

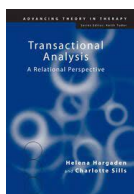
The therapist must demonstrate patience and consistency, with professional intent and ability, while welcoming the expression of affect.

8 Relational Needs: Every person and especially every child requires a relationship in which the other person is reciprocally involved.

1. Security
2. Valuing
3. Acceptance
4. Mutuality
5. Self – definition
6. Making an Impact
7. Having the other initiate
8. Expression of love

Juxtaposition

Meeting the relational needs of clients may create a juxtaposition... in which the new experience may create a space in which the client experiences a heightened sense of loss/ disturbance regarding old relationships in which their needs were not met.



Transactional Analysis A Relational Perspective.
Charlotte Sills and Helena Hargaden, 2002

The quality of the relationship between the therapist and the client is itself the central feature in effective therapy... The relationship is the essential therapeutic tool because the deconfusion of the early unconscious development issues can only take place within the transferential therapeutic relationship. The early Child ego states can emerge and addressed within the safe bond of a relationship. The relationship is the healing element of the therapy.

Quoting various analysts, and infant researchers they go onto saying that: "Our deepest motivation is for contact with others. The intra-subjective process of relational psychotherapy can be explored in three areas of transference:

1. Projective
2. Introjective
3. Transformational

New model of ego states is presented: The area of developing self is C₀, and the developmental yearning is for idealising, mirroring, and twin-ship and adversarial transferences, in cases where there is good enough parenting these yearnings can find resolution, transforming them into healthy “normal” relational needs. However, in situations where there is insufficient meeting of the needs or suppression of them then they will need expression through transferences, in everyday life and in the therapy room. These are “Introjective transferences” The client seeks to enter into a symbiosis in order to meet their unmet needs.

- **Mirroring transferences:**
 1. Where the therapist is seen as a part of the client
 2. Where the therapist reflects back the clients need for approval.
- **Idealising transference...** when there is early trauma the infants need for an all-powerful other is transferred onto the therapist.
- **Twin-ship**, I am just like you. Expressing the need for another to be like me.
- **Projective Transferences:** P1+ and P1- projections put onto the therapist so that they can be worked through and integrated.

Berne’s therapeutic operations and some new additions to theory:

There is an excellent section which reframes Berne’s 8 therapeutic interventions as empathic transactions. Berne’s description of the various transactions as interventions is an established important core theory of TA. Helena Hargedon and Charlotte Sills describe these interventions as empathic transactions and emphasise the need for relational and emotional attunement within the therapeutic endeavour if they are going to be used effectively withing the healing relationship. They have added a 9th intervention, “holding therapeutically”.

Re-Parenting as a 10th empathic / therapeutic intervention. I have added re-parenting to the list as it seems essential to create a new healthy, functional Parent introject. This is essential for transformative and enduring therapeutic change. My experience as a psychotherapist in various settings for almost 40 years has demonstrated to me that this is as equally important as deconfusion of the Child or strengthening the Adult ego state boundary. There are 3 types of work within TA which leads to the creation of a new functional and healthy Parent:

- 1) Modelling and through the ongoing relational and transferential work with the therapist and group. The therapist and group members become resources for the unconscious internalising / introjective transferential experience and through this process a new Parent figure is generated.
- 2) There are also TA therapists such as McNeal, Mellor and Erskine who have emphasised the need to work directly with the Parent ego state. This can be done by creatively using various Parent interview techniques.
- 3) With some clients it is appropriate to contract for the therapist or group to overtly offer a new parenting experience.

The Goals of TA psychotherapy can therefore be described as:

- 1) Decontamination of Adult and a strengthening of the Adult Ego state boundary.
- 2) Deconfusion of the Child ego state.
- 3) The creation of a healthy and functional Parent.

Transference and Impasse theory: Berne emphasised the importance of transference, psychotherapy would not be possible without the effective understanding and use of transference. In the ongoing therapeutic relationship healing is a result of understanding transference and resolution of the transference through a transformational metabolization of the transference dynamic. The concept of impasse theory is central to my understanding of transference phenomena. The intrapsychic impasse is externalised relationally in the transferential dramas enacted with the group and therapist.

It is the potential for this relational externalisation of the intrapsychic impasse which makes group work so profound. Therefore, all 10 empathic interventions are used in the service of enhancing / facilitating this therapeutic endeavour.

- 1) **Interrogation (Empathic Enquiry):**
 - a. Tell me about the situation...
 - b. What happened when...?
 - c. How do you feel / think / act / experience...?
 - d. What is your experience in relationship to self, others and life...?
 - e. Reflective listening.
- 2) **Specification:** Clarification of the client's story; includes reflection of their story and their position, using a 2nd/ 3rd/ 4th question to follow up their statements as a way inviting the client to explore in depth their experience. This both deepens the conversation and ensures both parties understand.
- 3) **Confrontation:** Pointing out inconsistencies; "That does not fit with how you told the story before" or confronting passive behaviours. The therapist and client may need to accept that the client is experiencing conflicting understandings of the same process.
- 4) **Explanation:** Describing the group or client process; for example, using theory as an invitation to Adult thinking and processing.
- 5) **Illustration:** storytelling, and use of metaphors, Berne insists that illustrations must be humorous! He does provide the caveat that the therapist must remember the theatrical rule that the comedian should not stay on stage too long!
- 6) **Confirmation:** Stroking and reinforcing the client's new self-awareness and decisions.

- 7) **Holding:** the psychological holding of the client in their process, essential for the client to feel safe in their therapeutic endeavour and to proceed with deconfusion work.
- 8) **Interpretations:** The goal is for the interpretation by the therapist or group to be transformational; leading to deconfusion of the Child ego state. Providing / creating a voice for the Child to express the unspeakable. In my experience the interpretation may also be aimed at deconfusion of the Parent ego state.
- 9) **Re-Parenting:** The goal is to create a new functional Parent introject as a resource for the client. This is done through use of the ongoing relational approach to psychotherapy and use of the transferential relationship. Also, specific interventions where the client or group may offer reparenting as well as specific techniques such as the Parent interview.
- 10) **Crystallisation:** A bringing together of the decontaminated Adult, deconfused Child and healthy functional Parent. There is a co-created statement from Adult of the therapist to the Adult of the client that clearly describes the client's options following the therapeutic interventions. The client responds with a congruent confirmation of their new experience.

Berne stated that the goal of the first 6 interventions is to strengthen the Adult ego state boundary, inviting the client to cathect Adult. Only then can the client progress to Child deconfusion work, which takes place according to Berne in the ongoing analytical work. The nature of listing interventions implies a linear progression from 1 > 6 however it is my experience that in the complexity of the empathic therapeutic relationship there is a moving between the different interventions and not necessarily in the order listed here. In relation to deconfusion of the Child ego state much of the preparation for this profound transformational work involves the Child ego state being present, listening, watching, learning and being recognised through the whole of the therapeutic encounter, including the early stages of exploration which are primarily aimed at strengthening of the Adult ego boundary.

The same is true for the new transformational functional Parent; throughout the whole experience of the therapeutic endeavour the client is unconsciously internalising the therapist and parent figures in the group. This is true even if these dynamics are not overtly referred to by the therapist or group.

It is also true and essential to the positive outcome that the Adult is also present, and the Adult ego state boundary is strengthened through the whole process.

Bollas: commenting on counter transference comments: "By cultivating a freely aroused emotional sensibility the analyst welcomes news from within himself that is reported through his own intuitions, feelings, passing images and fantasies... in order to find the patient we must look for him within ourselves"

David Mann.... Psychotherapy: An erotic relationship.... 1997. "The erotic pervades most if not all of psychoanalytic encounters and is largely a positive transformative influence...."

Empathic Transactions in the deconfusion of the Child ego state. TAJ: April 1991- Transactions are reviewed with reference to Berne's original principles of treatment. Three conclusions are presented: 1) different developmental levels of ego states can be evoked through the therapist's technical choices during each phase of treatment, (2) a conceptual bridge between theory and practice is presented through the introduction of empathic transactions, and (3) a recommendation is made that increased emphasis be put on the empathic deconfusion of the Child ego states in order to reach Berne's goal of a comprehensive treatment approach.

Barbara D. Clark...



Woody Allen: "I realize it's just transference Dr... but these days I am madly in love with you!"

Therapist: "Just transference.... With legs like mine you think it is just transference?"