

Beyond Empathy: A Therapy of Contact-in Relationships

Richard Erskine, Janet Moursund, and Rebecca Trautmann

Involvement

loc: 58	Integrative psychotherapy, the method of therapy upon which this book is based, focuses on relationship.
loc: 59	psychologically healthy—
loc: 59	is to be in relationship
loc: 64	Contact is the touchstone of relationship; it is what makes relationship possible.
loc: 69	In a psychologically healthy individual, internal and external contact interact; each depends upon the other, and neither can exist in isolation.
loc: 78	three therapeutic elements
loc: 78	can further this process: inquiry, attunement, and involvement.
loc: 83	help the client to integrate his or her self:
Page: 12	The Function of the Therapeutic Relationship
Page: 12	exploring what is known.
Page: 12	the client is offered the therapist's interest and involvement;
Page: 17	With careful inquiry, sensitive attunement, and authentic involvement, the therapist will be experienced as dependable, consistent, and trustworthy.
Page: 18	It has been our observation that good therapists, regardless of theoretical orientation, engage in inquiry, value attunement, and are concerned that their involvement be genuine and appropriate.
Page: 83	Involvement
Page: 83	Psychotherapy draws upon both art and skill.
Page: 83	them, imagine a continuum with skill and technique
Page: 83	on one end, and art and attitude and emotion
Page: 83	on the other
Page: 83	inquiry,
Page: 83	would fall toward the skill side.
Page: 83	Attunement,
Page: 83	involves more of the intangibles: attitude, emotion,

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Page: 83	is in the middle of the continuum.
Page: 83	therapeutic involvement would certainly go toward the art/attitude/emotion
Page: 83	end.
Page: 83	involvement
Page: 83	a matter of attitude, of emotion, and of art.
Page: 83	involvement is not about doing so much as about being.
Page: 83	involvement is difficult. It would be easier to stay uninvolved, remote, and untouched by the clients' struggles.
Page: 83	therapy occurs in the context of relationship; relationship requires contact; contact requires involvement. Relationship is a two-way street.
Page: 84	at the beginning of a therapeutic relationship, many clients are not ready for full contact.
Page: 84	The Nature of Involvement
Page: 84	Willingness to Be Affected
Page: 84	When I allow myself to truly care about you, to be touched by you, I risk being made uncomfortable.
Page: 84	What if you do not like me? What if you are in pain? What if things go badly in your life? If I am involved, I cannot just sail past those kinds of things. I must feel them, too; I must respond.
Page: 84	As you grow and change, so do I as well.
Page: 84	Resonance
Page: 85	The involved therapist not only notices, but also resonates with the client's response.
Page: 85	it evokes a reciprocal affective response from the therapist.
Page: 85	Resonance is a part of what relationship is all about; it is intrinsic to contact and authenticity.
Page: 85	Developmental Appropriateness
Page: 85	The quality of therapeutic involvement must take these developmental levels into consideration.
Page: 85	responds internally to the client as if the client truly were at that age

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Page: 85	Developmental appropriateness is genuine, not contrived.
Page: 85	the therapist is no more “pretending” to respond to a younger person than is the client “pretending” to be phenomenologically young.
Page: 85	Commitment
Page: 86	client. Commitment to the client’s welfare, an unswerving and unquestioned awareness that the client comes first,
Page: 86	Professionalism
Page: 86	The Expression of Involvement
Page: 86	Acknowledgment
Page: 91	Validation
Page: 94	Looking at our clients’ resistant behaviors as a way of communicating what they do not yet fully understand, and as attempts to protect themselves in an uncertain and often-threatening world, allows us also to appreciate what they are trying to do
Page: 94	It inoculates us from impatience, irritation, and frustration. It allows us to truly value the client
Page: 94	Validation, then, works in both directions: as we help our clients to appreciate their process—the function of their responses, if not the responses themselves—we help ourselves to do the same thing.
Page: 95	Normalization
Page: 98	Presence
Page: 99	Contact
Page: 99	Interest and Curiosity
Page: 101	Openness
Page: 103	Vulnerability
Page: 105	Patience and Consistency
Page: 106	Professional Intent and Ability

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Page: 108	Affect
Page: 108	Affect is transactional and relational in its nature; it is a communication that demands a corresponding, reciprocal affect—an involvement—from the other person.
Page: 108	Clients who have learned to shut off or to distort emotional expression in order to avoid the discomfort of experiencing the intensity of their feelings have—by definition—split off a part of themselves (Guntrip, 1968; Federn, 1953/1977).
Page: 108	Through involvement, we help the client to access, experience, and integrate emotions.
Page: 108	they learn to experience the totality of their emotional response and find a workable balance between expression and containment
Page: 108	Encouraging the client to go ahead and escalate and to fully express and even exaggerate whatever emotion is on the surface helps him or her not only to go beyond that surface into a deeper level of awareness, but also helps the client appreciate the way in which the surface experience may have been used to maintain emotional disavowal.
Page: 111	Anger An angry person needs to be taken seriously. Anger is a serious business. An angry client demands a therapist who is attentive to that anger and does not discount it or retreat from it, but meets it with respect.
Page: 112	Fear The client who is afraid requires the therapist to respond with affect and action that communicate security. A part of this response involves simply acknowledging the fear without being distracted, dismayed, or frightened oneself.
Page: 113	Sadness The reciprocal response to sadness is compassion, not pity, which implies a one-up, one-down relationship between client and therapist, but compassion, feeling with. In compassion, the therapist moves from experiencing the client's sadness empathically to experiencing his or her own caring about what is happening with the client.
Page: 114	Joy All of therapy is not fear and sadness and anger; there are joyous moments as well. Laughter can be healing; joy gives us the courage to deal with the less pleasant business of life. Joy is multiplied through being shared, and it evaporates when the other person in the relationship refuses to share it.
Page: 121	Relational Needs
Page: 121	Our discussion of therapist involvement has taken us inevitably into the “in between,”—the domain that belongs exclusively neither to therapist nor client. Involvement is a part of the relationship and thus belongs to both participants.

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Page: 121	Even though our therapeutic involvement has to do with our own genuine feelings and responses, and even though it is a process of the in-between, it is nevertheless focused on the client's welfare.
Page: 121	fundamental notion of therapeutic intent. When I am with a client, my intent, attention, and interest are focused on that client's growth and well-being. I have made the choice to be in the relationship in that way for that purpose. My therapeutic involvement always emerges from the client-focused context (Jordan, 1989).
Page: 122	Involvement is about the therapist: how he or she feels, thinks, and responds to the client. It is about the client: how he or she perceives that the therapist is invested in and impacted by what happens in the relationship. It is about the in-between, the interplay between two human beings, the dance of interpersonal contact (Sullivan, 1953). It is about relationship needs felt and relationship needs met.
Page: 122	Although relational needs are present for both participants in every relationship, the therapeutic relationship is unique in that the needs of the therapist must be secondary to those of the client. The client's relational needs are in the foreground; the therapist's needs are in the background.