

Post-Script to Part 3 of a Case Study Trilogy

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Abstract:

Author comments on the case study 'Relational Healing of Early Affect-Confusion', written by Richard Erskine and responses to his article written by Maša Žvelc, James Allen, Ray Little and Grover Criswell.

Key Words: integrative psychotherapy, supervision, case study.

In the last part of the case study trilogy, *Relational Healing of Early Affect-Confusion*, Richard Erskine continues his description of an in-depth psychotherapy. Using both historical and phenomenological inquiry, memories of early childhood relational experiences were formed. With both explicit and then implicit memories through the involvement in a supportive age regression, Theresa was able to “make many associations and connections to her adult life behaviors and emotional reactions”. In the regression she was given an opportunity, this time in the presence of the therapist as witness, to remember and understand what she experienced in the past and how the past impacts on her present. Inquiry heightened awareness of her feelings and cognitive understandings as well as her behaviors and body sensations. Within the therapeutic relationship her relational needs were acknowledged, validated, and normalized. Richard’s persistence with Theresa’s rhythm, developmental level, and relational needs provided her with a secure relationship – far different from the disorganized attachment internalized by Theresa in childhood.

Once again, the responders’ comprehensive comments and questions provided a richness to the dialogue. Masa Zvelc noted areas of relevance for her and gave concrete examples from the case study. Challenges from James Allen included: the importance of Theresa taking on responsibility; questions as to how long therapy should last; deeming therapy “as a prelude to living, not a substitute for it”; and the thought of comparing the Integrative Psychotherapy approach with other theorists such as Linehan, Kernberg, and Fonagy. Ray Little wondered

about the “multiplicity of motivations in Theresa’s urgency to have a session before fall sessions were to begin. His descriptions of the transference-countertransference matrix and his statement about “the power of the therapeutic relationship” reminded me of the privilege that is given to us as psychotherapist. In his comments, Grover Criswell **summarized** key concepts in psychodynamic psychotherapy.

As I finished reading the trilogy I was reminded of my beginning years as a therapist. I had finished a two year master’s in psychiatric nursing program at the university where the focus was on psychoanalytic theory. I was fortunate back then in my last year in the program to have a preceptor who focused on psychodynamic interventions as he worked with psychotic people. It was a rich program in psychotherapeutic theory and technique and I wanted “more”. During my first year in practice, over thirty-five years ago, I was introduced to Integrative Psychotherapy. The “more” or missing piece for me was the emphasis Richard Erskine put on the therapeutic relationship. It was an easy transition for me since Freud, Rogers, and the behaviorists were considered “the foundation stones of integrative psychotherapy” with the organization based on “the ideas of Berne, Perls, and the developmental theorist”. (Erskine & Moursund, 1988, p. 41). Erskine (1997) developed his ideas grounded in a humanistic based philosophy with a focus on a theory of motivation and attention to contact, a theory of personality which includes ego states, life script, and the intrapsychic process, and the methods of inquiry, attunement, and involvement. Long before publication, in our professional development seminars at Kent, Connecticut, I was introduced to the theory and methods which provided me with a framework in working with my clients. I used Integrative Psychotherapy as the basis for assessment and interventions. I remember working with a woman who I would consider as “borderline”. She had been in and out of hospitals for bipolar disorder since she was a teen. She had been on Lithium for several years before she saw me. In her second year she announced that she went off Lithium, and although I was concerned, she did well. She continued her therapy with me for ten years and in that time celebrated 10 years of sobriety, got married, and had a baby. She left therapy to live her life and contacted me with a yearly Christmas card. She called me again a decade after she had terminated therapy. She wanted to come back because she was diagnosed with terminal cancer of the breast. I worked with her about 8 months. I clearly remember the day she died. I had sessions with her in her home as she got weaker. I was to go to my seminar group that weekend and had arranged to have a session with her when I returned. Something told me to stop and see her as I started out on my trip to Kent. As I went to her bedside, Judy opened her eyes, smiled, and reached for my hand. Within minutes she died. Although her life was short, she lived her final

years experiencing many moments of peace and joy. The use of Erskine's work in contact interruption and a focus on the therapeutic relationship was critical in Judy discovering her story and remaining in therapy. Not only did the concepts and constructs I used help her, they also helped me to stay connected with her and with my own internal experience. She taught me a lot about being present, not giving up on her, the struggles she had to stabilize herself, and as I am remembering her right now, her determination to live. Today, I know I would have done some things differently. However, the basis of my interventions would not change. My interactions were founded on the theory and methods of Integrative Psychotherapy. One of the things that did change for me over the years has been a growing appreciation for the intricacy of the theory and methods. I continue to study, critique, and further the development of Integrative Psychotherapy. I have concern when someone has read a book or gone to a workshop and then believes he or she understands the theory – any theory. The richness of a theory and methods of psychotherapy is in its complexity. The effectiveness of the interventions and outcomes depends on an understanding of the intricacies of treatment.

In conclusion, the theory and methods developed by Richard Erskine have persisted over four decades. The case study trilogy by Richard Erskine and the responses by James Allen, Grover E. Criswell, Ray Little, and Masa Zvelc embody one of the criteria of both The International Journal of the Integrative Psychotherapy Association and the International Integrative Psychotherapy Association (www.IntegrativeAssociation.com) - to provide exceptional works to the psychotherapy community. This particular case study trilogy has met this standard. It takes not only a lot of work to express ideas in writing, it also takes a willingness to share one's self through the dialogue and to be willing to be open to others' ideas. It is one thing to write an article; it is a whole different experience to have a discussion like the one that was done here. The process was deeply enriching for me due to description of a case and the interchanges that took place. My hope is that it has been so for you too.

I leave you with this quote from a book I purchased on a recent visit to a museum in the US. I was surrounded by the works of Cezanne, Renoir, Picasso, Gauguin, van Gogh, Matisse, Picasso, among others. This experience reminded me of my "visit" to Theresa's work with Richard and the responses based on the case study. I have added the word 'therapist' in the citation below.

A painter [therapist] is an artist ... only if he is able to select from the work of his predecessors the forms which are adapted to his own designs, modifying

them as his individual needs require, and recombining them in a new form which represents his own unique vision. (Barnes, 1990, p. 19).

I see this case study trilogy like a painting. It is a portraiture of the theory and methods of Integrative Psychotherapy; Richard Erskine is the “artist”.

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Date of publication: 17.10.2013