

When and How I Became a Developmentally Based, Relationally Focused Integrative Psychotherapist

Richard G. Erskine

Keynote Address

8 May 2025

International Integrative Psychotherapy Association (IIPA)

12th Professional Education Conference:

Security, Reliability, Compassion: The Essence of Integrative Psychotherapy

Ljubljana, Slovenia

Abstract

In this adaptation of my keynote address, I describe the client-centered therapy, Gestalt therapy, transactional analysis, psychoanalytic, and existential philosophy influences in my professional life that have led to the refinement and elaboration of various concepts of developmentally based, relationally focused integrative psychotherapy.

Keywords

Existential philosophy, client-centered therapy, Gestalt therapy, transactional analysis, relational psychotherapy, integrative psychotherapy

My grandmother was an osteopath, and as an adolescent I also wanted to be an osteopath. I wanted to do deep body work to heal physical illnesses. However, I realized that if I trained as an osteopath, I was likely to be drafted into the army. So, instead, I trained as a special education teacher to work with emotionally disturbed and socially maladjusted children. For four years I had a classroom of twenty 12- to 15-year-old students who had a variety of socialization and learning problems. They all came from families struggling with marital conflicts, alcoholism, and/or drug addiction. The kids in my class taught me about the profound effects of relational neglect and physical abuse.

I fell in love with those children. But I didn't know enough to really help them to be all that they could be in life. I realized that I did not have the skills nor opportunity to effect a positive change in the relational disruptions and interpsychic conflicts that the students in my class suffered. So, I pursued first a master's degree, and then a doctoral degree, in order to learn how to better relate to neglected and abused children.

In 1967 I became a professor of psychology in Chicago, where I taught general psychology, child development, and abnormal child psychology. At that time, I was also hired to provide psychotherapy to several nursing students who had survived a mass murder. They were all traumatized from having been in the same house at the time of the killings. I knew little about post-trauma therapy, but I shared an office with Bob Neville, who had been Carl Rogers's partner in developing client-centered therapy (Rogers, 1951).

Every morning when I would enter our office, Bob would say, "How are your nurses?" Each day we would talk for an hour, and on some days much longer. The two years of supervision I had with Bob Neville was the most precise and respectful I've ever received. I learned simple yet

profound lessons from Bob Neville about the importance of empathy, non-directiveness, unconditional positive regard, and the need for patience in the treatment of trauma. These concepts are still the core of our practice in integrative psychotherapy today. Unfortunately, I went through a few years when I failed to realize the significance of these core concepts because I became immersed in both Gestalt therapy and transactional analysis.

In 1967 I also met Fritz Perls. He had been invited by the college to give a guest lecture, but there was an error in scheduling, so the department chairman asked if he could present his lecture to my psychology class. Fritz Perls gave a 15-minute lecture on the “Now and How of Gestalt Therapy” and then proceeded to do a psychotherapy session with one of the students. In a 30-minute session with Fritz, the student cried about her shame, moved her body in a new expressive way, and engaged the other people in the class differently than she had done previously. The women with whom Fritz worked had certainly made some dramatic changes. I was intrigued. That evening, I attended another lecture and demonstration where Fritz had a short therapy session with my wife and another woman. I was mesmerised by how he worked physiologically and behaviourally, affectively and cognitively. I signed up immediately for his training program that began the next day.

Over the next many years, I continued training in Gestalt therapy, most importantly with Laura Perls, Isadore From, and Joseph Zinker. They each practiced Gestalt therapy differently than Fritz. They respectively emphasized the concept of contact, the significance of figure/ground context, and how Gestalt therapy was based on the writings of several existential philosophers, each of whom described some aspect of either personal or interpersonal contact (Erskine, Forthcoming). I have been influenced by five writers who have made significant philosophical contributions to the practice of both Gestalt therapy and also to relationally focused integrative psychotherapy. The five philosophers are:

1. Martin Heidegger’s (1976) concept of presence;
2. Søren Kierkegaard’s (1844/1936, 1846/1941) emphasis on the centrality of subjectivity (Schacht, 1973);
3. Edmund Husserl’s (1931/1982) views on the significance of phenomenological experience;
4. Paul Tillich’s (1952) descriptions of the discovery of being; and
5. Martin Buber’s (1958) commitment to establishing an I-Thou relationship.

These philosophical principles provide the foundation of how I practice integrative psychotherapy today (Erskine, 2013, 2025a). In a 1998 keynote address entitled “Contact-in-Relationship: Clinical Applications of Gestalt Therapy” at The Gestalt Journal Conference in New York City, I emphasized how these existential concepts are the basis of a relationship-oriented psychotherapy when I said:

Contact is the touchstone of relationship; it is what makes relationship possible. The coalescing of internal, external, and interpersonal contact is the medium through which archaic self-stabilizing patterns and fixed Gestalten can be dissolved; whereby disallowed affect, previously unacknowledged needs, and emotionally disruptive experiences can be integrated into a cohesive and lively sense of self-in-relationship. (Erskine, 1998)

In 1969 I moved to Purdue University, where I was teaching and doing therapy in the Children’s Achievement Center with “emotionally disturbed children.” I became interested in the relational needs of children and how a child is forced to cope and accommodate when significant needs are not met. That clinical work stimulated me to do a literature search on parent and child interaction and how a child’s sense of self develops in response to their significant others. This

investigation provided the initial foundation in my understanding of relational needs (Erskine, 2011; Erskine et al. 1999/2023).

I wrote a thesis entitled *The Effects of Parent-Child Interaction on the Development of a Concept of Self: An Eriksonian View* (Erskine, 1971). As a result of working with my young, emotionally troubled clients and researching my thesis, I learned about the unique needs embedded in the child/parent relationship that occur at each developmental stage. Much later I drew on these writings on child development when I wrote the article entitled *Child Development in Integrative Psychotherapy: Erik Erikson's First Three Stages*. Portions of that research were published 40 years later in the *International Journal of Integrative Psychotherapy* (Erskine, 2019a). My intention in writing that article was to encourage integrative psychotherapists to think and work developmentally.

During the period of time at Purdue University, I also ran two psychotherapy groups at Wabash Valley Hospital with Edgar Stuntz, who introduced me to transactional analysis. Dr. Stuntz and I influenced each other: he taught me TA while I explained and demonstrated the various methods of Gestalt therapy. Dr. Stuntz arranged for David Kuffer (Eric Berne's office partner) to come from California every couple of months to teach an intensive two-year training program in TA. I joined that program and soon became intrigued by both the concepts of ego states and life scripts.

From 1970 to 1972 another exciting series of events stimulated my professional development. I lived in an old house on the campus of Purdue University where I became known as "the hippies' therapist." Periodically, on a Friday or Saturday night, someone would be brought to my house who was having a "bad trip" on LSD, psilocybin, or mescaline. These were the popular psychedelic drugs of the time. On several occasions the person having the "bad trip" was being pursued by diabolical images that were frightening and devastating. Or they were terrified of something invading their body. The drugs had stimulated symbolizations of early traumatic experiences and induced regression to early childhood experiences, but in symbolic forms. When I could engage with the person long enough—to be fully with them in their "bad trip"—the frightening images turned into childhood memories of traumatic experiences. If we were then able to engage in a supportive age regression where the person actively expressed their emotions, revitalized their physiological retroflexions, and understood the symbolism of the trauma, we were often able to resolve the effect of the trauma.

At the same time, I had been studying Arthur Janov's book *The Primal Scream* (1970) and Wilhelm Reich's writings on body therapy (1945). I realized that there is a healing power in reexperiencing the original trauma, but only if the age regression is accompanied with relational support. It is essential that the person in age regression be accompanied by someone whose constant presence offers security. Such security is provided by our attentiveness, patience, tenderness, and understanding of the reparative functions of age regression as well as our capacity to help the person comprehend and integrate the experience.

In January 1972 I took my transactional analysis clinical exam. In that exam I presented an audio recording of how I aided a client in a therapeutic age regression by facilitating his reexperiencing a traumatic event, expressing his previously retroflected anger, and realizing how childhood events had affected his entire life. I then published these ideas in a 1974 article entitled "Therapeutic Intervention: Disconnecting Rubberbands" (Erskine, 1974). Subsequently I elaborated on the theory and methods of therapeutic age regression in the book *Integrative Psychotherapy in Action* (Erskine & Moursund, 1988/2011), first published in 1988.

In September 1972, I moved to the University of Illinois. I was assigned to teach a course on psychotherapy to advanced master's and PhD students. I wanted to teach transactional analysis or Gestalt therapy, but my dean was not supportive of either option. I didn't know what to do, so I talked about my dilemma with my psychotherapy supervisor, Herman Eisen. Dr. Eisen said, "Teach your own integration of what you know. Don't use the TA and Gestalt terminology, but teach what is significant in your work." On the first day of the course, I put a triangle on the

chalk board and labelled the points affective, cognitive, and behavioral. I then talked about the therapeutic advantages and disadvantages of each theoretical perspective and the importance of integrating all three.

In these early lectures, I did not talk about the integration of physiological approaches to psychotherapy. Over the next few years, while teaching integrative psychotherapy to experienced psychotherapists, I added the concept of physiologically based psychotherapy. Later I added a circle around the diamond-shaped diagram to represent how our affect, cognition, behaviour, even our physiology, are constantly influenced by the relationships that surround us.

I defined the word *integrative* as we use it in integrative psychotherapy—as an internal assimilation of the client's personality: the amalgamation of affect and physiology with cognition, so that behavior is by choice in the current situation and not stimulated by fear, compulsion, or conditioning. This *integration* includes helping clients to become aware of and assimilate the contents of their fragmented and fixated ego states into an integrated neopsychic ego, to develop a sense of self that decreases the need for defense mechanisms and a life script, and to reengage the world and relationships with full contact. It is the process of making whole: taking disowned, unaware, unresolved aspects of the ego and making them part of a cohesive self.

In 1975 I published the rudimentary concept of integrative psychotherapy in an article entitled “The ABC’s of Effective Psychotherapy” (Erskine, 1975). However, it took me many years to work out the intricacies of what theories and methods could be integrated into a cohesive theory of therapeutic intervention and which theories and methods did not fully integrate (Erskine, 2025b).

I expanded on this concept in an article entitled “Script Cure: Behavioral, Intrapsychic and Physiological,” which I started to write in 1974 but did not publish until 1980. In that article I wrote,

This integrative view of the intrapsychic, somatic and behavioral levels of script cure implies that changes in a person's emotions and cognitive processes are determined by changes in behavior and/or in how the body functions and vice versa. The more levels of treatment the therapist can integrate the greater the likelihood of script cure... therapy which focuses on script cure is complete when the behavioral, intrapsychic and physiological restrictions which inhibit spontaneity and limit flexibility in problem-solving and relating to people are removed. (Erskine, 1980, p. 102)

Throughout the 1970s I was particularly interested in the concept of life scripts and how a person's script was enacted in both their fantasy and transactions with others. I expressed my understanding of how a life script is manifested in daily life in a 1979 article coauthored with Marilyn Zalcman entitled “The Racket System: A Model for Racket Analysis” (Erskine & Zalcman, 1979). This article described how a client's core beliefs, behaviours, fantasies, physical sensations, and repressed affect are interconnected. Later we changed the term to “script system” because the new term reflected the interrelated concepts of a person's beliefs about themselves, others, and the quality of life, how their beliefs were enacted in behaviours and fantasies, and how the person may use selected memories to reinforce their script beliefs (Erskine & Moursund, 1988/2011). The methodological focus of the script system was cognitive and behavioral, fully within the transactional analysis milieu of the 1970s. I still rely on the use of the script system in my psychotherapy work. However, I now place more emphasis on the feelings and relational needs that were inhibited at the time of script formation and how script beliefs reflect an unconscious story of the person's compensating attempts at emotional/physiological stabilization and accommodation to others.

My original training in transactional analysis was with David Kupfer and Hedges Capers, but I was also influenced by many of the first-generation transactional analysts. I had the privilege of being one of the early second-generation transactional analysts at the time when there was a tremendous excitement and creativity in generating theory and exploring various methods. This

was the era of clever ideas, quick therapy, intense emotional expression, and a focus on behavioral change. I was attracted by the popular TA metaphor of the “cowboy therapist” who rides into town on his high horse, shoots down all the games with a revolver full of theories, lassos people’s dysfunctional behaviours, and ties up their script beliefs at the OK Corral. I wanted to become that “cowboy therapist” where explanation, confrontation, and behavioral change were the tools of my trade.

In 1976 I moved to New York City and opened the Institute for Integrative Psychotherapy. Through the late 1970s and early 1980s, most of my psychotherapy practice consisted of clients displaying anxious, obsessive, or borderline traits. I searched for ways to be therapeutic with these emotionally troubled clients. With many of the clients it was useful to think in terms of Eric Berne’s original definition of ego states (Berne, 1961). At that time there were four other definitions of ego states; I found each of them useful if I was doing a cognitive–behavioral psychotherapy. But these definitions were not useful for understanding the embedded communication in transference transactions or if I was focusing on the internal experience of the client and helping them to resolve the intrapsychic conflict between the introjected attitudes, feelings, and messages of significant others and their various Child ego state reactions.

I tried to clarify the use of Eric Berne’s ego state theory in three articles published in 1981, 1988, and 1991 (Erskine, 1988, 1991; Trautmann & Erskine, 1981). I concluded the 1991 article with:

... the use of Berne’s developmental, relational, and intrapsychic theory of ego states and the consistent use of that theory in understanding the internal dynamics of transactions can lead to a sensitive and effective response to transactions and transference and to a comprehensive psychotherapy that results in the integration of ego state fragments. (Erskine, 1991, p. 63)

During these years I combined the active methods of Gestalt therapy with the theoretical concepts of transactional analysis. My clients’ awareness of the dynamics of their script beliefs and subsequent changes in behavior became the goal of my psychotherapy. I used a lot of explanation, emotionally expressive techniques, and challenged their beliefs and behaviours. Confrontation was a major part of the practice of both TA and Gestalt therapy in that period of time. I was occupied by the idea that psychotherapy was about cognitive understanding and behavioral change. I lost track of the therapeutic importance of respect for each individual’s unique ways of being.

In retrospect, it seems that during this period of time, I had disregarded the basic principles of client-centered therapy that highlighted the significance of empathy, the dignity of each person, and the fact that healing of stress, neglect, and trauma occurs through a contactful therapeutic relationship. Some of my clients, particularly my borderline clients, benefited from my emphasis on confrontation, cognitive understanding, and behavior change, but I remained misattuned to what some other clients needed from their psychotherapist, particularly my clients who relied on dissociation or relational withdrawal to manage the traumatic conflicts in their life.

In the 1980s I began seeing several clients who relied on dissociation to manage the traumas in their early lives caused by either physical or sexual abuse. These dissociative clients taught me that cognitive understanding did not work because it distracted me from being affectively and rhythmically attuned to what a wounded child needed. Confrontation certainly did not work; clients either quit or became superficial and compliant. Some of my dissociative clients dissociated even more; they switched into other personalities when I tried to use behavioral methods.

I was dismayed by my relationally withdrawn and dissociative clients, so I relied on Eric Berne’s original concept of ego states to understand the internal “fragmentation” of each client’s sense of self. I explored talking to each “personality” as it emerged in therapy. Each “personality”

or “ego state” had contained the detailed memories of the traumatic events and how they managed to protect themselves. They taught me how they disavowed their affect, desensitized their bodies, and denied the significance of the traumas in order to survive day-by-day.

It became apparent that these troubled “personalities” needed a therapist who could provide a healing relationship—a relationship composed of tenderness, compassion, understanding of their traumatic experiences, and a gentle pace that did not overstimulate their nervous system. Although I have not written about my work with “multiple personalities” or dissociative identity disorder, I learned important lessons from several of these clients. They have provided me with a therapeutic understanding that has helped me with many other clients who are not dissociative. One of my clients who displayed several personalities published the story of her psychotherapy in a book entitled *Shatter: The True Story of Kathy Roth’s Eight Personalities and Her Struggle to Become Whole* (Clark, 1986).

In 1985 I had an epiphany that significantly changed the way in which I practice psychotherapy. It was a Sunday afternoon following a 10-day workshop at the Old Chestnut Inn in Kent, Connecticut. It had been an intensive 10 days where some of the clients and I had done deep emotional work. The workshop attendees had gone home and I laid down on the sofa to take a nap, but instead of napping my mind was flooded with images of people from the workshop. I visualized them as little children, lonely, neglected, or abused. It was as though I was vividly revisiting their childhood and the events that occurred in their early lives. I suddenly wept for the clients who had been with me for 10 days, for the neglected and/or abused children that they had been, for the way they had suffered, and for how I had failed to be attuned to the relational needs of the “child” in each client. I cried from the depth of my soul.

I was ashamed of how much I had focused our psychotherapy on their cognitive understanding and potential behavioral change. I suddenly realized four aspects of my therapeutic engagement with these clients:

1. I had not provided sufficient focus on the interpersonal stress, neglect, or abuse that had occurred in the client’s early life;
2. I had not attended sufficiently to how the troubled child coped, accommodated, and struggled to survive;
3. In my focusing on a cognitive and behavioral outcome I had ignored the interpersonal connection between us;
4. It was essential that I attend to each client’s current relational needs as well as the unrequited needs in their childhood.

My focus had been on helping them gain full awareness of their childhood experience, express their affect and physiologically undo their various retroflexion, and ultimately make some behavioral change. All of this therapeutic focus was important when doing in-depth psychotherapy, but now I realize that I needed to put more attention on the interpersonal relationship between each client and me and less focus on insight and behavioral change.

In my wish to facilitate some significant changes in my clients’ lives, I had given minimal significance to the principles of unconditional positive regard, the importance of an I-Thou relationship, and the essential ingredients of an empathetic relationship. These were the indispensable relational components of an effective psychotherapy that I knew so well a decade before when I was practicing child therapy. In my training, both as a transactional analyst and as a Gestalt therapist, I had gotten seduced into the tenor of the times where we evaluated the effectiveness of the psychotherapist in whether or not the client achieved observable changes in attitudes or behaviours.

That Sunday evening, I longed for the group to come back for another 10 days so that I could put more emphasis on offering each of them a more caring and sensitive relationship. I desperately wanted to provide a wholly contactful therapeutic relationship for the “child” in each

client. They could not come back, but I could change. I vowed to myself to put much less focus on cognitive understanding, physical and affect expression, and behavioral change. I shifted the focus of my therapy work; I focused more on attunement to the client's affect, rhythm, and level of development. I returned to what I learned from Bob Neville and what I had practiced as a child therapist: *the healing of the emotional and physical stress caused by prolonged neglect or abuse occurs through a contactful healing relationship*.

Over the subsequent years, I have continued to focus my psychotherapeutic work on my clients' internal sensations and images, expression of retroflected affect and corresponding body movements, their non-conscious request for a supportive age regression, awareness of their script beliefs, and the impacts of each of these psychodynamics on my clients' current life. But more importantly, my emphasis changed. My focus is on being completely present with and for the client. This means being totally contactful with my client, both as a mature adult and as a person with various Child ego states that may require my full therapeutic involvement.

Although the book *Integrative Psychotherapy in Action* (Erskine & Moursund, 1988/2011) is about doing supported age regression therapy, changing script beliefs, and making new decisions about life, it is also a book about establishing a contactful therapeutic relationship. Interpersonal contact and relationship are the significance themes throughout the book. In that book I wrote about how I had changed: "Contact is possible when the therapist has a sense of being fully present: when he or she is attuned to his or her own inner processes and behaviors, continually aware of the boundary between self and client, and thoroughly observant of the client's psychodynamics" (Erskine & Moursund, 1988, p. 40).

My shift in perspective was also expressed in a 1989 article entitled "A Relationship Therapy: Developmental Perspectives," where I wrote:

Through respect, kindness, and contactful listening, we establish a personal presence and allow for an interpersonal relationship that provides affirmation of the client's integrity... This respectfulness may be best described as a consistent invitation to interpersonal contact between client and therapist, with simultaneous support for the client to contact his or her internal experiences and receive an external recognition of those experiences. Contact is enhanced through a genuine interest in the clients' unfolding experiences. (Erskine, 1989, p. 130)

In a 1993 article entitled "Inquiry, Attunement, and Involvement in the Psychotherapy of Dissociation," I challenged the readers of the *Transactional Analysis Journal* to attend to the various relational aspects of psychotherapy—inquiry, attunement, and involvement—rather than focusing on cognitive/behavioural therapy. I wrote,

A guiding principle of contact-oriented psychotherapy is respect for the client's integrity. Through respect, kindness, and compassion, a therapist establishes an interpersonal relationship that provides affirmation of such integrity. This respectfulness may be described best as a consistent invitation to interpersonal contact between client and therapist, with simultaneous support for the client's contacting his or her internal experience and receiving external recognition of that experience. Withdrawing from contact may often be identified and discussed, but the client is never forced, trapped, or tricked into more openness than he or she is ready to handle. (Erskine, 1993, pp. 185–186)

In 1996 I published an article with Rebecca Trautmann entitled "Methods of an Integrative Psychotherapy," where we wrote,

The methods that ease intrapsychic conflict, facilitate script cure, resolve transference, and promote the integration of a fragmented ego are based on the belief that healing occurs primarily through the interpersonal contact of a therapeutic relationship. With integration it becomes possible for the person to face each moment with spontaneity and flexibility in solving life's problems and in relating to people. (Erskine & Trautmann, 1996, p. 327)

In 1999 Janet Moursund, Rebecca Trautmann, and I expanded on our ideas about the effective use of relational methods in facilitating an in-depth psychotherapy in the book *Beyond Empathy: A Therapy of Contact-in-Relationship* (1999/2023). The expansion continued in the 2004 book by Janet Moursund and myself, *The Art and Science of Relationship: The Practice of Integrative Psychotherapy* (2004/2022). I'm gratified in knowing that these books, and other writings, have influenced many psychotherapists from around the world.

In the late 1980s I began studying with Dr. Robert Melniker at the Institute for Contemporary Psychoanalysis. We read and discussed the writings of several of the British object relations theorists (Buckley, 1986; Greenberg & Mitchell, 1983; Kohon, 1986). Each of these writers fostered a profound appreciation for the importance of an affectively and developmentally attuned therapeutic relationship: a relationship focused on the developmental level of the individual's neglectful or traumatic experiences; a relationship that takes into account the client's unique rhythm and way of making meaning out of their experiences with other people; and a relationship that provides a consistent, dependable, and protective mature other (Erskine, 2015).

The American intersubjective theorists' (Stolorow et al., 1987) description of the significance of an intersubjective relationship in psychotherapy brought me back again to the Gestalt concept of figure/ground and a new appreciation of the profound interplay and co-created process that both client and psychotherapist bring to each therapeutic meeting.

Over the next several years, my exposure to and discussions with the psychoanalytic self-psychology study group in New York City stimulated me to think about Heinz Kohut's (1977) concept of "self-object functions" and types of transference. As a result, I eventually expanded and refined my earlier idea about the significance of relational needs—needs that are present in everyone's life from early childhood to old age—and how a person may compensate when relational needs are consistently not satisfied (Erskine & Trautmann, 1996; Erskine et al., 1999/2023).

The refreshing concepts of the psychoanalytic self-psychologists and object relations theorists changed my metaphor from that of being a "cowboy therapist" to being an attuned psychotherapist who brings the qualities of gentleness, kindness, respectfulness, and honesty to each and every session with the client. These ideas have grounded me in the significance of a co-constructed therapeutic relationship (Erskine, 2020).

I am no longer tied to the objectivity of my observations nor the significance of theory. Like the existential philosophers mentioned earlier in this article, the client's perspectives, personal truth, and the discovery of their implicit memories have become much more important in my psychotherapeutic work. This has given me a profound interest in exploring my therapeutic errors and in how the client experiences and compensates for my errors (Erskine 2020, 2021, 2023; Loyrion & Erskine, 2025).

It is through investigating and correcting my errors that I am continually learning more about shame, relational withdrawal, how children accommodate to neglect and abuse, and the resulting ego fragmentation.

Conclusion

Writing the many journal articles and books, from 1973 until now, has been like writing my autobiography. I have chronicled what I've learned, my attempts to understand the various psychotherapy theories and methods, how I've changed the way I transact with my clients and trainees, and how I've grown personally. In closing, I want to share a few of the essential concepts that serve as my guide in the practice of a developmentally based, relationally focused integrative psychotherapy. They include:

- The relationship between psychotherapist and client is central.
- As integrative psychotherapists, it is essential that we respect the inherent value of each person.
- The healing of the psychological wounds of neglect and trauma occurs through sustained therapeutic contact.
- With attunement, we can create a relationship that is qualitatively and therapeutically responsive to both the client's relational needs that were unsatisfied earlier in life as well as his or her current relational needs.
- We need to be sensitive to our clients' unconscious relational patterns and how early attachment dynamics are expressed in emotional responses, internal thought processes, decision making, and styles of interpersonal communication. (Erskine, 2019b)

My best teachers have been my clients who have bravely confronted my misattunement to their rhythm, affect, or levels of development. They have taught me that theory and therapeutic techniques are far less important than the quality of our interpersonal relationship. They have taught me about patience and the importance of tenderness, graciousness, and respect. They have taught me that psychotherapy is a sacred endeavour that involves the mingling of two souls who communicate heart-to-heart.

I am forever grateful to the many clients who have facilitated my growth and refinement as a developmentally based, relationally focused integrative psychotherapist.

Richard G. Erskine, PhD is a licensed psychoanalyst and clinical psychologist. He is the author of several books and articles on the theory and methods of integrative psychotherapy.

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