

# Empathy, Empowerment, and Self-Agency in Psychotherapy

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Keynote Address  
and Roundtable Discussion  
with Ruth Birkebaek, Anthony Jannetti, Sally Openshaw, & Richard Erskine  
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Within the Therapeutic Relationship”

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## Abstract

Empathy is the ability to emotionally connect with another’s internal sensations and experience. Attunement goes beyond empathy by providing a reciprocal response to the other’s rhythm, affect, and relational needs. We provide empowerment when we validate the function of the other person’s style of thinking, fantasies, and stories. Self-agency is the result of having all of our relational needs acknowledged and validated.

## Keywords

Empathy, attunement, relational needs, self-agency, beyond empathy, empowerment.

Good morning everybody. It was a delight when Bob Cooke asked me to come and talk at this conference of the Manchester Institute for Psychotherapy. Bob told me that the themes of the conference were “Empowerment, Empathy, Self-agency.” My response was, “I don’t have anything new to say. I’ve already written about these topics” (Erskine, 2019, 2020). Bob’s response was “Yes, you have. So, come and tell us how you use each of these concepts in psychotherapy.”

As I considered each term, I thought of them in a different order. The first is *empathy*. Carl Rogers (1951) described empathy as the essential ingredient of psychotherapy. Empathy is the ability to sense what is occurring in the other person and to deeply connect with their internal sensations and experience. Rogers stated that empathy, along with congruence and unconditional positive regard, were the core conditions for an effective psychotherapy. For

Rogers, empathy is a set of feelings. For example, if you feel sad I may also feel sadness as a way to be in relationship with you. Or, if you feel angry I may have a sense of joining you in that anger. I will engender a feeling similar to yours as a way to understand and emotionally connect with you.

Earlier this morning I was talking to one of the conference attendees about empathy. They asked what to read. I suggest *Beyond Empathy: A Therapy of Contact-in-Relationship* (Erskine et al., 2023) because that book is about establishing and maintaining empathy in psychotherapy. Importantly, the book describes going beyond empathy so that we are not only sad when our client is sad, but that we meet their sadness with *compassion*. Or, when they are angry we go beyond empathy and take their anger *seriously*. When your clients are joyful, they need the reciprocal response of our *vitality and joy*. In a healing relationship our clients require us to have a sense of *protectiveness* when they are fearful. I will illustrate this sense of protectiveness with an example of a client who was vividly remembering his father beating him with a belt. At the same moment, without saying a word, I was imagining protectively standing between my client as a terrified 10-year-old boy and his abusive father. Suddenly my client looked up at me and said, "I've never been able to tell this story before, but I feel so safe telling it to you. I know you would stop him and protect me." Without our speaking about it, he could feel that reciprocal emotion of my protectiveness.

We go beyond empathy when we can match their rhythm, or if we can identify a client whose rhythm is much too fast and find a way to slow them down so that their physiology, and their affect, and their cognition are all functioning at the same rhythm. Rhythmic attunement is about adjusting our own rhythm to fit the natural rhythms of the client. Attunement to the client's affect is particularly important when working with clients who are anxious or those who are withdrawing from interpersonal contact (Erskine, 2023a).

Empathy is also developmental. Remember all those courses you had in school about child development, or the nights you stayed up attending to your sick children, or when you crawled around the floor with them, or when you helped them with homework? All of those experiences in our life give us a sense of understanding the important emotional transition points, the potentially intimate relational points between parents and kids that are so significant in a child's emotional development. Unfortunately for many of our clients those intimate relationships did not occur.

*Developmental attunement* is essential in forming an in-depth psychotherapy. This is why I frequently teach courses about child development theory and research that apply developmental concepts in the psychotherapy of adult clients. I want psychotherapists to have a sense of attunement to the various developmental levels of each client. Eric Berne's concepts of the Child Ego State provides a model that helps us understand the age regression in each client (Berne, 1961).

Another way of expressing our empathy is in our attunement to the client's style of cognition. In working with clients who are experiencing early affect confusion it is essential to think like "a borderline" so that we can approximate their internal experience. I wrote the book *Early Affect Confusion: Relational Psychotherapy of the Borderline Client* to help psychotherapists understand the internal turmoil of such clients (Erskine, 2021). In order to be able to work with clients who have a narcissistic style, or a client who engages in relational withdrawal, or a client who engages in obsessing, it is useful for us to think in a similar vein in order to have an appreciation for how they make sense of their world, their inner affect, and how they choose their interactions with others.

When we consistently attune to our clients' affect, rhythm, cognition, and developmental level, we provide *empowerment*. Empowerment begins with our responsiveness to our clients' various relational needs. We strive to provide our clients with a sense of security within our

therapeutic relationship. Security in relationships is that interpersonal connection that provides a sense that “I will not be humiliated or criticized in this therapeutic relationship.”

We provide additional empowerment when we validate the function of our clients’ style of thinking, fantasies, and stories. We recognize that each thing the client says or does is a form of communication that has a purpose, such as, stabilization, regulation, reparation, or enhancement.

As children are maturing, they need consistent validation from the significant people in their life. They also need a sense of shared experiences. We may not have the exact same experience as our clients, but we can certainly imagine how we would feel and react if we had lived in the same situation.

Empathy also involves our providing a therapeutic relationship that is reliable, consistent, and dependable. We all need a psychotherapist who is wiser and stronger than us, someone we can look up to and depend on. Dan Eastop will conduct a workshop at this conference on “idealizing transference,” a concept that many therapists misunderstand because they fail to realize that idealization is a request for essential protection—interpsychic protection against escalation of affect, or protection against internal criticism. And when we provide psychological protection, we empower the client to be themselves.

When we engage in *phenomenological inquiry*, we invite each client to define themselves. Every self-definition leads to an internalized sense of empowerment. Another relational need that requires our attunement is the need for our clients to *make an impact* on us. Do you invite your clients to make an impact on you? Are you moved and stirred by their story? Do you ever inquire about the subtle qualities of your therapeutic relationship? For example, “I have been quietly listening to you for several minutes. What’s it like for you when I am quiet?” Or you might want to ask them “What’s it like for you when I’m talking so much?” These relational inquiries invite our clients to make an impact on us. That’s part of empowerment. We need to make that impact from infancy through adulthood. We need significant others to attend to us and to be impacted by our preferences, our dislikes, and our concerns.

Do you *initiate* with your clients? We all have the relational need to have the other person initiate. Do you ever get up out of your seat and go sit on the sofa next to them or hold their hand? Initiation is not rescuing the client, rather it communicates to the client that “You are important to me.” When you are at a conference like this and have to change an appointment, can you pick up the phone and leave a message such as, “You’re in my thoughts. We can’t talk today but I’ll see you next week.” Just reaching out and initiating responds to our clients’ need to have the other put energy into the relationship.

Every time we respond to our clients’ relational needs, we are not only providing a unique kind of empathy, but we’re also providing *empowerment and self-agency*. Self-agency is the result of having all of our relational needs acknowledged and validated. *Self-agency* is the ability to face each relationship openly and without preconceived beliefs, to engage in full contact with the other person, and to allow ourselves to be fully with the other. I would like to end this talk with a quotation attributed to St. Catherine of Siena: “Be who God meant you to be and you will set the world on fire.” I invite each of you—psychotherapists and counsellors—to bring that benediction into your practice because our job is to help each and every client be all that they can be. Thank you.

**Richard G Erskine** has provided training workshops on Developmentally-based, Rationally-focused Integrative Psychotherapy on several continents. He is the author of 12 books on the theories and methods of an in-depth psychotherapy. There are several free articles on his website: [www.IntegrativePsychotherapy.com](http://www.IntegrativePsychotherapy.com).

**Roundtable Discussion on  
Empathy, Empowerment, and Self-Actualization**

*Ruth Birkebaek, Anthony Jannetti, Sally Openshaw, & Richard Erskine*

Roundtable Discussion after Richard Erskine's Keynote  
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*Richard:* Ruth, what are you thinking?

*Ruth:* I was thinking about empowerment from a different perspective, about how clients need to empower us.

*Richard:* Can you elaborate on that?

*Ruth:* I'm thinking about the clients who needed to see us as powerful, as strong, the one who knows everything, so they can feel protected. What are your thoughts about this?

*Richard:* I certainly know it by being on the receiving end. And I also know it through needing my psychoanalyst to be wiser than me. When I was looking for an analyst, I periodically went to the Freudian Society in New York City to evaluate their various speakers. I wanted to check them out to see who was smart enough to keep me from lying to myself.

*Sally:* I'm thinking about empathy. Is there ever a time when we stay in a place of empathy for too long? I am thinking of a client who came to me who was repeatedly being abused by her partner.

And every week I soothed her, stayed with her, and I supported her. Then I thought perhaps my behavior was keeping her stuck in the relationship because of that continual soothing. So is there a point where empathy may not always be useful, where there may be too much?

*Richard:* When you said that, I was thinking how unempathetic the mother bird is when she kicks the little one out of the nest. I also think that there are times when people continually engage in suffering or worrying. Or they get stuck in some internal process of being angry at someone and they don't let go. To remain empathetic with such suffering may foster it rather than to decide "it's over with, I move on." Perhaps in these situations our clients do not need our empathy; they need our encouragement to explore a different way of being.

*Anthony:* Very interesting concept. I am empathetic with clients but only to a point. I usually use the family systems perspective of joining and accommodating the patient, seeing what their relational system is like, what it is like living in their situation. That brings in my empathy. Then when I know them well enough I will go in and shift to being somewhat directive, less empathetic. I ask a lot of phenomenological questions such as "What is that like for you?" This is what the client and I have a dialogue about.

*Ruth:* I like your question, Sally. Sometimes I question myself about the client's developmental level, particularly when clients keep regressing to that same age level over and over again. I wonder if it is therapeutically effective to continually attune to that same developmental stage over and over again when there is no resolution. What do you do in a situation like this, Richard?

*Richard:* Generally I consider that repeated regression is a message to me that I need to be working even younger. I may need to be focusing on their body instead of talking to a confused Child ego state, or they may need to move, express frustration, cry, be angry, fight back, call for help. I'm thinking about a client who is constantly talking about how his father mistreated him when he was five years old. He was on the same story over and over again. He was stuck there until I could take him back to the relational neglect caused by the nanny who watched him for eight hours a day, six days a week, and how she neglected him. But at that early age he didn't have the intellectual capacity to even think about it. He could just feel the experience but the closest he could come to telling about that infancy experience was to focus on the five-year-old boy having a similar experience. His going over it and over it was because I didn't attend to the younger child. Once we gave sufficient therapeutic attention to the neglected younger child, the stories of his father at age five had less emotional expression.

*Anthony:* Well, you guys make this all sound so simple. I've had clients who are regressed to an early stage but their introjected mother is in the room with them. I then have to do work with the Parent ego state. I'd like to say you're lucky if you only have the client in the room.

*Sally:* I often think there's a crowd there and you're working with the dynamics of so many influences all at the same time. I think that in working developmentally that it is necessary that we titrate the line of development. One part might need empowerment, one part might need protection because it's not yet ready. We might want to say, "You can do it, go on, I believe in you, keep going." That encouragement might be needed for one part of the personality. But the terror of a much younger part that isn't integrated needs us to stay with the empathy. So we're doing both. And in the work at the same time.

*Richard:* We are often working in a paradox. The client in one developmental stage may need that encouragement, our empowering, to say, “Come on, you can do it.” At the same time, I think about Arnold Beisser’s (1970) paradoxical theory of change. The more we are invested in change, the more the client is unconsciously going to stay with what is familiar. So we’re constantly working within the paradox of being a cheerleader and saying, “Come on, you can do it. You can change,” and realizing if we are pushing them to change that they will unconsciously struggle to stay the same.

*Ruth:* I think that’s the art of the psychotherapy—to know when the client is going to be receptive to our push, and when they are likely to maintain their homeostasis. Trainees sometimes ask me, “What are the signs in the client that indicate that they are ready to be pushed?” For me the signs are not always so clear. What’s your experience with the answer?

*Sally:* Sometimes we need to have courage to do things without knowing in advance how that might be. What I rely on is relational inquiry. I ask “How was that for you? How did you experience my intervention? What did you want from me that might have been different from what I did?” That’s about doing it without always knowing in advance what the result may be. You might have to apologize if your intervention didn’t work.

*Anthony:* I have pushed some clients, because if I don’t push, they remain in their script system. I invite them to do something different. Then I will come back and do as you say, Sally. I inquire about the effect of my pushing them. I recently pushed a client to do something new. He appreciated it and said that my push was “very different than my father.” This led us to a new level of therapy.

*Richard:* While we wait for the microphone to be passed to the audience I want to make a response to Ruth. We make mistakes. We can’t be a perfect therapist. We rely on our judgment and our skill. This is one of the reasons why I think psychotherapists need their own in-depth psychotherapy and why we need to be in an ongoing peer or supervision group or attend workshops. Such programs keep us fresh and sharp. Yet, errors are inevitable. We’re going to make errors. We have to trust our own gut reaction and experience. We make an intervention and then watch to see if we have made an error. Like Sally said, engaging in relational inquiry is essential in helping us correct our therapeutic errors. Ideally, I’d like to realize I made an error even before the client realizes it and do something to make that correction before they become aware of my mis-attunement. When I make an error I see my client turn away. They turn inward, and I know that I’ve mis-attuned to them. Then my task is to do something to correct it. Maybe not immediately, because I need to be careful. If I do it immediately, it might be to make me feel good. I need to find the right time to attend to that error and make the necessary correction. In some cases I can’t make that correction. It’s too late, it’s happened. I am left with making a commitment to be cognizant of my error and not make it again. Relational errors were often never identified by parents or teachers. Our identifying that we’ve made a mistake and then taking responsibility is therapeutic for many clients.

*Ruth:* That was theme of my workshop yesterday.

*Richard:* Please tell us the short version.

*Ruth:* My workshop was based on the fact that is inevitable that we are going to make mistakes. When we engage in repair of our errors it is therapeutic, even transformative. I think it’s important

that we take risks in situations even when we are unsure how the client will receive our transactions. Because I think our passivity can be reinforcing for some of our clients. Taking risks and making them stay can be more therapeutic than staying passive.

*Anthony:* That is the theme of the workshop I just did on therapeutic errors. In that workshop I referenced Paul Guistolise's article entitled "Failures in the therapeutic relationship: Inevitable *and* necessary?" (1996), which I really treasure because therapeutic errors are both inevitable and necessary. I teach psychotherapists to question whether they are actually making an error or if they are going in a new direction, one where the client needs to go. That's one thing. The second thing is, I've had clients where I've made errors, and as I have tried to correct the error they will say things like, "My father or mother would never admit they made a mistake." My mistake and then my correction often lead the therapy in a very different direction.

*Sally:* I think there's another thing that happens before I might make an intervention like that. I find myself thinking about my possible countertransference at the moment. So if I'm working with a client that I experience as helpless and hopeless, am I in tune with my own helplessness and hopelessness? And is my motivation then to get myself out of my own powerlessness? And so I wonder if my intervention is for my client's benefit or if is for my benefit, to rid myself of the uncomfortable feeling that I'm experiencing in the moment.

*Anthony:* Sally, you just introduced another complication in doing psychotherapy. Countertransference.

*Richard:* Very little has been written in either the transactional analysis or integrative psychotherapy literature about countertransference. However, I just published an article in the *International Journal of Integrative Psychotherapy* on countertransference (Erskine, 2023b). The article is theoretical yet it also reveals my own personal struggles about clients I didn't trust, or clients I found disgusting, or clients with whom I became sexually aroused.

*Sally:* I'd like to respond to make an advertisement here. In my workshop later today we will be looking at our own erotic transference and countertransference.

*Anthony:* I am thinking about the terms we use, transference and countertransference. Is it always countertransference, or is it intuition? Are we picking up and communicating with the client at subliminal levels? I think about our amphibian brain and how we communicate at different levels.

*Sally:* I would agree with you. I think we need a different term for our relational responses. Even the word countertransference has an element of blame. It's simply our response to the other person. I would love us to come to use "relational attunement" or a different word than countertransference. We need words that match our attunement.

*Richard:* In the article on countertransference that I just mentioned, I used two descriptive terms: *reactive countertransference* and *responsive countertransference*. Responsive countertransference is the kind of attunement I talked about earlier, where we meet our clients with compassion when they are sad, take their anger seriously, or attune to their developmental level. That's responsive countertransference. We are responding to what the client needs in the relationship in order to grow. Reactive countertransference is when we are influenced by our own unresolved issues and fail to really identify it as originating within us.

*Richard:* Let's open this discussion to comments from the audience. Does anybody have a question, comment, or disagreement?

*Woman's voice from the audience:* When you spoke you went from empathy to empowerment to self-agency. Obviously you think there's a trajectory that we follow and agency comes when therapy is successful. But I'm wondering, when you deal with very successful, sometimes very wealthy, or famous ones, they have great agency. But they still have something that's still unmet, what is the next step with them?

*Richard:* I practiced for 35 years on the wealthy upper east side of New York City. I had some externally accomplished clients who lived way beyond any wealth I could imagine. To be therapeutic, I focused on how they felt "empty" inside. They may have had an external sense of agency; some were brilliant, and had the economic means of accomplishing many things. But something was missing inside them, such as meaningful childhood relationships as well as intimate adult relationships. The healing of their "emptiness" occurred through our contactful therapeutic relationship. It was the emotionally disruptive relationships throughout their several developmental levels of childhood that left them feeling empty and distraught. I think we cannot measure self-actualization by any exterior signs.

*Another woman's voice:* I was thinking about boundaries with clients and the importance of empathy, how far that goes, and where that boundary line might be when you decide that you should no longer work with the client. I wonder what you might say about that.

Richard : Can you define what do you mean by the boundary?

*The same voice:* Anthony said yesterday that there was no such thing as a difficult client; it is all about your treatment plan and how you might approach working differently with that client. If a client is repeatedly not paying or not turning up then do you respond with empathy? I want to appreciate what is going on with them in their current life and childhood. So I want to be able to help them. I want to be able to work with them. Where is that line drawn between empathy and that boundary of when you should stop working with a client?

*Richard:* I've never had a client not pay me. That's because the type of contract that I have right from the very beginning. I make sure that we have a very good, clear money agreement so that we don't get distracted in therapy. I could not possibly sit there and stay attuned to someone if I'm annoyed that they haven't paid me for the last three sessions. Clients cannot afford my distractibility or annoyance. To protect them we establish an administrative contract right away. In the psychoanalytic world of New York City it was customary for people to pay at the beginning of the month for the number of sessions that will happen in that month. Just like you pay your rent ahead of time. And even if you sleep somewhere else, you still pay the rent. Over the years I watched other psychotherapists run up unpaid accounts of thousands of dollars because they didn't want to demand payment for their services. To give you a better answer I would have to answer your question case by case. Let's see what our panel thinks.

*Anthony:* I respect Richard's way of doing it and I wish I could do it that way a lot of times. But in the United States, if you take insurances, I have them sign a contract that if the insurance company doesn't pay me, they will. But sometimes I don't know if the insurance company will pay me. And at that point the client may not want to pay. So, I will talk to them about paying or I will have to discontinue treatment. It's saying, "we are transacting Adult to Adult and you need to bring

that Adult back to pay me.” I have gotten stuck with some clients and can’t work with them when I feel used.

*Sally:* I think for me there’s something about the mutuality of respect that happens in that relationship. And I also ask clients to pay in advance so that I’m always owing them rather than them owing me. And that’s worked very well over time for me. But I think there’s something about if a client is repeatedly late, if the client is not showing up, they’re also trying to tell me something. And it’s really important for me to engage in what that message is, not the lateness, but what impact are they trying to have on me and how they might be trying to trigger a rejection or my fury or whatever. So for me, I also want to get behind the behavior to understand what they’re triggering, why they might have an investment and purpose in triggering that reaction.

*Ruth:* Following this idea, Sally, I also ask myself, “what are the limits to my empathy?” I think that some clients are developmentally delayed. And I always think about what they are trying to prove to themselves. Are they trying to get kicked out of therapy session so they are going to have the confirmation that they are bad? Or “nobody cares about me.” So I am always curious. And very rarely I cannot work with this client anymore. I could count the number of such clients on one hand. But most of the times I’m very curious about what is the internal process of that client. What is it that they are trying to prove to themselves? I think it’s very important that we don’t engage with what they are proving to themselves, so we don’t create a reinforcing experience for them.

*A third woman’s voice:* I have some thoughts about this too. Very often the nonpayment is a theme. I’m always curious as to what part the therapist plays in keeping the process going. What’s in it for therapist to not make an explicit financial contract. What countertransference are they bringing into this issue? So I’m always keen to examine that part of those script processes that therapists bring into the session. Why is it they’re not thinking, “what’s in it for me to keep this process going?” And I think that’s really important to think about.

*Richard:* One of the things that is apparent in supervision is the therapist’s lack of value of themselves. They may not think they’re worth being paid for or being paid on time. It has a lot to do with the self-esteem. And this is where, as a supervisor, I have to move into doing some short therapy sessions. I think that supervision without including psychotherapy misses the mark.

*Anthony:* Also, it’s role modeling to say, “I’m not going to see you until you start paying again.” By role modeling for them, you may be empowering something in their life.

*An additional woman’s voice:* Richard, can you speak about the psychotherapy of obsession?

*Richard:* At the bookstore there is a book entitled *Transactional Analysis in Contemporary Psychotherapy*. Chapter one is a detailed description of the psychotherapy of obsession with a six-part treatment plan (Erskine, 2016). People who obsess are lonely. A relationally focused psychotherapy becomes absolutely essential for them. I have had a few times in my practice where in the first session the client says, “I’m here because I’m obsessing,” and some even obsess about obsessing. I sit there carefully listening and being empathetic because that’s about all I can do when they’re talking so much about their obsession. I have been surprised when they come to the next session and say, “I feel much better. I have not been so obsessed.” I think the change in their mental process is because we were building interpersonal contact. The second point I want to make is that obsession is about avoidance. What are they avoiding? Is it affect? Are they avoiding thinking about something? Are they avoiding taking responsibility? Most likely

they're avoiding remembering. If you just put those two ideas into practice, you will get much further with your obsessing clients.

*An additional woman's voice:* I just wanted to know how you work with clients with very opposing views and values to yourself, how you hold them at the same time as feeling perhaps, like you said, Richard, disgusted or shocked. And how do you offer that unconditional positive regard?

*Richard:* I worked for 4 years in a maximum-security prison with some really bad men and what I often looked for was their motivations behind their crime. Many of them were just hurt little boys, deeply hurt. But that did not absolve them of the crimes and the punishment they deserved. But I had to just bracket off an awareness of their criminal activity, to just put it aside in order to learn their value system.

*Sally:* One of the things I know about that is that it also depends how much responsibility they're going to take for that part of them. And when it still feels like it's in a shadow and "it's me, not me," then the most important thing is how you integrate that so that it becomes part of them rather than a disavowed dissociative part. So, to take responsibility for this is "you." And this is also a part of "you." I work a lot with pedophiles, and for me, that's been a really helpful way of managing that client group.

*Ruth:* One thing that helps me when working with clients like this is to look for the little girl and the little boy in them, because then it's impossible not to feel the compassion.

*Anthony:* I agree. Keep your eye on the child.

*Audience applauds.*

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