Relational Needs in Psychotherapy
by John Gallagher

Introduction

In this essay I discuss the therapeutic relationship and Erskine's relational needs. I explain their role in developing attachment styles and evaluate their utility in psychotherapy.

In response to psychodynamic and behavioural psychology, humanistic psychology emerged as the third force in psychology. Abraham Maslow and Carl Rogers were key figures in that movement. Maslow developed a theory of human motivation (1943) and Carl Rogers originated client-centred therapy (1951) which is a humanistic and relational approach.

Irvin Yalom is an existential psychiatrist who was influenced by Carl Rogers. He became disillusioned with psychoanalysis and came to the realisation that clients need a corrective experience that comes from having a healing relationship with the therapist. 'It's the relationship that heals, the relationship that heals, the relationship that heals—my professional rosary. I say that often to students. And say other things as well, about the way to relate to a patient—positive unconditional regard, nonjudgmental acceptance, authentic engagement, empathic understanding' (Yalom, 1989, p. 91).

Richard Erskine is a clinical psychologist and integrative psychotherapist. Erskine developed a relationally based integrative psychotherapy which was influenced by Rogers' client-centred therapy. 'Integrative psychotherapy makes use of many perspectives on human functioning, but always from the point of view that the client-therapist relationship is crucial' (Erskine & Trautmann, 1996, p. 317). Erskine believed that the client-therapist relationship provided the transformative experience in psychotherapy (Erskine, 2015, p. 55). The therapist will be involved in the relationship and attune to the client by satisfying their relational needs. Erskine developed a model of 8 relational needs.

Erskine's Relational Needs

1. Security
To feel unthreatened physically and emotionally. To feel safe and free from psychological and physical attacks. To be able to be oneself, vulnerable and exposed, without fear of being exploited or ridiculed. To have the experience of our feelings and needs as being natural. To experience the provision of physical and emotional security.

2. Validation
To feel validated, affirmed and significant in a relationship. To have your feelings, thoughts, fantasies and needs normalised. To have our relational needs normalized.

3. Acceptance
To experience approval by a stable, dependent and protective other.

4. Confirmation of personal experience
To experience similarity with another through mutually shared experiences. To have someone understand our experiences and empathise with our perception and imagination.

5. Self-definition
To have our own identity and to be able to express our individuality without fear of rejection or abandonment.

6. To have an impact on the other person
To experience influencing another person and to experience agency. To be able to impact another's thinking, feelings or behaviour and have them acknowledge our impact.

7. To have the other initiate
To have someone else make interpersonal contact which acknowledges and validates the significance of oneself in the relationship.

8. To express love
To be able to show gratitude, give affection or be of service to another.

The therapeutic relationship is recognised as a major factor in achieving positive outcomes in psychotherapy (DeAngelis, 2019) and Erskine's relational needs model will support this (Erskine, 2015, p. 55). Based on Erskine's model of relational needs, Zvelc et al (2020) have developed a tool for measuring relational satisfaction which correlates with attachment style, self-compassion, well-being and satisfaction with life.

Erskine's model of relational needs (Erskine & Trautmann, 1996) is derived from Bowlby's attachment theory (Erskine, 2011). 'Children with a history of secure attachment show substantially greater self-esteem, emotional health and ego resilience, positive affect, initiative, social confidence, and concentration in play than do their insecure peers' (Wallin, 2007, p. 23). Relational needs are emotional needs we need to be satisfied by our caregivers to form secure attachments (Erskine, 2011). If we experience a deficit of these relational needs from our caregivers we will form insecure attachments (Erskine, 2011). This is more crucial in childhood when we are developing our internal working model of self and others (Bowlby, 1973; Wallin, 2007). But these needs continue to seek satisfaction throughout our lives in our relationships (Erskine, 2011). Our self-image and perception of others are formed from our early attachments with our caregivers. As children we cannot discern the quality of our care and we make defensive accommodations (Wallin, 2007, p. 19) for any deficits or relationship failures. We instinctively protect the imago (idealized image) of our parents because we depend on them for our survival.

In order for children to become secure and confident individuals their relational needs have to be satisfied. Their quality of care will be reflected in their attachment style. People with a secure attachment style have received good enough care (Wallin, 2007, p. 19). People with insecure attachment styles have experienced relationship failures and a deficit of relational needs. The sensitive attunement of the therapist with the client and satisfying their relationship needs will help to repair the relationship failures of the past (Erskine, 2011). And the client can revise their internal working model of self and others. A relational psychotherapist can help clients to recover from the losses they have experienced in the past by providing their relational needs. By experiencing consistent attunement, the client will develop a secure attachment with the therapist and will then feel safe to explore their issues and participate in therapy.

However, for some clients having their relational needs satisfied creates a juxtaposition. 'The lack of attunement in previous significant relationships produce intense emotional memories of needs not being met' (Erskine, 2015, p. 17). For some clients this level of contact with a therapist may be overwhelming and therefore a very gradual and tentative approach will be necessary to reduce the juxtaposition experienced by the client.

For moderate emotional and relational trauma, the therapist's provision of relational needs may be adequate for the client to develop a secure attachment. This is a form of earned secure attachment (Wallin, 2007, p. 87). For more severe or complex emotional and relational trauma,

the provision of relational needs may not be adequate for the client to overcome their difficulties and more in-depth and analytical approaches such as psychodynamic therapy and transactional analysis will also need to be utilised to help the client bring unconscious conflicts into consciousness, gain insight into past traumatic experiences or free a client from a controlling parent ego state which is keeping them in their adapted child ego state.

Conclusion

Erskine's relational model will support the therapeutic relationship which is a transformative factor in psychotherapy. The provision of relational needs will provide the attunement necessary for clients to recover from moderate relational trauma and develop secure attachment. However, for some clients this may be distressing and trigger their defences due to the lack of attunement they have experienced in the past, therefore a more tentative approach will be required. The provision of relational needs alone may be insufficient for clients who have experienced more severe relational trauma and will need to be complemented with more in-depth psychotherapy.

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