TRANSACTIONAL ANALYSIS

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INTRODUCTION

Transactional analysis (TA) is both a theory of personality and an organized system of interactional therapy. It is grounded on the assumption that we make current decisions based on past premises—premises that were at one time appropriate to our survival needs but that may no

longer be valid. TA emphasizes the cognitive and behavioral aspects of the therapeutic process. Within TA there are three recognized schools—classical, Schiffian (or reparenting), and redecisional—and two unofficial schools identified as self-reparenting and corrective parenting. The redecisional school has gained in prominence and is the focus of this chapter.

The goal of transactional analysis is autonomy, which is defined as awareness, spontaneity, and the capacity for intimacy. In achieving autonomy people have the capacity to make new decisions (redecide), thereby empowering themselves and altering the course of their lives. As a part of the process of TA therapy, clients learn how to recognize the three ego states—Parent, Adult, and Child—in which they function. Clients also learn how their current behavior is being affected by the rules they received and incorporated as children and how they can identify the "lifescript" that is determining their actions. This approach focuses on early decisions that each person has made, and it stresses the capacity of clients to make new decisions to change aspects of their lives that are no longer working.

TA is set apart from most other therapeutic approaches in that it is contractual and decisional. The contract, which is developed by the client, clearly states the goals and direction of the therapeutic process. Clients in TA establish their goals and direction and describe how they will be different when they complete their contract. The contractual aspect of the therapy process tends to equalize the power of the therapist and the client. It is the responsibility of clients to decide what they will change. To turn their desires into reality, clients are required to actively change their behavior.

Historical Background

Transactional analysis was originally developed by the late Eric Berne (1961), who was trained as a Freudian psychoanalyst and psychiatrist. TA evolved out of Berne's dissatisfaction with the

slowness of psychoanalysis in curing people of their problems. Berne's major objections to psychoanalysis were that it was time consuming, complex, and poorly communicated to clients. Historically, TA developed as an extension of psychoanalysis with concepts and techniques especially designed for group treatment. Berne discovered that by using TA his clients were making significant changes in their lives. As his theory of personality evolved, Berne parted ways with psychoanalysis to devote himself full time to the theory and practice of TA (Dusay, 1986).

Berne (1961) formulated most of the concepts of TA by paying attention to what his clients were saying. He believed young children develop a personal plan for their life as a strategy for physical and psychological survival and that people are shaped from their first few years by a script that they follow during the rest of their lives. He began to see an ego state emerge that correlated to the childhood experiences of his patients. He concluded that this Child ego state was different from the "grown-up" ego state. Later he postulated that there were two "grown-up" states: one he called the Parent ego state, which seemed to be a copy of the person's parents; the other, which was the rational part of the person, he named the Adult ego state.

Four phases in the development of TA have been identified by Dusay and Dusay (1989). The *first phase* (1955-1962) began with Berne's identification of the ego states (Parent, Adult, and Child), which provided a perspective from which to explain thinking, feeling, and behaving. He decided that the way to study personality was to observe here-and-now phenomena such as the client's voice, gestures, and vocabulary. These observable criteria provide a basis for inferring a person's past history and for predicting future problems. The *second phase* (1962-1966) focused on transactions and "games." It was during this period that TA became popular because of its straightforward vocabulary and because people could recognize their own games.

At this time TA was primarily a cognitive approach, with little attention given to emotions. The *third phase* (1966-1970) gave attention to lifescripts and script analysis. A lifescript is an internal plan that determines the direction of one's life. The *fourth phase* (1970 to the present) is characterized by the incorporation of new techniques into TA practice (such as those from the encounter group movement, Gestalt therapy, and psychodrama). TA is moving toward more active and emotive models as a way of balancing its early emphasis on cognitive factors and insight (Dusay & Dusay, 1989, p. 448).

This chapter highlights the expansion of Berne's approach by Mary and the late Robert Goulding (1979), leaders of the redecisional school of TA. The Gouldings differ from the classical Bernian approach in a number of ways. They have combined TA with the principles and techniques of Gestalt therapy, family therapy, psychodrama, and behavior therapy.

The redecisional approach helps group members experience their impasse, or the point at which they feel stuck. They relive the context in which they made earlier decisions, some of which were not functional, and they make new decisions that are functional. Redecisional therapy is aimed at helping people challenge themselves to discover ways in which they perceive themselves in victimlike roles and to take charge of their lives by deciding for themselves how they will change.

KEY CONCEPTS

View of Human Nature

Transactional analysis is rooted in an antideterministic philosophy. It places faith in our capacity to rise above habit patterns and to select new goals and behavior. However, this does not mean that we are free from the influences of social forces. It acknowledges that we were influenced by the expectations and demands of significant others, especially because our early decisions were

made at a time in life when we were highly dependent on others. We made certain decisions in order to survive, both physically and psychologically, at some point in life. But these early decisions can be reviewed and challenged, and if they are no longer serving us, then new decisions can be made.

The Ego States

An ego state is a set of related thoughts, feelings, and behaviors in which part of an individual's personality is manifested at a given time (Stewart & Joines, 1987). All transactional analysts work with ego states, which encompass important facets of the personality and are considered to be essential and distinguishing characteristics of TA therapy (Dusay, 1986). Each person has a basic trio of Parent, Adult, and Child (P-A-C), and individuals constantly shift from one of these states to another, manifesting behavior congruent with the ego state of the moment. One definition of autonomy is the capacity to move with agility and intention through ego states and to operate in the one most appropriate to the reality of the given situation.

The Parent ego state contains the values, morals, core beliefs, and behaviors incorporated from significant authority figures, primarily one's parents. Outwardly, this ego state is expressed toward others in critical or nurturing behavior. We each have a "Nurturing Parent" and a "Critical Parent." Inwardly, it is experienced as old parental messages that continue to influence the inner Child. When we are in the Parent ego state, we react to situations as we imagine our parents might have reacted, or we may act toward others the way our parents acted toward us. The Parent contains all the "shoulds" and "oughts" and other rules for living. When we are in that ego state, we may act in ways that are strikingly similar to those of our parents or other significant people in our early life. We may use some of their very phrases, and our posture, gestures, voice, and mannerisms may replicate those that we experienced in our parents.

The Adult ego state is the processor of data. It is the objective part of the person, which gathers information about what is going on. It is not emotional or judgmental but works with the facts and with external reality. The Adult is without passionate convictions, but many problems also require empathy and intuition to be resolved.

The Child ego state is the original part of us and is most naturally who we are. It consists of feelings, impulses, and spontaneous actions and includes "recordings" of early experiences. The Child ego state is divided into Natural Child (NC) and Adapted Child (AC), both of which have positive and negative aspects. The positive aspects of the Natural Child are the spontaneous, ever so lovable, loving and charming parts of all of us. The negative aspect of the Natural Child is to be impulsive to the degree our safety is compromised. The positive aspect of the Adapted Child is that we respond appropriately in social situations. The negative aspect of the Adapted Child involves overadapting wherein we give up our power and discount our value, worth, and dignity.

Clients in TA therapy are first taught how to recognize in which of the ego states they are functioning at any given time: Nurturing Parent, Critical Parent, Adult, Nurturing Child, or Adapted Child. The aim is to enable them to decide consciously whether that state or another state is most appropriate or useful.

The Need for Strokes

Humans need to be stimulated physically, socially, and intellectually. As we grow and develop, we need to be recognized for who we are and what we do. This need for stimulation and recognition is referred to as "strokes"; a stroke is any act of recognition or source of stimulation.

A basic premise of the TA approach is that humans need to receive both physical and psychological "strokes" to develop a sense of trust in the world and a basis for loving

themselves. There is ample evidence that lack of physical contact can impair infant growth and development and, in extreme cases, can lead to death. Psychological strokes—verbal and nonverbal signs of acceptance and recognition—are also necessary to people as confirmations of their worth.

Strokes can be classified as verbal or nonverbal, unconditional (being) or conditional (doing), and positive or negative. *Conditional strokes* say "I will like you if and when you are a certain way"; they are received for doing something. *Unconditional strokes* say "I am willing to accept you for who you are and for being who you are, and we can negotiate our differences." *Positive strokes* say "I like you," and they may be expressed by warm physical touches, accepting words, appreciation, a smile, and friendly gestures. These strokes are necessary for the development of psychologically healthy people. *Negative strokes* say "I don't like you," and they too can be expressed both verbally and nonverbally. Interestingly, negative strokes are considered preferable to no strokes at all—that is, to being ignored.

TA theory pays attention to how people structure their time to get strokes. It also looks at the life plan of individuals to determine what kind of strokes they both get and give. According to TA, it behooves us to become aware of the strokes we survive on, the strokes that we both ask for and receive, and the strokes that we give to others.

Injunctions and Counterinjunctions

The Gouldings' redecision work is grounded in the TA concepts of injunctions and early decisions (M. Goulding, 1987). When parents are excited by a child's behavior, the messages given are often *permissions*. However, when parents feel threatened by a child's behavior, the messages expressed are often *injunctions*, which are issued from the parents' Child ego state. Such messages—expressions of disappointment, frustration, anxiety, and unhappiness—establish

the "don'ts" by which children learn to live. Out of their own pain, parents can issue this short,

but profound list of general injunctions: "Don't." "Don't be." "Don't be close." "Don't be

separate from me." "Don't be the sex you are." "Don't want." "Don't need." "Don't think."

"Don't feel." "Don't grow up." "Don't be a child." "Don't succeed." "Don't be you." "Don't be

sane." "Don't be well." "Don't belong" (M. Goulding, 1987; Goulding & Goulding, 1979).

These messages are predominantly given nonverbally and at the psychological level between

birth and 7 years of age.

When parents observe their sons or daughters not succeeding, or not being comfortable

with who they are, they attempt to "counter" the effect of the earlier messages with

counterinjunctions. These messages come from the parents' Parent ego state and are given at the

social level. They convey the "shoulds," "oughts," and "dos" of parental expectations. Examples

of counterinjunctions are "Be perfect." "Try hard." "Hurry up." "Be strong." "Please me." The

problem with these counterinjunctions is that no matter how much we try to please we feel as

though we still are not doing enough or being enough. This demonstrates the rule that the

messages given at the psychological level are far more powerful and enduring than those given

at the social level.

Injunctions aren't just planted in our heads while we sit by passively. According to Mary

Goulding (1987), children decide either to accept these parental messages or to fight against

them. By making decisions in response to real or imagined injunctions, we assume some of the

responsibility for indoctrinating ourselves. Clients in TA therapy explore the "shoulds" and

"shouldn'ts," the "dos" and "don'ts" by which they have been trained to live, and how they

allow them to operate in their lives. The first step in freeing oneself from behaviors dictated by

the often irrational and generally uncritically received parental messages is awareness of the

specific injunctions and counterinjunctions that one has accepted as a child. Once clients have identified and become aware of these internalized "shoulds," "oughts," "dos," "don'ts," and "musts," they are in a better position to critically examine them to determine whether they are willing to continue living by them.

Decisions and Redecisions

Transactional analysis emphasizes our ability to become aware of decisions that govern our behavior and the capacity to make new decisions that will beneficially alter the course of our life. This section addresses the decisions made in response to parental injunctions and counterinjunctions and clarifies the redecisional process.

The following list, based on the Gouldings' work (1978, 1979), includes common injunctions and some possible decisions that could be made in response to them.

1.   *"Don't make mistakes."* Children who hear and accept this message often fear taking risks that may make them look stupid. They tend to equate making mistakes with being a failure.

•   *Possible decisions:* "I'm scared of making the wrong decision, so I simply won't decide." "Because I made a dumb choice, I won't decide on anything important again!" "I'd better be perfect if I hope to be accepted."

2.   *"Don't be."* This lethal message is often given nonverbally by the way parents hold (or don't hold) the child. The basic message is "I wish you hadn't been born."

•   *Possible decisions:* "I'll keep trying until I get you to love me."

3.   *"Don't be close."* Related to this injunction are the messages "Don't trust" and "Don't love."

•   *Possible decisions:* "I let myself love once, and it backfired. Never again!" "Because it's scary to get close, I'll keep myself distant."

4.   *"Don't be important*." If you are constantly discounted when you speak, you are likely to believe that you are unimportant.

•   *Possible decisions:* "If, by chance, I ever do become important, I'll play down my accomplishments."

5.   *"Don't be a child*." This message says: "Always act adult!" "Don't be childish." "Keep control of yourself."

•   *Possible decisions:* "I'll take care of others and won't ask for much myself." "I won't let myself have fun."

6.   *"Don't grow."* This message is given by the frightened parent who discourages the child from growing up in many ways.

•   *Possible decisions*: "I'll stay a child, and that way I'll get my parents to approve of me." "I won't be sexual, and that way my father won't push me away."

7.   *"Don't succeed*." If children are positively reinforced for failing, they may accept the message not to seek success.

•   *Possible decisions:* "I'll never do anything perfect enough, so why try?" "I'll succeed, no matter what it takes." "If I don't succeed, then I'll not have to live up to high expectations others have of me."

8.   *"Don't be you*." This involves suggesting to children that they are the wrong sex, shape, size, color, or have ideas or feelings that are unacceptable to parental figures.

•   *Possible decisions:* "They'd love me only if I were a boy (girl), so it's impossible to get their love." "I'll pretend I'm a boy (girl)."

9.   *"Don't be sane*" and *"Don't be well."* Some children get attention only when they are physically sick or acting crazy.

•   *Possible decisions:* "I'll get sick, and then I'll be included." "I am crazy."

10.   *"Don't belong."* This injunction may indicate that the family feels that the child does not

belong anywhere.

•   *Possible decisions*: "I'll be a loner forever." "I'll never belong anywhere."

Whatever injunctions people have received, and whatever the resulting life decisions were,

transactional analysis maintains that people can make substantive life changes by changing their

decisions—by redeciding in the moment. A basic assumption of TA is that anything that has

been learned can be relearned.

        As a part of the process of TA therapy, clients are often encouraged to return to the

childhood scenes in which they arrived at self-limiting decisions. The therapist may facilitate this

process with any of the following interventions: "As you are speaking, how old do you feel?" "Is

what you are saying reminding you of any times when you were a child?" "What pictures are

coming to your mind right now?" "Could you exaggerate that frown on your face? What are you

feeling? What scene comes to mind as you experience your frowning?"

        Mary Goulding (1987) says that there are many ways of assisting a client to return to

some critical point in childhood. "Once there," she adds, "the client reexperiences the scene; and

then she relives it in fantasy in some new way that allows her to reject old decisions" (p. 288).

After clients experience a redecision from being in an old scene, they design experiments so that

they can practice new behavior to reinforce their redecision both in and out of the therapy office.

        With each of the ten basic injunctions previously described (and some possible decisions

that flow from them), there are countless possibilities for new decisions. In each case the

therapist chooses an early scene that fits the client's injunctions/decision pattern, so that the

scene will help this client make a specific redecision. For example, Brenda relives scenes with

her parents when she was positively stroked for failing or was negatively stroked for succeeding. It was apparently at those times that she accepted the injunction "Don't succeed." Her therapist challenges her to examine whether the decision, which may have been functional or even necessary in the past, is currently appropriate. She may redecide that "I will make it, and I am successful, even though it is not what you want from me." Another example is Jason, who eventually sees that he responded to his father's injunction "Don't grow" by deciding to remain helpless and immature. He recalls learning that when he was independent his dad shouted at him and, when he was helpless, he was given his father's attention. Because he wanted his father's approval, Jason decided, "I'll remain a child forever." During a therapy session, Jason goes back to a childhood scene in which he was stroked for his helplessness, and he talks to his father now in a way that he never did as a child: "Dad, even though I still want your approval, I don't need it to exist. Your acceptance is not worth the price I'd have to pay. I'm capable of deciding for myself and of standing on my own two feet. I'll be the man that I want to be, not the boy that you want me to be."

In this redecision work Brenda and Jason enter the past and create fantasy scenes in which they can safely give up old and currently inappropriate early decisions, because both are armed with an understanding in the present that enables them to relive the scene in a new way. This process of redecision is a beginning rather than an ending. The Gouldings (1979) believe it is possible to give a *new ending* to the scenes in which original decisions were made—a new ending that often results in a *new beginning* that allows clients to think, feel, and act in revitalized ways. Once clients experience a redecision through fantasy work, they and their therapists design experiments so they can practice new behavior to reinforce their decision. The Gouldings maintain that clients can discover an ability to be autonomous and to experience a

sense of freedom, excitement, and energy.

Games

A transaction, which is considered the basic unit of communication, consists of an exchange of strokes between two or more people. A game is an ongoing series of transactions that ends with a negative payoff called for by the script that concludes the game and advances some way of feeling badly. By their very nature, games are designed to prevent intimacy. Games consist of three basic elements: a series of complementary transactions that on the surface seem plausible; an ulterior transaction that is the hidden agenda; and a negative payoff that concludes the game and is the real purpose of the game.

Berne (1964) described an anthology of games originating from three positions: persecutor, rescuer, and victim. For example, people who have decided they are helpless may play some version of "Poor Me" or "Kick Me." A student "loses" or "forgets" her homework for the second time this week and makes the announcement publicly in class. The teacher gets angry, and the student takes the payoff and gets paid attention to in the process. People who feel superior may either persecute or rescue. The persecutor plays some form of "Gotcha" or "Blemish" (looking for the flaw), whereas the rescuer plays some form of "I am only trying to help you." Berne described a variety of common games, including "Yes, but," "Kick me," "Harassed," "If it weren't for you," "Martyr," "Ain't it awful," "I'm only trying to help you," "Uproar," and "Look what you made me do!" Games always have some payoff (or else they wouldn't be perpetuated), and one common payoff is support for the decisions described in the preceding section. For example, people who have decided that they are helpless may play the "Yes, but" game. They ask others for help and then greet any suggestions with a list of reasons why the suggestions won't work; thus, they feel free to cling to their helplessness. Addicts of the

"Kick me" game are often people who have decided to be rejected; they set themselves up to be

mistreated by others so that they can play the role of the victim whom nobody likes.

By engaging in game playing, people receive strokes and also maintain and defend their

early decisions. They find evidence to support their view of the world, and they collect bad

feelings. These unpleasant feelings that people experience after a game are known as *rackets*. A

racket feeling is a familiar emotion that was learned and encouraged in childhood and

experienced in many different stress situations, but it is maladaptive as an adult means of

problem solving (Stewart & Joines, 1987). Rackets have much the same quality as feelings the

people had as children. These rackets are maintained by actually choosing situations that will

support them. Therefore, those who typically feel depressed, angry, or bored may be actively

collecting these feelings and feeding them into long-standing feeling patterns that often lead to

stereotypical ways of behaving. They also choose the games they will play to maintain their

rackets. When people "feel bad," they often get sympathy from others or control others by their

bad moods.

In their therapy, TA clients are taught to make connections between the games they

played as children and those they play now—for example, how they attempted to get attention in

the past and how those past attempts relate to the games they play now to get stroked. The aim

here is to offer clients the chance to drop certain games in favor of responding honestly—an

opportunity that may lead them to discover ways of changing negative strokes and to learn how

to give and receive positive strokes.

Basic Psychological Life Positions and Lifescripts

Decisions about oneself, one's world, and one's relationships to others are crystallized during the

first 5 years of life. Such decisions are basic for the formulation of a life position, which

develops into the roles of the lifescript. Generally, once a person has decided on a life position, there is a tendency for it to remain fixed unless there is some intervention, such as therapy, to change the underlying decisions. Games are often used to support and maintain life positions and to play out lifescripts. People seek security by maintaining that which is familiar, even though the familiar may be highly unpleasant. As we have seen earlier, games such as "Kick me" may be unpleasant, but they have the virtue of allowing the player to maintain a familiar position in life, even though this position is negative.

Transactional analysis identifies four basic life positions, all of which are based on decisions made as a result of childhood experiences, and all of which determine how people feel about themselves and how they relate to others:

1.   I'm OK—You're OK.

2.   I'm OK—You're not OK.

3.   I'm not OK—You're OK.

4.   I'm not OK—You're not OK.

The *I'm OK—You're OK* position is generally game-free. It is the belief that people have basic value, worth, and dignity as human beings. That people are OK is a statement of their essence, not necessarily their behavior. This position is characterized by an attitude of trust and openness, a willingness to give and take, and an acceptance of others as they are. People are close to themselves and to others. There are no losers, only winners.

I'm OK—You're not OK is the position of people who project their problems onto others and blame them, put them down, and criticize them. The games that reinforce this position involve a self-styled superior (the "I'm OK") who projects anger, disgust, and scorn onto a designated inferior, or scapegoat (the "You're not OK"). This position is that of the person who

needs an underdog to maintain his or her sense of "OKness."

I'm not OK—You're OK is known as the depressive position and is characterized by feeling powerless in comparison with others. Typically such people serve others' needs instead of their own and generally feel victimized. Games supporting this position include "Kick me" and "Martyr"—games that support the power of others and deny one's own.

The *I'm not OK—You're not OK* quadrant is known as the position of futility and frustration. Operating from this place, people have lost interest in life and may see life as totally without promise. This self-destructive stance is characteristic of people who are unable to cope in the real world, and it may lead to extreme withdrawal, a return to infantile behavior, or violent behavior resulting in injury or death of themselves or others.

In reality each of us has a favorite position we operate from under stress. The challenge is to become aware of how we are attempting to make life real through our basic life existential position and create an alternative. Related to the concept of basic psychological positions is the *lifescript*, or plan for life. A personal lifescript is an unconscious life plan made in childhood, reinforced by the parents, "justified" by subsequent events, and culminating in a chosen alternative (Stewart & Joines, 1987). This script, as we have seen, is developed early in life as a result of parental teaching (such as injunctions and counterinjunctions) and the early decisions we make. Among these decisions is selecting the basic psychological position, or dramatic role, that we play in our lifescript. Indeed, lifescripts are comparable to a dramatic stage production, with a cast of characters, a plot, scenes, dialogues, and endless rehearsals. In essence, the lifescript is a blueprint that tells people where they are going in life and what they will do when they arrive.

According to Berne (1972), through our early interactions with parents and others we

receive a pattern of strokes that may be either supporting or disparaging. Based on this stroking

pattern, we make a basic existential decision about ourselves; that is, we assume one of the four

life positions just described. This existential decision is then reinforced by messages (both verbal

and nonverbal) that we continue to receive during our lifetime. It is also reinforced by the results

of our games, rackets, and interpretations of events. During our childhood years we also make

the decision whether people are trustworthy.

Our basic belief system is thus shaped through this process of deciding about ourselves

and others. If we hope to change the life course that we are traveling, it helps to understand the

components of this script, which to a large extent determine our patterns of thinking, feeling, and

behaving.

Through a process known as *script analysis*, clients can become aware of how they

acquired their lifescript and are able to see more clearly their life role (basic psychological life

position). Script analysis helps clients see the ways in which they feel compelled to play out their

lifescript and offers them alternative life choices. Put in another way, the therapeutic process

relieves clients of the compulsion to play games that justify behavior called for in their lifescript.

Script analysis demonstrates the process by which people acquired a script and the

strategies they employ to justify their actions based on it. The aim is to help clients open up

possibilities for making changes in their early programming. Clients are asked to recall their

favorite stories as children, to determine how they fit into these stories or fables, and to see how

these stories fit their current life experiences.

Steiner (1967) developed a lifescript questionnaire that can be used as a catalyst for script

analysis in the therapy sessions to help clients explore significant components of their

lifescript—among them, life positions and games. In completing this script checklist, clients

provide basic information such as the general direction of their life, the models in their life, the nature of their injunctions, the payoffs they seek, and the tragic ending they expect from life.

The analysis of the lifescript of an individual is based on the drama of his or her original family. As a result of exploring what they are learning based upon their lifescript, clients learn about the injunctions they uncritically accepted as children, the decisions they made in response to these messages, and the games and rackets they now employ to keep these early decisions alive. By being part of the process of self-discovery, clients increase the opportunities for coming to a deeper understanding of their own unfinished psychological business, and in addition, they gain the capacity to take some initial steps to break out of self-defeating patterns.

THE THERAPEUTIC PROCESS

Therapeutic Goals

The basic goal of transactional analysis is to help clients make new decisions about their current behavior and the direction of their lives. Individuals learn alternatives to sterile and deterministic ways of living. The essence of therapy is to substitute an autonomous lifestyle characterized by awareness, spontaneity, and intimacy for a lifestyle characterized by manipulative game playing and a self-defeating lifescript. Individuals learn to "write their own script" instead of being passively "scripted." Since TA is a contractual therapy, the therapist and the client collaboratively establish the specific goals that guide the therapy sessions.

Various other views of TA goals have been expressed, a few of which are:

• Being a catalyst to enable clients to mobilize their efforts (Dusay & Dusay, 1989).

• Helping clients obtain a friendly "divorce" from their parents (Berne, 1964).

• Helping clients break through a series of impasses that stem from injunctions and early decisions (Goulding & Goulding, 1979).

Therapist's Function and Role

Transactional analysis is designed to gain both emotional and cognitive insight, but with the focus clearly on rational aspects, the role of the therapist is largely to pay attention to didactic and cognitive issues. As a teacher, the TA therapist explains concepts such as structural analysis, script analysis, and game analysis. The counselor assists clients in discovering the disadvantageous conditions of the past under which they made certain early decisions, adopted life plans, and developed strategies in dealing with people that they might now wish to reconsider.

As noted earlier, TA stresses the importance of equality in the client–therapist relationship. This is manifested through contractual agreements between therapist and client that make them mutual allies in the therapeutic process. Hence, therapists bring their knowledge to bear in the context of a clear, specific contract that the client initiates.

From the perspective of redecision therapy, the counselor's function is to create a climate in which people can discover for themselves how the games they play are supporting chronic bad feelings and how they hold onto these feelings to support their lifescript and early decisions. Another function of the TA therapist is challenging clients to discover and experiment with more effective ways of being. The role of the therapist is to help individuals acquire the tools necessary to effect change. This is done by encouraging and teaching clients to rely on their own Adult rather than on the therapist's Adult. Contemporary TA practice emphasizes that the key job of the counselor is to help clients discover their inner power to change by making more appropriate decisions *now*, as opposed to continuing to live by archaic decisions they made in childhood. The counselor's real job is to *allow* clients to find their own power.

Client's Experience in Therapy

One basic prerequisite for being a TA client is the capacity and willingness to understand and accept a therapeutic contract. The contract contains a specific statement of objectives that the client will attain and the criteria to determine whether these goals have been effectively met. The therapist and client focus on material in the contract, so that the client knows what he or she is coming to the therapist for. Contracts are intended to be practical tools for helping clients attain the changes they want themselves. Useful contracts are not rigid and are open to revision. Because long-term contracts can be limiting, clients develop contracts in steps that are subject to modification as they penetrate more deeply into the areas in which they are seeking to change.

Contracts place the responsibility on clients for clearly defining what, how, and when *they* want to change. Thus, from the very beginning, clients learn that therapy is a shared responsibility. In short, the client's contract establishes the departure point for therapeutic activity. Clients agree to work on specific issues during their therapy sessions. The key question is, "How will you know and how will I know when you get what you are coming to therapy for?" This question implies a therapeutic partnership aimed at accomplishing a mutual goal. When the terms of the contract are completed, the relationship is terminated unless a new contract is established.

Relationship Between Therapist and Client

The process of TA treatment focuses primarily on change as defined by the contract, and there is an Adult-to-Adult agreement between the therapist and the client about what the process and the desired goal will be (Dusay & Dusay, 1989). For example, a woman who reacts to others in a highly critical way can design a contract that will lead to changing such behavior. Her contract describes *what* she will do in the therapy office to change her actions and experiences, *when* she will do it, and *how many times*. The contract can then be expanded to include situations outside

the therapy office.

Well-trained TA clinicians know that sustainable change and meaningful redecisions do not occur without the client closing what are termed "escape hatches," ways to universally escape if things really get bad. These escape hatches include (1) harm or kill myself, (2) harm or kill you, (3) provoke you to harm or kill me, (4) go crazy, and (5) run away. If things get bad enough, the script will call for one of these as an "escape." Any client with an escape hatch remaining open will not change, or the changes observed will more than likely be cosmetic. Contracts can be instrumental in closing these escape hatches.

APPLICATION: THERAPEUTIC TECHNIQUES AND PROCEDURES

The redecision therapy model of the Gouldings (1979) is grounded within the framework of TA theory, yet their methods are a combination of TA, Gestalt therapy, interactive group therapy, cognitive behavior therapy, family therapy, and psychodrama. Realizing the importance of combining the affective and the cognitive dimensions, the Gouldings draw heavily from TA theory for cognitive structure, and they use Gestalt techniques to provide the emotional work that breaks through the impasses clients often experience.

Following is a brief description of some of the more commonly used processes, procedures, and techniques in TA practice. Most of them can be applied to both individual and group counseling.

Therapeutic Procedures

Structural analysis Structural analysis is a tool by which a person becomes aware of the content and functioning of his or her Parent, Adult, and Child. TA clients learn how to identify their own ego states. Structural analysis helps them resolve patterns that they feel stuck with. It allows them to find out which ego state their behavior is based on. With that knowledge they can

determine their options.

Two problems related to the structure of personality can be considered by structural analysis: contamination and exclusion. Contamination exists when the contents of one ego state are mixed with those of another. For example, the Parent, the Child, or both may intrude within the boundaries of the Adult ego state and interfere with the clear thinking and functioning of the Adult (Figure 1). Contamination from the Parent is typically manifested through prejudiced ideas and attitudes; contamination from the Child involves distorted perceptions of reality. When contamination of the Adult by the Parent, the Child, or both exists, "boundary work" is called for so that the demarcation of each ego state can be clearly drawn. When the ego-state boundaries are realigned, the person understands his or her Child and Parent rather than being contaminated by them. Here are some statements reflecting contamination from the Parent: "Don't mix with people who are not of our kind"; "Never trust Italians"; "Watch out for mechanics; they'll cheat you every time"; "You can't depend on teenagers." The following statements reflect contamination from the Child: "Everyone's always picking on me. Nobody treats me right"; "Anything I want I should get right now"; "Who could possibly ever want to be my friend?"
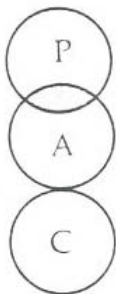
The Parent
contaminating
the Adult
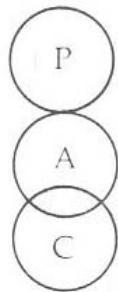
The Child
contaminating
the Adult
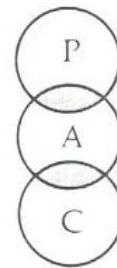
Both the Parent
and the Child
contaminating
the Adult

Figure 1 Contamination

Exclusion exists when, for example, an Excluding Child ego state can "block out" the Parent or when an Excluding Parent ego state can block out the Child—that is, when rigid ego-state boundaries do not allow for free movement. The person may be restricted to relating primarily as Parent, as Child, or as Adult. The Constant Parent (Figure 2) excludes the Adult and Child and can typically be found in people who are so duty-bound and work-oriented that they cannot play. Such people may be judgmental, moralistic, and demanding of others. They often behave in a domineering and authoritarian manner. The Constant Child excludes the Adult and Parent and, at the extreme, is a sociopath without a conscience. People operating mainly from the Constant Child are perpetually childlike—they refuse to grow up. They do not think or decide for themselves but attempt to remain dependent and escape responsibility for their own behavior. They seek someone who will take care of them. The Constant Adult, who excludes the Parent and the Child, is objective—that is, involved and concerned with facts. The Constant Adult is an individual who appears robotlike, with little spontaneity.

The Constant Parent
Exclusion of Adult
and Child by Parent

The Constant Adult
Exclusion of Parent
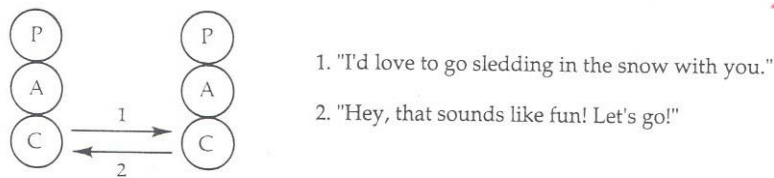and Child by Adult
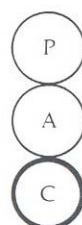
The Constant Child
Exclusion of Parent
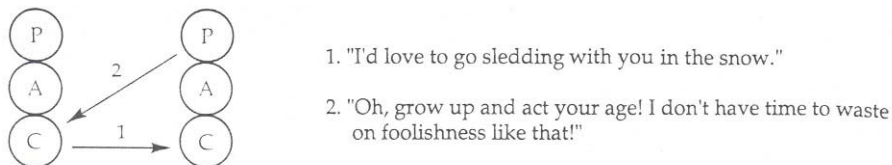and Adult by Child

Figure 2 Exclusion

Transactional analysis Transactional analysis is basically a description of what people do and say themselves and to each other. Whatever happens between people involves a transaction between their ego states; when messages are sent, a response is expected. There are three types
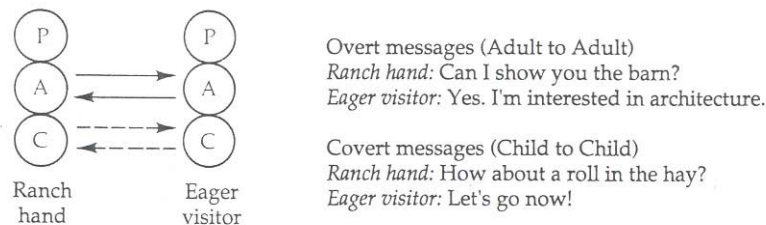
of transaction: complementary, crossed, and ulterior. Complementary transactions occur when a

message sent from a specific ego state gets the predicted response from a specific ego state of the

other person. An example is the playful Child/Child transaction illustrated in Figure 3. Crossed

transactions occur when an unexpected response is made to a message that a person sends out, as

shown in Figure 4. Ulterior transactions are complex. They involve more than two ego states,

and a disguised message is sent, as is illustrated in Figure 5.

1. "I'd love to go sledding in the snow with you."

2. "Hey, that sounds like fun! Let's go!"

Figure 3 Complementary Transactions

1. "I'd love to go sledding with you in the snow."

2. "Oh, grow up and act your age! I don't have time to waste on foolishness like that!"

Figure 4 Crossed Transactions

Overt messages (Adult to Adult)
Ranch hand: Can I show you the barn?
Eager visitor: Yes. I'm interested in architecture.

Covert messages (Child to Child)
Ranch hand: How about a roll in the hay?
Eager visitor: Let's go now!

Figure 5 Ulterior Transactions

Family modeling Family modeling, another approach to working with structural analysis, is

particularly useful in working with a Constant Parent, a Constant Adult, or a Constant Child. The

client is asked to imagine a scene including as many significant persons in the past as possible,

including him- or herself. The client becomes the director, producer, and actor. He or she defines

the situation and uses other members of the group as substitutes for family members. The client places them in the way he or she remembers the situation. The subsequent discussion, action, and evaluation can then heighten the awareness of a specific situation and the personal meanings it still holds for the client.

Analysis of rituals and pastimes Analysis of transactions includes identification of rituals and pastimes that are used in structuring time. Time structuring is important material for discussion and examination because it reflects the decisions of the script about how to transact with others and how to get strokes. People who fill their time chiefly with rituals and pastimes are probably experiencing stroke deprivation, and thus they lack intimacy in their transactions with others. Because ritual and pastime transactions have low stroke value, such people's social transacting may lead to complaints such as emptiness, boredom, lack of excitement, feeling unloved, and a sense of meaninglessness.

Analysis of games and rackets The analysis of games and rackets is an important aspect of understanding transactions with others. Berne (1964) describes a game as "an ongoing series of complementary ulterior transactions progressing to a well-defined, predictable outcome" (p. 48). A payoff for most games is a "bad" feeling that the player experiences. It is important to observe and understand why the games are played, what payoffs result, what strokes are received, and how these games maintain distance and interfere with intimacy. Learning to understand a person's racket and how the racket relates to the person's games, decisions, and lifescript is an important process in TA therapy.

As mentioned earlier, a racket consists of the calling up and collection of feelings that one uses to justify one's lifescript and, ultimately, one's decisions. For example, if Jane saves up feelings of depression, the games she plays with others most often have depression as the payoff.

When she has finally gathered enough feelings of depression, she feels justified in suicide, which is the action called for to conclude the lifescript. This is true of the person who has incorporated the "Don't be" message. A person may learn to convert anger to sadness and eventually depression after years of feeling impinged on and never, in anger, telling the aggressors to stop. Or so much anger may be stored and converted that eventually the person can no longer stomach any more, and the rage breaks out in violence to self or others.

Rackets involve the "collection of stamps" that are later traded for a psychological prize. The individual collects archaic feelings by persecuting or rescuing others in order to feel rejected, angry, depressed, abandoned, guilty, and so on. The person invites others to play certain roles. For example, Jane, a group member, may invite other members to react to her with anger. She could program this reaction by being extremely closed and hostile and by persuading herself that nobody could ever understand her, much less care for her. Any genuine approach from others would be rebuffed by her refusal to accept anything from anyone. Eventually, Jane would collect enough stamps to prove to the entire group that she was right all along, and then she could say, "See, I told you nobody cares about me."

Rackets are as important as games in manipulating others, for they are the primary method of masking a person from the real world. It takes a competent therapist to distinguish between anger, sadness, and fear that are used as a racket and the honest expression of those emotions. The competent and skillful therapist squarely challenges a client's racket in such a manner that the client becomes aware of the behavior without being driven off.

Script analysis People's lack of autonomy stems from their commitment to their scripting—that is, to a life plan decided on at an early age. An important aspect of the lifescript is the compelling quality that drives people to play it out.

Scripting initially occurs nonverbally in infancy, from parents' messages. During the early years of development, one learns about one's worth as a person and one's place in life. Later, scripting occurs in direct as well as indirect ways in a family, for example, such messages as the following may be picked up: "In this family, the man is the boss of the house." "Children are to be seen but not heard." "We always expect the best from you." "The way you are, you'll never amount to a hill of beans." "Never question our authority, and strive to be respectful and obedient." Because the lifescript forms the core of a person's identity and destiny, life experiences may lead the person to conclude, on one hand, "I'm really dumb because nothing I do ever turns out right. I suppose I'll always be stupid" or, on the other hand, "I can do almost anything that I really decide I want to do. I know I can attain my goals if I channel my efforts in a direction I want to go."

Script analysis is a part of the therapeutic process by which the life pattern that clients follow is identified. It can demonstrate to clients the process by which they acquired the script and the ways in which they justify their script actions. When clients become aware of their lifescript, they are in a position to do something about changing their programming. People are not condemned to be victims of early scripting because, through awareness, redecision is possible. Script analysis opens up new alternatives from which to choose as people go through life; they need no longer feel compelled to play games to collect payoffs to justify certain actions called for in their lifescript.

Application to Groups

The practice of TA is ideally suited to groups. Berne believes group therapy yields information about one's personal plan for life that would take much more time to obtain through individual therapy. In a group people are able to observe others changing, giving them models and

increasing their own options. They come to understand the structure and functioning of their individual personality and learn how they transact with others. By seeing how others play games and act out their scripts, group members are better able to identify their own games and script. This whole process of watching others proceed at various speeds and levels of change validates clients' pacing of their own changes. Clients are able to focus on their early decisions, which may never have been subject to scrutiny. Interaction with other group members gives them ample opportunity to practice assignments and fulfill their contracts. The transactions in the group enable the members to increase their awareness of both self and others and thus to focus on the changes and redecisions they will make in their lives.

Redecisional therapy, as practiced by the Gouldings, is done in a group context in which members can experience their script coming to life by reliving early memories and by interacting with others in the group. From a redecisional perspective, group therapy is the treatment of choice. People change more rapidly than they do in individual therapy (Goulding, 1987). There are many avenues of self-understanding through analyzing transactions within the group. In much the same way that Gestalt groups function in the here-and-now, TA groups ask clients to relive past scenes as though they were happening in the present. The presence of group members facilitates action, because they can represent family members from the past as well as people in the present. Because of the interaction within the group, members are given many opportunities to review and change their past decisions and experiment with new ones. One rationale for group counseling is that it provides a living experience that participants can implement in their interactions in everyday life.

Through the group process members experience the point at which they feel stuck. They relive the context in which they made earlier decisions, some of which are no longer functional,

and they learn to make appropriate new decisions. The group process helps members discover ways in which they are viewing themselves in victimlike roles and enables them to increasingly control their lives by beginning to act differently both in the group and in everyday life.

A number of factors in TA groups make them particularly useful in working with women. Some of these elements are the use of contracts, the egalitarian relationships between the members and the leader, and the emphasis on providing members with knowledge of the TA group process. TA groups have some distinct advantages in exploring gender-role socialization, including their emphasis on empowering members (Enns, 1993). In a TA group the power differential between the leader and members is less pronounced than in most forms of individual therapy. When women are in groups, Enns believes they have more opportunities to challenge the therapist's ideas and to compare their reality with that of other women.

A strength of TA is that its concepts are congruent with a gender-sensitive approach to group work. When women and men enter a group, they often are unaware of the role that gender plays in their lives. Furthermore, not all practitioners are aware of the detrimental effects of gender socialization when working with individuals in a group. If leaders hope to avoid reinforcing the cultural status quo, they must learn how traditional gender socialization can hurt both women and men. It is important that gender-sensitive group therapists clearly understand how gender messages are transmitted by cultures and then absorbed by individuals so that they can explain this process to the group members. A TA therapist is in a good position to assist members in exploring how they are affected today by the messages they have incorporated regarding what it means to be a woman or a man in this society (Philpot, Brooks, Lusterman, & Nutt, 1997).

Applying Transactional Analysis in School Counseling

Many of the basic ideas found in transactional analysis can easily be understood even by very

young children. For example, children in the first grade are generally able to understand the ego

states when they are explained as the "critical me" (Parent), the "thinking me" (Adult), and the

"feeling me" (Child) (Freed & Freed, 1998). Children are also able to understand the concept of

the need for human strokes. Even children in the early grades are able to understand that acting-

out children are striving to get attention (strokes). Children soon learn that negative strokes are

better than receiving no strokes. Both children and adolescents can easily distinguish between a

"warm fuzzy" (a pleasant or positive stroke that makes them feel good), and a "cold prickly" (an

unpleasant or negative stroke that hurts or feels bad). In children's groups the story *A Warm*

Fuzzy Tale (Steiner, 1969) typically leads to lively discussion and interaction.

TA concepts and techniques can be usefully applied in guidance classes in schools with

children ages 5 to 12 (Thompson, Rudolph, & Henderson, 2004). For example, exploring

parental injunctions can be a useful exercise with both children and adolescent groups. Young

people can learn a great deal about the messages they have incorporated from their family of

origin. TA provides a structured approach that helps children and adolescents see connections

between what they learned in their family and their attitudes toward others. Many young people

are likely to find this type of structure useful, for it helps them understand how their family and

culture have influenced them.

A main goal of a transactional analysis with students is to facilitate insight so that they

are able to assume increased control of their thoughts, feelings, and actions. As children and

adolescents develop this self-understanding, they also acquire the ability to make changes both

within themselves and in their transactions with others. If you are interested in applying TA to

working with young people from preschool through high school, some useful resources are Freed

and Freed (1998) and Freed (1992, 1998).

TRANSACTIONAL ANALYSIS FROM A MULTICULTURAL PERSPECTIVE

Contributions to Multicultural Counseling

To my way of thinking, two of the major assets of TA as applied to multicultural counseling are the focus on cultural and familial injunctions and the emphasis on early decisions. Consider some of the following injunctions, any of which you are likely to hear if you work with ethnic clients: "Live up to the expectations of your parents and your family." "Don't shame the family." "Don't be too concerned about yourself." "Do not show your weaknesses." "Don't talk about your family or about family problems with strangers." "Don't put your own good above the social good." These cultural injunctions provide a good beginning place for counseling to proceed. It is important that counselors respect their clients' cultural injunctions, yet at the same time they can challenge their clients to evaluate the basis for their beliefs. Some injunctions, and the decisions based on them, may remain unchanged if the client determines that change is not necessary.

TA provides a structured approach that teaches clients how their early decisions have a continuing influence on their present behavior. By helping clients to see connections between what they learned in their family and their current attitudes toward others, clients are able to examine many of their basic assumptions. The analysis of the lifescript can be especially useful in structuring the counseling sessions.

Another strength of TA as applied to multicultural counseling lies in the manner in which this approach deals with power. People of color often experience a lack of the power to make a difference in society, especially in the dominant mainstream culture. TA has specific techniques to enhance personal responsibility that often result in empowerment. TA's contractual approach

also provides a means for clients to assume increased personal power, because they decide what they are willing to change and the steps they can take to bring these changes about. Their contract can also act as a safeguard against therapists' imposing their cultural values. Thus, this approach can help clients who have been robbed of their power by society and who have also contributed to their own feelings of powerlessness by their attitudes and behavior (Dusay & Dusay, 1989).

The contractual approach used in TA counseling has much to offer in a multicultural context. I find TA's contract method very useful, and I believe that any therapeutic approach can incorporate it. Clients' contracts act as a safeguard against therapists' imposing their cultural values. A contract increases the chances that clients will become empowered, for they eventually identify specific problem areas they are willing to explore in their therapy. The contractual method helps clients assume more personal responsibility for the outcomes of the therapeutic experience. Not only are clients able to see their responsibility in contributing to their problems, but they also learn new ways of thinking and acting. Furthermore, contracts equalize the power base between the therapist and the client; they also remove much of the mystery that surrounds what the therapeutic process is all about.

Thompson, Rudolph, and Henderson (2004) indicate a number of multicultural applications of TA, one of which is the user-friendly nature of TA in transcending cultural barriers. Thompson and colleagues add that TA has been successfully applied in several different cultures. People from a variety of cultures who prefer a direct and educational approach to personal development are likely to find TA an appropriate modality. For example, African American and Latino clients tend to prefer a psychoeducational context that emphasizes learning practical skills. Asian Americans generally find the cognitive emphasis an attractive feature of

TA. When TA is used across cultures, the method is generally the same. Clients learn the basic terminology and formulate contracts that guide their work in the counseling sessions.

Limitations for Multicultural Counseling

In working with diverse clients, TA practitioners need to be aware that the terminology may seem foreign to some people. Even though TA is considered simple and easy to understand, clients may have difficulty with the complexity of concepts such as the structure and dynamics of games and the subcomponents of the various ego states. Before TA therapists challenge the lifescripts of clients, which are frequently rooted in their cultural heritage, it is well for them to make sure that a trusting relationship has been established and that these clients have demonstrated a readiness to question their family traditions. In some cultures it is considered taboo to doubt family traditions, let alone to talk about such matters in a nonfamily group or to have these traditions challenged by others. The contract approach can be useful in empowering these clients by giving them the responsibility for deciding what aspects of their family life they are willing to share as well as deciding which family values they are ready to question or explore. If clients assume this responsibility for defining clear contracts, the chances of inappropriate confrontations by the therapist are lessened.

SUMMARY AND EVALUATION

Summary

Transactional analysis is grounded on the assumption that we make current decisions based on past premises—premises that were at one time appropriate to our survival needs but that may no longer be valid. TA emphasizes the cognitive, rational, and behavioral aspects of the therapeutic process. More specifically, it stresses the capacity of the person to change decisions and is oriented toward increasing awareness with the goal of enabling people to make new decisions

(redecide) and thereby alter their existence. To achieve this goal, TA clients learn how to

recognize the three ego states (Parent, Adult, and Child) in which they function. They also learn

how their current behavior is affected by the rules they received and incorporated as children and

how they can identify the lifescript that determines their actions. Early in life each of us fashions

a script that we carry out, usually without awareness.

TA emphasizes that as children we reacted to environmental stresses, received

injunctions, and then made early decisions about self and others based on such messages. Such

basic decisions show up in our current ways of thinking, feeling, and behaving. TA therapists

encourage clients to recall and reexperience situations in childhood where faulty learning

originated. Ultimately, clients come to realize that they have the power to redecide and initiate a

new direction in life and that they can change what is *not* working while retaining what serves

them well.

TA therapists are guided in their work by the contracts their clients develop with them. In

carrying out this therapeutic work, counselors can employ a variety of procedures. Some of these

are structural analysis, transactional analysis, role playing, family modeling, analysis of games

and rackets, teaching, and script analysis. TA's concepts and techniques can be adapted to

individual, group, marital, and family therapy. They can also be applied to a wide range of

clients.

Contributions of Transactional Analysis

Transactional analysis provides a cognitive basis for the therapeutic process that is often missing

in models of counseling. The insistence of this approach on having clients get out of their

victimlike positions and realize that they don't have to continue to live by their early decisions

is, I believe, crucial to effective therapy. In my opinion TA, especially redecision therapy,

provides a useful conceptual framework for understanding how these early decisions are made, and how they are related to present self-defeating life stances.

Many people are restricted by their early decisions: they cling to parental messages, live their lives by unexamined injunctions, and frequently are not even aware that they are living in a psychological straitjacket. Conceptually, redecision therapy offers tools members can use to free themselves from an archaic lifescript and achieve a successful and meaningful life.

TA can be adapted to brief, structured, and problem-focused therapy, which is a strength in many settings. Practitioners who work within a managed care framework generally have less time to gather client information, make an assessment, provide an orientation to the therapy process, establish rapport, and intervene in a therapeutic manner (Davis & Meier, 2001). It is essential that a TA counselor explain the program policies and limits to the client and how the policies are likely to affect the process, type, and length of the therapy.

Transactional analysis allows a range of possibilities for both preventive and remedial work; the approach also provides for both an educational and a therapeutic structure. It is important that the information given in TA therapy sessions be balanced by experiential work aimed at involving the client both cognitively and emotionally. Therapy interventions are more likely to succeed and produce enduring change if they involve the emotional realm rather than being aimed purely at a cognitive level (Greenberg, Korman, & Paivio, 2002).

Personally, I favor integrating TA concepts and practices with Gestalt and psychodrama techniques. Doing so can integrate the cognitive and emotive dimensions quite naturally. TA concepts can be brought to life by the enactment methods that are typical of psychodrama and Gestalt therapy. Of course, this is what the Gouldings have accomplished. Working from a theoretical base provided by TA, they have used a combination of therapeutic methods from

other experiential approaches.

How comprehensive is TA as a theory that can provide a foundation for practice? According to Dusay (1986), TA is recognized as a complete theory of personality and an entire system of psychotherapy. From Dusay's perspective, TA has two major advantages as a therapeutic system. First, there is a complete and easily communicated theory of personality, and second, because of this foundation, the therapist is free to develop an innovative style of treatment utilizing his or her own strengths. He adds, if one were to observe trained transactional analysts in action, one may see therapeutic styles ranging from a more "intellectual" cognitive approach to a "feeling" emotive approach.

Limitations and Criticisms of Transactional Analysis

TA can be criticized on the ground that its theory and procedures have not been adequately subjected to empirical validation. Indeed, many of Berne's concepts were stated in such a manner that it would be impossible to design a research study to test them. It appears that most of the claims of success rest on clinical observations and testimonials. Conducting well-designed research studies to evaluate the process and outcome of therapy has surely not been one of the strengths of TA. This is not to say that no one has attempted to study the outcomes of TA therapy; research studies are described in various issues of the *Transactional Analysis Journal*. Some TA therapists contend that the use of specific contracts provides built-in accountability. Measures can be taken to determine the extent to which clients have fulfilled their contract and benefited from therapy. In my opinion TA could profit by integrating the commitment to research that is characteristic of behavior therapy.

Transactional analysis practitioners have the potential of working primarily in a cognitive way and not allowing enough room for exploration of feelings. A further concern relates to the

way in which some practitioners use the structure and vocabulary of this system to avoid genuine

contact with their clients or to keep from revealing their reactions. A therapist can use the

structure of TA to avoid person-to-person interactions and to focus on labeling ego states,

devising contracts, and directing traffic between transactions. Some TA clients may slip into the

use of jargon as an intellectual front behind which they can safely hide. The danger of becoming

lost in the structure and vocabulary of TA can be lessened if the therapist is willing to challenge

clients when they use jargon.

EXPERIENTIAL EXERCISES AND ACTIVITIES FOR TRANSACTIONAL ANALYSIS

Not all of the following exercises deal with therapeutic procedures routinely used by all TA

practitioners; however, they are designed to increase your awareness of matters such as these: In

what ego state do you tend to function? What kind of strokes do you typically receive? Which of

the parental messages that you picked up early in life do you still live by? How do your decisions

made early in life still influence you? What games prevent intimacy? What is the basis for new

decisions?

Exercises for Personal Reflection and for Small Groups

These exercises can be used for your personal reflection and also as a basis for sharing

experiences in a small group in the classroom.

1.   **The ego states: Parent, Adult, Child.** TA teaches people to recognize when they are

operating in their Parent, Adult, and Child ego states. Are you aware of a dominant ego state in

which you function? Do you have trouble functioning in a particular ego state? If you do this

exercise in a small group, each person in your group should choose an ego state and remain in it

during a group exercise, thinking and speaking from the chosen state. The purpose of this

exercise is to help you become aware of how you might function as a Parent without knowing it.

2.   **Stroking.** TA stresses the need for strokes, both physical and psychological ones. What are the specific types of strokes you need to sustain you? What strokes do you seek? How do you get the strokes you want? Are you able to accept positive stroking, or do you have a need to discount it and set yourself up for negative stroking? If you do this exercise in a small group, you could experiment with asking fellow students for the strokes you want. Discuss in your group the idea of conditional strokes. Were you brought up to believe you would get strokes when you behaved in the expected manner?

3.   **Injunctions.** Injunctions are messages we have been programmed to accept—that is, messages we have knowingly and unknowingly incorporated into our lifestyle. Reflect on a few of the following injunctions as they apply to you. What are some other messages you heard as a child? Add these to the list. Which of these messages still influence you?

a.   Don't be _____.

b.   You should always do what is expected.

c.   Don't be who you are.

d.   Don't succeed/fail.

e.   Don't trust others.

f.   Be perfect—never make a mistake.

g.   Be more than you are.

h.   Don't be impulsive.

i.   Don't be sexy.

j.   Don't be aggressive.

k.   Keep your feelings to yourself.

l.   Think of others before yourself.

m.   Never have negative thoughts.

Which of these injunctions have you accepted uncritically? Which of them do you most want to modify? How might you go about changing any of these injunctions?

As a small group exercise, each person "becomes" his or her parent and gives injunctions. Each person should adopt the tone of voice he or she imagines the parent would have used. Get involved in the exercise, and really tell people the way you think they should be and should live. As a second part of this exercise, discuss the injunctions you most struggle with at this time in your life.

4.   **Decisions and redecisions.** People tend to cling to early decisions and to look for evidence to support these decisions. However, TA assumes that what has been decided can be redecided. What is one early decision that you think has an impact on you today? What is that impact? What is one early decision that you would most want to change? If you do this as an in-class small group exercise, devote some time to identifying and sharing one of your early decisions. Then, determine what you are doing to keep this decision current. Finally, discuss what you might do to change this original decision so that you are not held back by it. For example, you may have decided early on to keep all of your negative reactions inside you; you may have been told both directly and indirectly that you were unacceptable when you expressed negative reactions. Do you want to change your early decision? If so, in what way? What kind of new decision would you want to make?

5.   **Exploring your rackets.** In TA a "racket" refers to the collection of bad feelings people use to justify their lifescripts and the feelings on which they base their decisions. Some possible rackets are:

a.   an anger racket

b.   a guilt racket

c.   a hurt racket

d.   a depression racket

nl>For instance, if you develop a guilt racket, you may actually seek out situations that will support your feelings of guilt. You will continually do things that result in feeling guilty. As a small group exercise, spend time exploring how you maintain old, chronic, bad feelings. What might be one of your major rackets? List some recent situations that you put yourself in or found yourself in that led to old, familiar feelings of depression, guilt, anger, or hurt.

6.   **Games we play.** Spend some time reflecting on some of the games that you played as a child to get what you wanted. For example, perhaps you played the Helplessness Game. By acting helpless others may have treated you as helpless and did for you what you really did not want to do for yourself. Although you probably received some benefits from the game, think about the price you may have paid for such gains. Were the benefits worth the price? What games do you sometimes play now? What do you get from these games, and what does playing them cost you in terms of your relationships with others? What do you think you'd be like if you gave up playing a particular game? As a small group exercise, share your experience with playing a particular kind of game and also being on the receiving end of a game others may play with you.

7.   **Life positions.** Think about yourself with respect to your self-esteem. Do you genuinely like and appreciate yourself? Can you feel like a winner without putting another person down? Do you think you are right and the rest of the world is wrong? Or do you continually put yourself down? Early in life you might have felt that everyone around you was just fine and that you were basically not OK. What are some of the situations that led to these feelings of inadequacy? How

might you challenge these feelings now? Would you classify yourself as a winner or a loser?

8.   **Contracts.** TA therapy works on a contract basis, which means that clients clearly specify what they want to change as well as what they are willing to *do* to bring about that change. What do you think of the use of contracts in therapy? If you were a client in TA therapy, what is one example of a contract you would be willing to establish? Consider writing down a contract that outlines one specific behavioral change you want to make. How could you begin to work on this contract today on your own? If you were to successfully complete this contract, what difference might it make to you?

9.   **A book of you.** Write your own table of contents for a book about your life, and then give your book a title. What title best captures the sense of your life now? What would you include in the chapters? Write down the key turning points and key events of your life in your table of contents. Now, assume you want to revise your book. What revisions do you want to make, chapter by chapter? Do you want a new book title? This would make an interesting exercise for sharing in a small group in class.

10.   **"You are your parents" exercise.** This exercise can be done with a partner or in small groups. It will provide a format for looking at the influence your parents have on you and the quality of life you see your parents experiencing, and it will help you decide how you'd like to modify your own values and behavior. Close your eyes and see your parents at their present ages in a typical setting. Visualize the way they live. How is their marriage? How do they react to their children? What kind of life do they have? Now imagine yourself at their ages in the same setting. For a few minutes imagine that you value what they do and that your life is almost identical with theirs. In what ways would you modify the outcomes of this fantasy?

Questions for Reflection and Discussion

1.   To what degree do you think children are "scripted" and then destined to live out their lives in accord with this script? Do you think children actually make decisions about the messages they receive, or do you think they accept the injunctions uncritically? How does your answer influence the manner in which you would work with a client in therapy?

2.   Consider the possibility that you might be a counselor using the TA approach. How do you think your patterns of games, rackets, and early decisions would affect the way you worked with certain clients? Using what you know of yourself, are there any individuals with whom you might have particular difficulty working? What do you think this might say about you?

3.   TA is generally a didactic and structured model of therapy. Would you be comfortable in the role of teaching along with the structuring that would be expected if you were to function within this model? What aspects of this educational model might you incorporate into your style as a counselor, even if you did not adhere to TA theory?

4.   A contract is a basic part of TA therapy. How do you think you'd proceed with a client who refused to negotiate a contract with you? How valuable do you think a contract is?

5.   What is your personal evaluation of the TA approach? Consider questions such as the following:

a.   To what clients do you think TA is best suited?

b.   What contributions of TA do you think are most significant?

c.   What are the major limitations of TA? Explain.

d.   What are the strengths and weaknesses of TA as applied to multicultural populations?

e.   What specific concepts from TA might you be most inclined to draw from in your work with clients?

WHERE TO GO FROM HERE

If you want to learn more about transactional analysis, I encourage you to take an introductory transactional analysis course. You may want to consider attending an educational workshop where you can apply TA principles in a group setting. For further information, contact:

International Transactional Analysis Association (ITAA)

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Oakland, CA 94612-2710

Telephone: (510) 625-7720

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Web site: www.itaa-net.org

TA's regulatory body, the International Transactional Analysis Association, certifies therapists who enroll in its rigorous training program. There are approximately 1,500 members in some 60 countries. TA practitioners are involved in clinical and mental health professions as well as in business, education, and industry. Certification in transactional analysis requires that the candidate pass both a written and an oral examination. Work samples are reviewed by a board of examiners to determine the therapist's level of clinical competence. Contact ITAA for further information on training and certification in transactional analysis

The *Transactional Analysis Journal* is a good source for keeping current with the developments of TA theory, clinical applications, and research. For information concerning dues for various membership classifications and for journal subscriptions, contact the ITAA office.

RECOMMENDED SUPPLEMENTARY READINGS

TA Today: A New Introduction to Transactional Analysis (Stewart & Joines, 1987) is a comprehensive text on transactional analysis theory.

Changing Lives Through Redecision Therapy (Goulding & Goulding, 1979) is the work I would recommend to a practitioner who had time to read only one book on the TA approach to group work. The authors describe their successful integration of Gestalt and behavioral techniques in their TA theoretical framework.

Scripts People Live: Transactional Analysis of Life Scripts (Steiner, 1974) is a comprehensive discussion of lifescripts that can be applied to group work.

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A CASE ILLUSTRATION: A Transactional Analyst's Perspective on Ruth* by John M. Dusay, M.D.

*This analysis originally appeared in Gerald Corey's *Case Approach to Counseling and Psychotherapy* (5th ed., 2001). John Dusay, M. D., is a psychiatrist in private practice in San Francisco. He was a protégé of Eric Berne and is a founding member and past president of the International Transactional Analysis Association. He has written and lectured extensively on transactional analysis.

Assessment of Ruth

A transaction is a stimulus from one person and a related response from another. The observation of a transaction is the basic unit for analysis, whether it occurs between therapist and patient in a dyadic setting, between husband and wife in couples therapy (or family members in family therapy), or between nonrelated clients in group psychotherapy. The psychological assessment is an ongoing process and is not separate from treatment.

After saying hello and exchanging a few informal remarks, I beckon Ruth to choose where she wants to sit in the office. She nervously hesitates and asks me where to sit (there are several different chairs and a sofa). I tell her that it's up to her. Although seemingly insignificant, this interchange is her introduction to the attitude that she has the power to choose. She looks uncomfortable, hesitates, and looks toward me for guidance, which is not forthcoming; then she cautiously sits down.

Although Ruth's behavior during the first 45 seconds may seem to be a simple nervous attempt to find a place, I intuitively know that this is a capsule presentation of her personality and is perhaps a clue to her entire life course. She is insecure in being herself and seeks approval.

She is uncomfortable in freely choosing what might be pleasant for her, even at the superficial level of finding a suitable chair. I will reassess this initial intuitive hunch throughout the course of treatment.

Transactional analysis is a contractual treatment in which client and therapist agree on the goal. "How will you know—and how will I know—when you get what you are coming here for?" is a succinct expression of the contract and will suffice for Ruth's case. The development of a contract is a means not only to attain a mutual goal but also to reveal how Ruth proceeds to set the goal. This process is very important in her evaluation.

I then tell Ruth that in this first session an important priority is to find out what she is seeking and to decide whether her goal is reasonably attainable. I tell her that she has the opportunity to find out whether she wants to work with me, and I give her permission to be candid and say whatever she wants. Some people, depending on their unique personalities, find this challenge easy to respond to. Others, like Ruth who is not accustomed to expressing what she wants, may find this simple opening difficult.

Therapist: Tell me what you're seeking.

Ruth: Dr. McCole [*The referring physician*] said that you're very good and maybe could help me.

Her statement is an attempt to portray me as a powerful helper and to represent her presence in the office as a transfer from one authority figure to another. Many other statements empowering me, or my methods, follow, such as "You must be successful" or "Transactional analysis can help me."

Therapist: Tell me what you're seeking for yourself.

Ruth [*Trying to find what she can say or do to please me*]**:** What do you want me to say?

Therapist: It's OK to say what you want for yourself.

Ruth [*Tearfully and meekly, with a bowed head*]**:** I really don't know what I want.

A direct assertion of what she wants to gain is a laborious undertaking for Ruth; it's not the nature of her personality. She is not making crisp, clear, logical assertions, like an adult, but is more like an indecisive, unsure little girl, who won't venture to say what she wants for herself. She finds it easier to tell about what she wants to go away, such as her symptoms of panic, insomnia, and obesity, than to make positive assertions. Her posture is marked by pulling in her chin and gazing upward toward me; she pulls on her dress, and her inflections end high at the end of sentences, creating an inquisitive tone. She sounds unsure as she frequently says, "You know, you know."

All transactional analysts work with ego states. I diagnose by visual observation and by listening to Ruth's tone and inflection, as well as by her verbal content, that her predominant presentation of herself is as a child, not as a grown-up. Her little-girl part is labeled her Child ego state. (When referring to ego states in transactional analysis literature, uppercase letters are used, and when referring to actual biological relationships, lowercase is used.) An ego state is defined as a cohesive system of thoughts, feelings, and related actions. Every person has a basic trio of Parent, Adult, and Child. The Parent is the expression of values, morals, and "shoulds," which are introjected from actual parents or surrogates. The Parent is observed to use a downward eye gaze, a more erect chin, finger pointing when speaking, and an "absolute" vocabulary, such as always, never, all, and none, as opposed to more Adult words, such as usually, probably, and occasionally. Although Ruth suffered under the influence of her authoritative father, she will actually speak, feel, and act toward her own children in the same way that her father and mother acted toward her. She may be surprised, when confronted about

her difficulties with her own daughter, that she is similar to her own parents. For example, when she disapproves of her daughter's wearing fashionable clothes, she is in her Parent ego state, although she infrequently expresses that state. Her Adult ego state is her logical, nonemotional, thinking state. When in her Adult ego state, she can add up her bank account (and get the correct balance), plan a menu, and perform well in school examinations. Under the stress of seeing a therapist for the first time, her Child is dominant. Under stress the most familiar, habitual part of the personality usually emerges.

The function of these basic ego states varies from one person to another. Ruth has much more energy in her Child ego state and, more specifically, in the Adapted Child function of her Child ego state. Adaptation refers to her learning how to exist with her father, how to please him, how to conform to his personality, and how to survive in her father-dominated biological family. Her mother also played an important role in her adapting to her father, as she seemed to set an example by being subservient and raising her daughter to be a good and pleasing little girl. Some children decide to rebel against authoritarian parents; Ruth chose to conform. More than 30 years later, this adapted little girl still lives in her Adapted Child ego state, as witnessed in my office. The other vital and very different function of the Child is that of freedom, autonomy, creativity, sexual pleasure, wanderlust, and growth. This is termed the Free Child ego state, and it is what every individual is born with. This ego state was severely suppressed in Ruth, so much so that she was even uncomfortable in freely choosing a chair in the therapist's office. Not only does she have different ego states, but she also has different amounts of energy in the parts. Her Adapted Child is highly charged, and her Free Child is very low in energy.

I also note that Ruth's Parent ego state, like that of all other people, has functions of both nurturing and of criticizing. She is less critical, probably because her father seems to be the critic

and keeper of the morals in the family. Her Critical Parent is low, but she is able to survive by developing the nurturing part of her Parent ego state. Ruth's unique profile of energies—low Critical Parent, higher Nurturing Parent, moderate Adult, extremely low Free Child, and very high Adapted Child—is the mosaic that is her personality.

Ego-state analysis is a fundamental consideration. At some point I will have Ruth reexamine the roots of her personality. This is most frequently done using a psychoregressive technique. I sense that Ruth is exhibiting a repetitive pattern in deciding what she wants. For example, she expresses discomfort in finding a seat, she is agitated in her attempt to form a contract, and she is afraid to advance her career out of the fear that she will provoke the wrath of her husband. I have her trace the feelings that are being expressed in the here-and-now of the consulting room back to their original source. While talking about her husband, she exhibits her telltale somatic signs: a furrowed brow, downcast chin, upward-gazing eyes, and nervously fidgeting hands.

I tell Ruth to close her eyes, and I may enhance her discomfort by pinching her already tightened brow and squeezing her hands to reinforce her discomfort.

Therapist: Say how you're feeling.

Ruth: I'm frightened. I'm afraid my husband won't let me work.

Therapist: Let those feelings go back, back in time.

With this suggestive technique she goes further and further back in time as I offer many guiding comments. I allow several minutes for her to go back all the way to childhood, if possible.

Finally, I say, "Say where you are." Ruth, in a very emotional state, has gone back to age 6, when her father discovered her playing doctor with a friend. I encourage her to be 6, to speak in the present tense as if she were 6 years old. She sobs and appears very frightened.

Ruth [*Age 6*]**:** I'm bad. I shouldn't play like this.

Therapist [*Allowing a full expression of her affect*]**:** What are you deciding about yourself?

Ruth [*Age 6*]**:** I'll never do this again.

Although this was not the only time that she displeased her father by playing, being herself, and doing natural and free things, this recall is very dramatic. She decided at the young age of 6 that she would not be free again. In essence, her father repeatedly gave her the injunction "Don't be yourself," and she agreed, at age 6, "I won't be myself." That decision is the "it," the "real problem," that, like a self-fulfilling prophecy, has determined her life course of suppressing her desires. Thirty-three years later, she is still hanging onto this childhood decision. It is now so habitual and reinforced that she believes this is just the way she is. This pattern is what transactional analysts call a script.

The process of reexperiencing those decisive childhood moments reveals the nature of the decision. A transactional analyst does not utilize regressive techniques primarily to discover information but, rather, to reopen the emotion of the learning situation for renegotiation. Ruth now has more options than when she was absolutely dependent on her physiological family for survival. This process is inspirational for Ruth, who is introduced to the notion that she is responsible for her life course and that she may actually have the power to change. The transactional analyst's assumption is that anything that has been learned can be relearned. This assessment of the script is crucial, and it is usually made during the process of psychoregression rather than by historical questioning and data gathering.

Over the years Ruth has come to believe she should please others, starting with her father when she was a little girl and culminating with a decision at age 6. From that point on she habitually proved that her self-decision was correct and reinforced it by playing psychological

games. A game is an orderly series of transactions with two levels. One is an overt social level:

Ruth: Will you treat me for my problem?

Therapist: Yes, that is my specialty.

This is an overt Adult-to-Adult transaction. The two are discussing therapist–client business. The other level is a covert psychological one:

Ruth: How can I please you?

Therapist: Treat me as God.

This game fulfills her script needs to please the authority figure and to forgo being herself. (The therapist in this example, not a transactional analyst I hope, has his or her own hidden ulterior agenda of being treated as a deity.)

The first clue to Ruth's game came when she attempted to empower me by viewing herself as weak, "What do you want me to say?" and by viewing me as strong, "Dr. McCole said you're very good." While on one level an Adult-to-Adult transaction revolved around getting treatment, she has a secret, hidden level of transaction: "How can I please you?" My needs are portrayed as more important than her needs.

Key Issues

The transactional analyst focuses on the three distinct facets of every patient in treatment—namely, the personality as revealed in the function of the ego states, the genesis of this personality as it unfolds in the script, and the lifelong reinforcing game. Like so many other innovators of the time, Eric Berne, the father of transactional analysis, was a trained Freudian analyst. From this background he developed his basic theory from an intellectual, analytic route. His major objections to psychoanalysis were that it was time consuming, complex, and poorly communicated to patients.

Transactional analysts do not apologize for being concise, and they have chalkboards in their consulting rooms. This approach is especially useful to Ruth, who seems to have a love–hate relationship with authority figures, including me as her therapist. With the concise TA symbols, she can understand what I understand—on an equal footing—allowing her to experience her own power and ability to change. Therapists, instead of being deified and hiding behind big words, share their knowledge equally.

Three diagrams will highlight Ruth's key issues. The egogram is a bar graph showing Ruth's personality functions (Figure 6). She is highly energized in the Adapted Child (AC) function and extremely low in Free Child (FC). Seeking treatment is a direct reflection of her desire to become more free and to raise this part of herself. She is also low in her Critical Parent (CP), the part that criticizes others, as she is more habitually comfortable being criticized. This function is the part that stands up for her rights and desires and that is protective of her. Her Nurturing Parent (NP) and Adult (A) functions are about average.
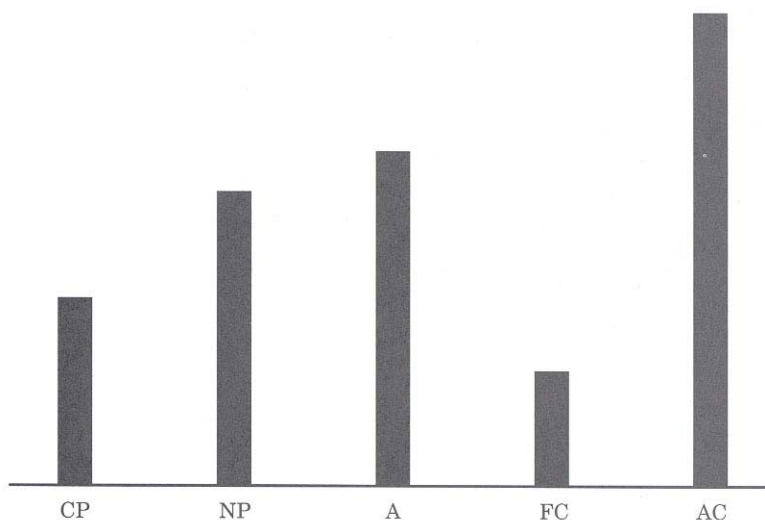

Figure 6 Ruth's Egogram

Ruth's script matrix symbolizes from where her personality arises (Figure 7). She

introjects the values and morals of her father and mother into her developing Parent ego state. But on the Child level, from the Child in her father to her own Child, she receives many thousands of injunctions, both direct statements (symbolized by a solid line) such as "Don't play like that" and indirect signs (dotted lines) such as a disapproving frown saying, "Don't be yourself." At age 6 these injunctions culminated in her script decision "I won't be myself," reflected in her resolve to please her father and snuff out the free proclivities with which she was born. Her mother reinforced this suppression by showing her how to please her father. To a 6-year-old girl, the father is the prototype of all men, and indeed she carried this decision into her marriage and through life, with male (and possibly female) authority figures.
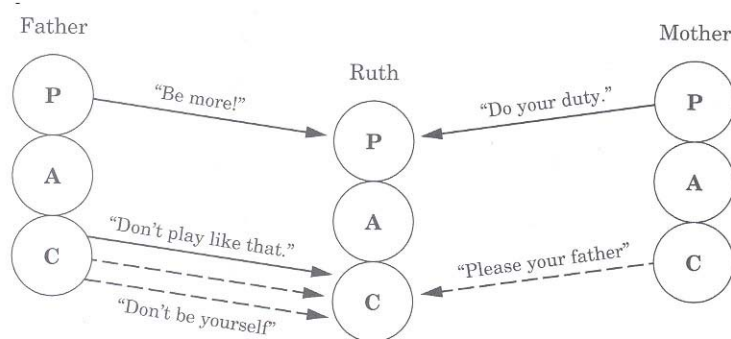
Figure 7 Ruth's Script Matrix

Although Ruth left her biological family, this learned behavior did not become extinct. She reinforced the phenomenon by playing games, as can be seen in Ruth's script game (Figure 8). She recounts how she discussed her educational goals with her husband on the Adult-to-Adult level.
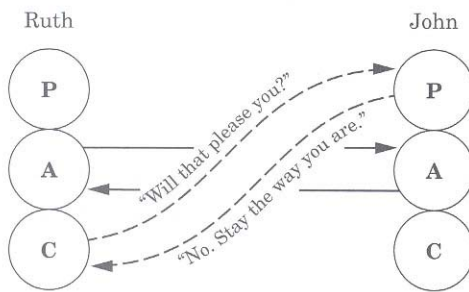
Figure 8 Ruth's Script Game

Ruth: I'd like to go to college.

John: That's fine with me.

But on the Child-to-Parent level she transacts in a hidden way.

Ruth: Will that please you?

John: No, stay the way you are.

Both Ruth and John might deny the existence of the hidden level if I saw them as a couple. She might glance at him and seek approval, and he might look disgusted when she talked about being absent from the home.

Therapeutic Techniques

Transactional analysis has two major advantages as a psychotherapeutic approach. First, there is a complete, crisp, and easily communicated theory of personality; and second, because of this solid foundation, the therapist is free to develop an innovative style of treatment utilizing his or her own strengths. Although Berne's treatment style was reminiscent of that of an intellectual analyst of the 1950s, his theories were greatly influenced by the evolving human-potential movement, especially in northern California, where he practiced in the 1960s. Following his death in 1970, these influences were rapidly incorporated into techniques for doing transactional

analysis. Nowhere was this more evident than through the work of the late Robert Goulding and

Mary Goulding at the Western Institute for Group and Family Therapy in Mt. Madonna,

California. They married Berne's transactional analysis with the techniques of Fritz Perls's

Gestalt therapy, along with others, and developed redecision therapy. This has been the

predominant and major advance in transactional analysis since Berne.

Observing trained transactional analysts in action, you may see treatment styles ranging

from a more "intellectual" cognitive approach to a highly emotive "feeling" display. At different

times you may observe the transactional analyst using techniques such as hypnosis,

psychodrama, and role playing. The same therapist may later be seen standing at a chalkboard

offering a cognitive review that is so specific that the process and problems are actually being

diagrammed with circles, arrows, and bar graphs. To a transactional analyst, this apparent

intellectual–emotional dichotomy is melded into a cohesive system in which neither thinking nor

feeling is discounted or exalted as the primary vehicle.

Ruth's treatment began when she first contacted me. Her game of "How can I please

you?" in which she had great difficulty stating what she wanted for herself, was gently but

consistently confronted. When she became very emotional in discussing what pleased her

husband, I initiated a redecision model. I asked her to close her eyes and trace the "bad" feelings

back into her past. She regressed to the incident at age 6 when she was discovered having fun in

normal childhood sex play—in essence, being herself—and was abruptly shocked by her

disapproving, critical father. "I will never play again" ("I will not be myself") became her

resolve.

I intervene by placing an empty chair in front of Ruth. When her sobbing subsides, I ask

her to come and sit in this other (curative) chair. As I direct her to the "cure chair," I gently

massage her tense shoulders, stroking her in a nurturing manner, unlike the pinching of her brow

earlier to enhance the bad feelings.

Therapist: Take care of the little girl who is so sad.

Ruth [*Cure chair*]**:** Why are you so sad?

Therapist: Switch back and respond.

Ruth [*Script chair*]**:** I have disappointed my father.

Therapist: Switch back.

Ruth [*Cure chair, sobbing again*]**:** It's hard to please him. You must feel bad.

After a few of these switches I observe that Ruth seems to be getting nowhere; she is at an

impasse. She seems unable to overcome the negative feelings of her Adapted Child, and she has

actually slipped into an Adapted Child state while sitting in the curative chair. This,

unfortunately, reinforces the bad-feeling script state, and therefore I am quick to intervene. I do

so by having her sit in another chair placed perpendicular to the script chair and the cure chair.

She is then directed to comment on the process. This immediately allows her to cathect her

observing Adult ego state. She says, "I was sad in both chairs, like the blind leading the blind."

The TA therapist is like a consultant. Ruth and I have an Adult-to-Adult conversation.

This is the technique to resolve the impasse. We may decide that she needs some practice in

having fun, dancing, writing poetry, taking part in sexual counseling, or the like, by which she

can raise the energy in her Free Child ego state.

After weeks or, sometimes, a few months of treatment focused on strengthening weaker

ego states, she may reapproach the redecision model. In the curative chair she may spiritedly tell

the Adapted Child: "To hell with your father! Do what you want to do."

When she switches back to the original chair she responds: "That feels good—to hell

with him and with my husband, too, if he wants to be a fuddy-duddy."

Then she is cured! Cure means that she has redecided her script: she is not here to please her father, her husband, me, or anyone else. From a personality standpoint, her Free Child has gained energy relative to her Adapted Child, and she will no longer look for how she can please others. Her habitual game has abated.

There is rarely a dramatic redecision in the first attempt. But by separating ego states, opposing the forces against each other, and strengthening the weaker growth forces, client and therapist can achieve at least gradual results and, occasionally, dramatic breakthroughs. The cure is in the process itself. Note that though the transactional analyst is quite active in structuring the session, is an active catalyst for the redecision, and confronts impasses (slippages into the Adapted ego state), the client does all of the actual work. The patient has the power to change negative childhood decisions and does so by developing them using more positive ego-state forces. The use of multiple chairs is similar to J. L. Moreno's pioneering psychodrama, done as early as 1924 in Vienna. What happens in the different chairs is that Ruth is able to utilize different forces that were always present in her head.

A final note is that John may be invited to couples therapy and may be able to have a deeper understanding of why Ruth seems rebellious toward him as she participates in her regressions and exposes her childhood decision. He is able to recognize that the problem started long before he even met her. He may also explore why he is so afraid of letting go of his tendency to control by tracing his own "fear of abandonment" back to his own childhood. Transactional analysts frequently encourage joint sessions for couples therapy, and Ruth and John can become allies rather than adversaries in a different, but growing, marriage.