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# Treatment of the I+U? and I-U? Life Positions

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## Abstract

With the elucidation of the life positions of "I'm OK, You're Irrelevant" (I+U?) and "I'm not-OK, You're Irrelevant" (I-U?) by White (1994), a new direction or focus of treatment is opened up. The purpose of this article is to examine some of the treatment options that are provided by looking at psychopathology in the way these life positions do.

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## Features of the I+U? and I-U? Positions

The personality types or adaptations that fit with these two life positions have been previously described by Ware (1983) and by the DSM-IV (American Psychiatric Association, 1994). They include the hysteric, borderline, antisocial, narcissistic, and dependent personality disorders. There are many causes of these personality adaptations, so it is not suggested that they all come under the scope of the I+U? ("I'm OK, You're Irrelevant") or I-U? ("I'm not-OK, You're Irrelevant") life positions. For instance, many an antisocial can be I-U-- ("I'm not-OK, but You're Worse") or I-U?. In addition, other personality types can also show features of the I+U? and I-U? life positions. However, the five just mentioned especially highlight the respective traits of the two life positions under discussion. In particular, narcissists, antisocials, and hysterics show features of the I+U? position. Indeed, Zagon (1995) reported that recent research shows a positive correlation between antisocials, narcissists, and hysterics, particularly when you remove the aggressive antisocial behavior. That is, the personality structure, thoughts, and feelings are similar. This is particularly so for the narcissist and the antisocial. Alternatively, many borderlines and dependent personalities show features of the I-U? position.

Some of the features of these five personality types that would indicate their inclusion in either the I+U? or I-U? positions are described in the following excerpts from the DSM-IV (American Psychiatric Association, 1994):

- Narcissist: "lack of sensitivity to the wants and needs of others ... a lack of empathy and have difficulty recognizing the desires, subjective, experiences, and feelings of others.... They assume that others are totally concerned about their welfare." Those who relate to

such individuals "find an emotional coldness and lack of reciprocal interest" (p. 659).

- Hysteric: "Emotional expression may be shallow and rapidly shifting.... Emotions often seem to be turned on and off too quickly to be deeply felt, which may lead others to accuse the individual of faking these feelings ... high degree of suggestibility... easily influenced by others and by current fads ... consider relationships more intimate than they actually are ... difficulty achieving emotional intimacy" (pp. 655-656).
- Antisocial: "disregard for, and violation of, the rights of others ... little remorse for the consequences of their acts ... frequently lack empathy ... superficial charm ... history of many sexual partners and may have never sustained a monogamous relationship ... irresponsible as parents, as evidenced by malnutrition of a child" (pp. 645-647).
- Borderline: "instability of interpersonal relationships, self-image, and affects ... frantic efforts to avoid real or imagined abandonment ... profound changes in self-image ... identity disturbance characterized by markedly and persistently unstable self-image or sense of self" (pp. 650-651).
- Dependent: "clinging behavior and fears of separation ... self-perception of being unable to function adequately without the help of others ... unable to function alone.... Their need to maintain an important bond will often result in unbalanced or distorted relationships.... When a close relationship ends ... may urgently seek another relationship" (pp. 665-666).

These symptoms can occur in adults who have difficulty with their personal boundaries. Their understanding of self and others is poor. The notion of feeling like a separate individual who can develop attachments or become detached from others is foreign to these people. Borderline and dependent individuals have such poor identity development that they have to "rent" someone else's as their own. In such cases the borderline or dependent does not really fear being abandoned by someone else, but fears losing part of his or her self, like having one's arm ripped off.

The other three--narcissistic, hysteric, and antisocial--do not incorporate others as part of the self, but fail to become involved emotionally with others. So the irrelevance is maintained by either incorporating the other as part of the self or by simply not emotionally noticing they are there.

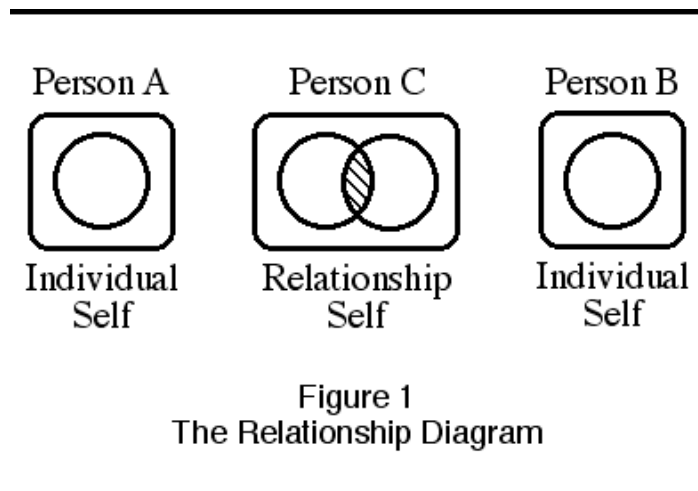
In those cases in which the personality type results from boundary problems, it would seem important that treatment should be able to provide a clear understanding of boundaries and how they work. This allows the first step in treatment (i.e., awareness) to be achieved.

## **The Relationship Model**

Fortunately, a simple model of relationships is already at hand. I recommend the three-part relationship diagram that I originally presented in 1984. This concept came from the work of Zimbardo (1977), Perls (1970) in his work on confluence, and James and Savary (1977).

These writers all noted that when two people become close a confluence develops between them, and thus the couple becomes an entity in itself.

The idea of there being three parts to a relationship of only two people is shown in Figure 1, the relationship diagram.



When two people meet for the first time, they each only have an individual self. No relationship self exists between them. That takes time to develop. When it does develop, the identities of the two people begin to become confused. The individuals start to lose a sense of their own boundaries of self.

When in this state the two parties can almost read each other's minds. They can almost feel for the other person. We have all heard a mother say, "I could feel Johnny's pain when he grazed his knee." In fact, the mother-child relationship self is the strongest and most highly developed of any type of relationship self.

Another example of this fusion of identities comes from the psychiatric condition known as the Couvade syndrome (Trethowan & Colon, 1965). It has been found that about 11 percent of all expectant fathers exhibit symptoms during the wife's pregnancy which are similar in nature to the symptoms of pregnancy. These symptoms, however, have no physical basis; rather, they are psychologically generated. In the research to date, it has been found that some of the men complained of "labor pains" during the wife's pregnancy. These may consist of a pressure sensation in the pelvis and tightness in the abdomen. Others report feeling nausea and vomiting in relation to morning sickness, while cases of breast discomfort have occurred during the wife's lactation periods.

More often than not these men had backgrounds in which they were overly attached to their mothers. Consequently, they became overly attached to their wives, to such a degree that they experienced the same physical sensations that their wives were feeling. Their identities had become excessively fused. In each case the husband could not separate, or draw back into his individual self where he would have a strong sense of his own identity.

Each individual self and each relationship self is a discrete entity in its own right and has a personality of its own. The personality of the relationship self may be quite different from the two individual self personalities. A common example of this is found at those horrendous hominid gatherings called office parties. In the everyday work situation, each person will display the personality of her or his individual self. Yet come Christmas, we see our coworkers with their spouses, and some of them behave quite differently. At the office party our coworkers are with their respective "other halves," and as a consequence they are displaying their relationship-self personality. Sometimes these will be similar to the individual-self personality and at other times they will be quite dissimilar.

## Relationship Types

A healthy relationship exists when two conditions are met. First, the personality of the relationship self must be of an OK nature. In a domestic violence situation the nature of the relationship self is mostly hamartic, while in other situations it is healthy. Effective ego states are used and few games are played in healthy relationships.

Second, both parties move freely between the relationship self and the respective individual selves (see Figure 2).

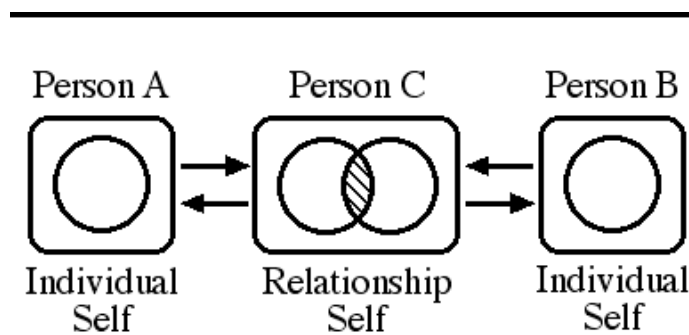


Figure 2  
The Healthy Relationship

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Romance novels give the impression that in a good relationship the couple sit around and gaze into each other's eyes and say how much they feel in love. This is not a healthy relationship because it represents the two people only being in the relationship self and not in the individual self. In a healthy relationship at times both people are in the relationship self, and in other instances they are separate and doing individual things.

Gobes (1985) mentions how Bronowski (1973), in his well-known book the *Ascent of Man*, described human beings as "social solitaries" (p. 411). Each of us is an individual in his or her own right with his or her own thoughts, feelings, and need for independence. At the same time we are social creatures with a hunger for stimulation and recognition from others. The healthy relationship is one in which both parties move in and out of being social at some times and

solitary at others. Relatively free movement from the individual self to the relationship self and out again is the desirable situation.

## Two Levels of Attachment

The relationship as shown in Figure 2 confuses two levels of attachment. To explain this I refer to my earlier work (White, 1994), in which I separated out surface, minute-by-minute relating from the deeper, more permanent, character level of relating (see Figure 3). Human beings experience surface-level attachment or confluence and character-level attachment. Human contact is made in two distinct ways or at two distinct levels.

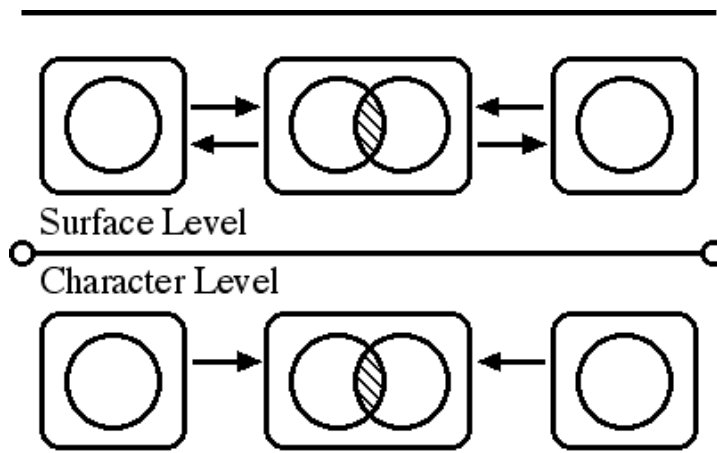


Figure 3  
The Expanded Relationship Diagram

To further explain this, consider Perls's (1969) comment in his autobiography: "I have no extremes of relating. I don't kill and I don't sell out to a single marriage situation. I have floating relationships, from the all-too-frequent kisses to loyalties of long standing" (p. 100).

The distinction I am making is similar to the one made by Perls. People can relate in a floating type of way, which I would call a surface level of contact. Alternatively, people can have a commitment to one another, such as a long-standing loyalty. In the latter--the character level of attachment--the sense of identity of the two people become fused.

Perls's comment in his autobiography is a clear statement of the surface level of attachment. When Gestaltists talk about contact, it seems that this is the type of relating to which they are usually referring--in which a person can float in and out of contact with another. If one feels affectionate and warm then one is drawn into the relationship self at the surface level. If one feels smothered, frightened, or angry, then there will be a withdrawal back from contact into the individual self. At the character level such floating in and out is not possible. One's basic sense of self cannot change rapidly. At this level the two basic identities become one, as is the case in instances of Couvade syndrome.

While at the surface level it is possible to have many people with whom one can form such an attachment, this is not true for character attachments. With character attachments it is only possible to have a maximum of three or four at any one time. Each day at the surface level people move in and out of the relationship self many times. This cannot happen at the character level. At this level there are two states that are at least semipermanent (see Figure 4).

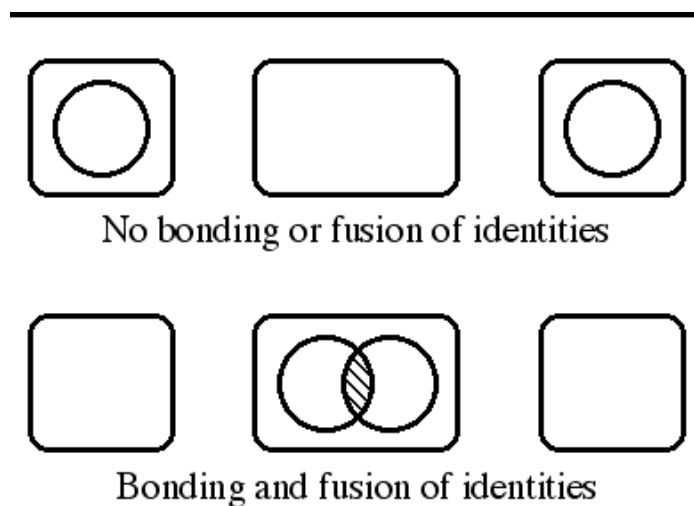


Figure 4  
Character-Level States

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The states shown in Figure 4 cannot change rapidly. Getting into the character relationship self requires affectionate feelings that persist over time. This is what is commonly called a loving relationship. After successive and repeated contact at the surface level, there is a slow moving into the relationship self at the character level. This particularly happens when relationships are going through what is known as the honeymoon period: that initial period in relationships that is marked by intense affectionate feelings and both parties want to spend a good deal of time together. Thus, there is a great deal of contact at the surface level which results in bonding at the character level.

### **Treatment Implications**

As mentioned earlier, the prominent feature of I+U? and I-U? personalities is the lack of boundaries or acknowledgment of the other person. These individuals do not understand that there are other people in the world who are discrete, separate beings. With the symbiotic-psychotic type of schizophrenic this is obvious, particularly in the active, florid stage and at the end of the prodromal phase. The other clear example of this life position is autism.

This article, however, concentrates on individuals who are less severely disturbed but who also display these life positions: the antisocial, narcissistic, hysteric, dependent, and borderline personality types. While these individuals are not psychotic--that is, they understand that there

are others in the world--their understanding or feeling about others is delusional. Their sense of self is such that others are not experienced as separate beings or registered as relevant. Examples of this sense of self are described in the following sections; they represent a list of symptoms that need to be dealt with in therapy.

## **Specific Confrontations of the Irrelevance of Others**

Symptoms that need to be confronted during treatment include:

1. *Ideas of reference*. Beliefs that others are behaving in a way that is due to how the individual is. Examples: The boss put out new memos and organizational structures based on what the individual once said at a meeting eight months ago; an old girlfriend buys a new car so as to impress a man to get him back.
2. *Grandiose beliefs of personal omnipotence*. Examples: "I cause others to think and feel things," "I will make this relationship work or not; the other party has no control," "I stopped her loving me because I changed my attitude," "I make others want me because of my looks."
3. *Magical thinking related to omnipotence*. Examples: "I can feel others' feelings," "I know what others are thinking even if they do not tell me."
4. *Megalomaniacal beliefs*. Examples: "I know the formula for romance novels so I will send in a manuscript and my series of books will be a great success," "I have invented a new board game that will be bigger than Monopoly."
5. *Lack of empathy*. Examples: "The insurance company pays for the goods so she will not mind that I broke into her house," "He used to look at other women so he will not be upset about me cheating on him."

These examples show how these two life positions can manifest themselves without being psychotic. They all suggest the notion of self as the center and others as irrelevant. When clients express such beliefs it is necessary to bring them to their awareness and confront them by whatever means is appropriate.

## **Transferential Goals in Treatment**

Besides the specific confrontations just mentioned, the therapist must establish a therapeutic alliance that will benefit the client. This is particularly important with these individuals, and it is probably more difficult with these cases than with most others.

For example, the I+U? life position includes the three personality types of the narcissist, hysteric, and some types of the antisocial. As shown before, the literature describes that these people focus on the self, with little interest in others unless they can receive gain from it. They also exhibit a lack of empathy, which comes from an inability to empathize rather than a choice

not to. These people fail to develop a character-level relationship self. Also, in these types there is little sign of self-mutilation, self-denigration, and so on. The exceptions are some antisocials, who do show such behaviors and thus they are more likely to fit into the I-U? life position.

With these three types, the primary goal is to help them to form a character-level relationship self with the therapist. They need to "emotionally notice" the therapist. This is something they will have great difficulty doing and may be most resistant to. Often they can be very adept at moving at the surface level from the individual self to the relationship self and back. This can lead others to believe there is a relationship of some depth when in fact this is not the case. The "silver tongue" or con man can portray himself as falling in love with a woman so she believes he is. Later, he disappears with her money, with no sense of loss at the ending of the relationship.

The initial therapeutic goal in such cases is for the client to become aware of character- and surface-level bonding, what each is, and how each works. This is commonly met with considerable interest: "What is this thing I have been missing out on?" is often the person's thought. For example, Bill, who was diagnosed as a narcissistic personality type stated, "It is like you are telling me there is this great new ice cream that I have never tasted, and I want some."

The therapist needs to do some selling at this point. Narcissists, hysterics, and antisocials usually do not expend energy unless they see direct personal gain resulting from it. As Bill stated at a later point in treatment, "If I do not know what I am missing out on, then I am not missing out. So why bother with this attachment stuff?"

With no character-level relationship self, these people are missing out on something truly unique, something that can make them feel better than drugs or alcohol can. In-depth intimacy and in-depth affection comes from this level of attachment. This is something that most of these individuals have not experienced for a long time, if ever.

The therapist needs to do the "selling" by establishing the basis of the therapeutic relationship. First there needs to be a caring and protective attitude established by the therapist. With these individuals, one also needs to establish another quality in the therapeutic alliance, something similar to what I (White, 1987) suggested in the treatment of the Demon subpersonality. This is also similar to what Woods (1980) and Samenow (1980) suggested in treating the antisocial. Samenow wrote, "My attitude toward the antisocial is that it's his life which I can offer him help with in changing. He can take it or leave it" (p. 251). He said that the therapist must remain detached and dedicated to the task and be like a bloodhound in seeing the undertaking through. It is necessary to be confrontational without being degrading or dehumanizing.

I agree with all of this except the detached part. I suggest active action be taken in setting up a therapeutic transference relationship in these cases. The bases suggested are those mentioned in my earlier work (White, 1987):

1. You, the client, can leave any time you wish. I offer no promises or guarantees.



2. I know that I can never change you, and that you can outwit and con me. If you do, I do not win or lose.
3. I will not fight you or push you away. I agree to be here if you wish to come along and this is for certain.
4. I will not suggest you get integrated, controlled, or taken charge of. I will (am) laying my cards on the table and will relate to you straight down the line. You interest me and I have met others like you, and you can read about it in this paper if you wish.
5. I wish to meet with you and talk with you when you want. If you do not want that, I will not come looking for you. I will not spend my time with "catch me if you can."
6. I respect you and all the power you possess in our relationship.

These conditions need to be stated with caution depending on the internal strength of the client. They are meant to be firm and clear and they *must* be followed through. They must not be delivered in a way that denigrates the client.

Without these conditions, therapy in these cases will tend to get unclear and negatively symbiotic. Difficulties will occur with dependency and the positive transference, and treatment may be extended for long periods when it does not have to be. The therapist will remain just one more irrelevancy in the person's life.

To work from this basis makes the therapist stand out in the mind of such an individual, which is the first crucial step in developing a character-level relationship self. If at some point the therapist is not clear and straight in the manner just described, then such a relationship self is not established. The therapist will merely become another person who is experienced by the client as a "thing" in the environment. Hence the "You're irrelevant" is reinforced, as will be the case with nondirective and purely nurturing therapies.

As stated before, these six points must go along with the protective, nurturing, and caring aspects of treatment. The two must coexist side-by-side in treatment, and if the therapist is not relating with his or her Nurturing Parent, then countertransference issues should certainly be considered. The other possibility also applies as well. If a therapist is only using nurturing and caring in the treatment and not confrontation, then the effectiveness of treatment must be questioned, as indeed must be the therapist's countertransference issues.

Once the therapist stands out, he or she starts to become identified as a separate entity. Further options can then be employed so the therapist can have some importance in these people's lives. Other techniques for creating this include:

- *Copy the therapist.* The client contracts to copy the therapist's behavior directly. This is practiced regularly in the client's day-to-day living and is actively acknowledged as copying the therapist.

- *Think about the therapist each day.* Contracts are made for the client to think about the therapist and the therapy sessions each day. Again this focuses the client on acknowledging another person. Sometimes these clients can do "out of sight, out of mind." The therapy is forgotten from the time the last session ends until the next session starts. Using this technique makes it more difficult for the client to keep the therapist irrelevant.
- *Phone the therapist.* This is an extension of the previous technique. In hearing the therapist's voice in a phone conversation, it is much harder to keep him or her irrelevant.
- *See only one therapist.* These clients have a tendency to see a number of therapists at the same time, that is, to set up the situation so people have little impact on them. Having a few therapists at the same time can achieve this, so it is important to work with these clients only if they agree not to see other therapists.
- *Any other technique or process that "forces" the client to emotionally recognize the therapist.*

In this approach the therapist becomes a central figure in the person's everyday life, which is what is supposed to happen in childhood and is how a sense of others develops. The dangerous side is that all this is fairly narcissistic for the therapist, as it is for parents. Children see parents as "wonder woman" or "superman," a person who can do no wrong and someone who is imbued with great power. The same sort of situation is being suggested here between client and therapist. The therapist needs to be able to personally handle this, just as parents must be able to.

The transference goals for the borderline and dependent in the I-U? life position are different because others are over-incorporated rather than under-incorporated into self.

I once saw a book on the borderline personality titled, *I Hate You, Don't Leave Me*. This describes what is happening in the relationship diagram. On the one hand there is a strong desire to be in the relationship self at both levels and also a concomitant dread of it. Simultaneously there is strong desire to "leave" and be in only the individual self, but there is dread of this also. Strong desires to be attached and detached at the same time lead to the marked instability in the borderline's relationships.

In these cases it is not necessary to make an emotional impact on the client. This happens swiftly with the borderline and dependent. Instead, the therapist needs to be like a rock. Through the therapist's stability the borderline develops a sense of other in the character-level relationship self. The borderline is dramatic, volatile, and acting out to make the therapist malleable. This must be resisted; the therapist must remain solid and thus come to be seen as a discrete entity. Highlighting the individual self part of the relationship diagram is useful for the borderline. Regularly indicating differences between the therapist and the client and drawing a boundary on the floor between the two are other specific techniques that complement the therapeutic alliance.

With the dependent, these two techniques are also useful, but the need to be solid is not as important. The goal is to avoid taking over for the client; shifting responsibility back to the client and self-esteem exercises are useful techniques.

## **Other Common Treatment Issues**

*Diffuse anger:* Some of the individuals from these two life positions display what can be called diffuse anger, that is, anger that is not directional. Often this type of anger is displayed by young children who, when they get very angry or frustrated, may lash out in a multitude of directions, including at others, things, and themselves.

This explains some situations in which individuals go into busy areas and start shooting, randomly killing others and finally themselves. Some murder-suicides may also have their genesis in this kind of anger. Such individuals have not learned to identify the source of their fury, nor do they know how to express it at the source, so it is randomly expressed.

The treatment goals are clear in such cases: assist the individual in understanding the source of his or her anger both historically and in the present. Then, using various forms of anger work, teach the person how to express it at the source in an appropriate manner. Such individuals need to do "directional" anger work.

*Negative transference:* In addition to difficulties with anger, problems with negative transference can be rife with these individuals. The client has hostile, negative, and resentful feelings in reaction to the therapist. These feelings are most useful in dealing with attachment and detachment at both the surface and character levels. Furthermore, they are of much importance with the dependent personality type. These individuals see others as being overpowering and are incapable of maintaining a sense of self and other.

Encouraging these clients to feel and to express their hostility directly to the therapist is most useful. It empowers the client in the relationship with the therapist, which keeps dependency feelings in perspective. It also facilitates detachment at the surface level and hence marginally at the character level, which is what dependent personality types require. They get overly attached at the character level. They need boundaries to be established at this level. They also view the other as being always right, and negative transference feelings toward the therapist halts this.

Therefore, the two uses of anger and negative transference are: (1) they allow separation and boundary formation and thus have a key role in the treatment of the I-U? and I+U? life positions; (2) they raise self-esteem when expressed directly at a figure who is imbued with power and authority.

## **Conclusion**

The life positions of I+U? and I-U? lead to two alternate forms of psychopathology: one in which the individual fails to "notice" the other and a second in which others are incorporated to such an extent that they "become" part of the individual. The character-level relationship self is

the central focus of treatment. It is here that the client learns that others do exist as separate entities.

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