

Comment on Stark's three types of psychology Tony White

Martha Stark's (1999) book *Modes of Therapeutic Action*, has drawn much interest. This brief comment seeks to use ego states to explain her three modes of psychology or psychotherapy and then examine some of the difficulties with the two person psychotherapy.

Three types of psychology (psychotherapy)

One person psychotherapy. Therapist does not enter the therapeutic field. The therapist focusses on insight and knowledge of the client. Tends to use Adult to Adult transactions to increase the awareness of the client. Typical of Classical Transactional Analysis and the analysis of games, scripts and so forth. The therapeutic field is where the change is seen to occur. It is the region where the actual therapy is seen to occur or how the theory defines the pathology and the cure of the psychotherapy.

One and a half person psychotherapy. The therapist does enter the therapeutic field of the client but does not become part of the therapeutic field. This could be seen as the type of therapy suggested by Erskine. The use of empathy and attunement by the therapist allows the client to experience the therapist as a real person. However the change is seen to occur in the client and not in the therapist. The therapist is not transformed by the therapeutic encounter.

Two person psychotherapy. The therapist fully moves into the therapeutic relationship with the client which can be found in an approach like Relational Transactional Analysis. The therapist is as much part of the therapeutic field as is the client. Significant self disclosure of unconscious material by the therapist must happen for this approach to be used. Therapy is seen to cure not by insight but by the interaction between the client and the therapist. Both can be transformed by the therapeutic encounter.

Figure 1 provides a diagrammatic representation of these three types using ego states.

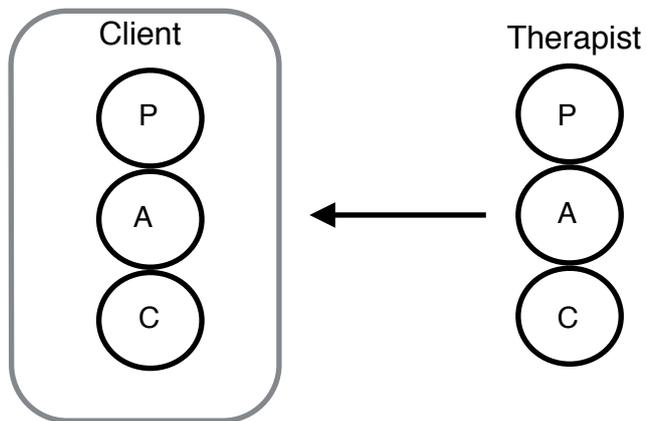
The topic of self disclosure by the therapist in the two person psychotherapy has been a hotly debated topic for many years. It seems firstly necessary to define the alternate types of self disclosure.

Self disclosure

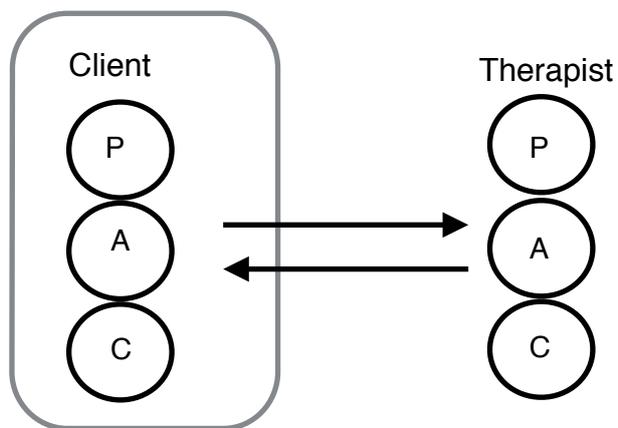
Three types of self disclosure by a therapist to the client

Adult information - about the therapist's life current and past. Facts about things such as marital status, children, where they may have been, schools and so forth. This type of self disclosure can occur in the one and half person approach and maybe even the one person approach.

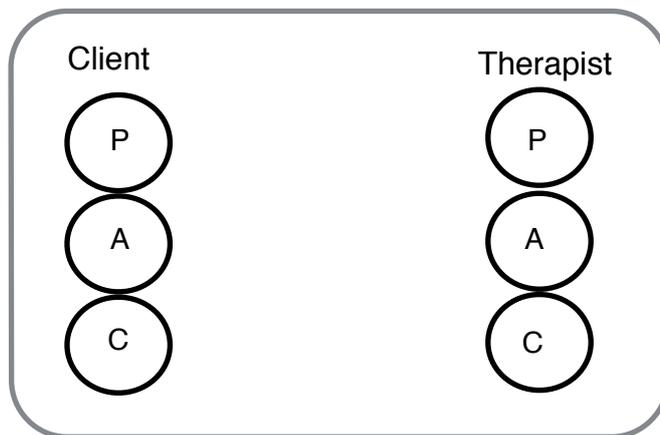
Child feelings. The therapist discloses their feeling reactions to the client. This is central to the two person approach particularly when addressing possible enactments in the therapy or relationship ruptures in the client therapist relationship. It is often unconscious material that the therapist slowly becomes aware of in self. As it arises the therapist discloses this to the client.



One person psychotherapy, Therapist does not enter the therapeutic field



One and a half person psychotherapy, Therapist enters the therapeutic field in a limited way.



Two person psychotherapy, Therapist fully enters the therapeutic field and their own transformation and unconscious material is seen as a crucial element in therapeutic success.

Figure 1.

Non verbal self disclosure. Mentioned by Ray Little (2016) who discussed the therapist who is emotionally reacting to a client's story with the emotion shown in the face and body language. The client observes that reaction and makes some kind of interpretation and hence we have the self disclosure without actually saying anything. One would need to be careful with this type of self disclosure because it involves a level of mind reading by the client. The client will put words or meaning to the facial expressions and body language that will be accurate in varying degrees. Some may be very accurate and some may be quite inaccurate.

Consequences of self disclosure

The book by Stark (1999) and many other articles written on the two person psychology approach (Kirman (1998), Shadbolt (2012), Cook (2012) & Stuthridge (2015)) are written by therapists for therapists. Vast majority of clients are not therapists and have very little interest in ever becoming a therapist so what might some of their reactions be to self disclosures by therapists. These disclosures most often come when there is an enactment between the client and therapist or some kind of rupture in the therapeutic relationship, or this is the context I will be discussing here for the self disclosures by the therapist. Much of it involves the therapist disclosing their own counter transference thoughts and feelings.

Some argue this will establish a more egalitarian relationship between the client and therapist and demystify the analyst's authority, Kirman (1998). Is this a good thing? Is this what we in Transactional Analysis call the therapist's potency. The more egalitarian the less potency projected onto the therapist by the client. For a therapist to be perceived as having a therapeutic potency they must to some extent be seen as an authority figure and the relationship as non egalitarian.

This kind of self disclosure by the therapist questions the whole definition of psychotherapy. Can psychotherapy exist in an equal relationship between therapist and client. Can psychotherapy exist if there is little perception of the therapist being an authority figure. If it cannot then one would ask if approaches such as Relational Transactional Analysis are even psychotherapy. If one seeks them to be then one would be considering changing the definition of what psychotherapy entails. Or at least what the psychotherapeutic relationship entails. It is the complete antithesis of the medical model. Where one person goes to another person who is seen as an expert, more knowledgeable and is perceived to have a "potency". The more egalitarian it becomes the less transference reactions one assumes would happen.

Case examples

Little(2016) in his case study of Gertrude reports her telling a very disturbing early life story with mother. He reports feeling horror and revulsion in reaction to her recounting the events. Little didn't state so to the client but reports she noticed he was having a reaction. Is it therapeutic or counter therapeutic for a therapist to tell the client of such counter transference reactions? Horror and revulsion are very strong feelings. In therapy clients can have all sorts of feelings from little ones to very big ones like horror and revulsion. Can a therapist report to a client they are experiencing horror and revulsion in reaction to what they are saying. My personal view is therapists can have little feelings in therapy not big ones which I assume means I would not agree with using a two person relational approach in these circumstances. It would be seen as counter therapeutic. The feelings of the therapist would be too destabilising for at least some clients.

Another good example is provided by Shadbolt(2012) who cites a case study of a female client where a rupture in the therapy relationship occurred. Due to a previous mix up of

appointment times, feelings in the therapist fostered for a period of time until eventually the therapist stated to the client, "I am aware of feeling afraid in our sessions.." with emotion on her face "...since the mix up in appointments."(p15). Then the client "...rose from her chair after what seemed a long time and came towards me with her arms outstretched. She gathered me in her arms and drew me to her." (p15). The client then stated, "I hope I haven't been the cause of that," and "It was nothing, nothing at all."(p15).

This seemed to be a good way to resolve the rupture at that time. However I would suggest that a significant group of clients from that point in time would seek to protect the therapist's feelings. We have all heard people say, "I didn't tell mother about that because I knew she would worry." Even if the therapist openly asked the client not to look after the therapist's feelings a sizeable group would, even if at an unconscious level. Part of this is as much for self preservation of the client as it is for the therapists benefit. People don't want their protective parent figures in a state of emotional unrest. It doesn't feel safe to have that happen. Again if it's just a little feeling it's usually alright but big feelings in the parent or transference figure will usually leave the dependent or child figure feeling unsafe and insecure. Thus to my mind the two person approach has significant limitations in this way. Reporting counter transference emotional reactions to the client can lead to a self censorship by the client in the future so as to protect self and the therapist's feelings.

Usability of two person approach

One person and one and a half person approaches are usually applicable and usable in a wide variety of therapeutic scenarios. In private practice, hospitals, government funded therapy agencies and so forth. For a two person psychology approach you need long term non goal directed exploratory therapy to be permitted. It requires waiting for the therapist's deep unconscious material to arise, for them to become aware of it and for them to disclose it in therapy. Governments, hospitals and NGOs (non government organisations) usually wont pay for this type of psychotherapy as it is far too expensive. Especially when they can look next door and see short term solution focussed therapies that can provide statistically verifiable positive outcomes.

Conclusion

This comment has seen to explain Martha Stark's model of the three types of psychology in ego state terms. Then it provides an examination of some of the difficulties one can have with the two person psychology such as with self disclosure and it relevance in a wide variety of therapeutic forums.

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