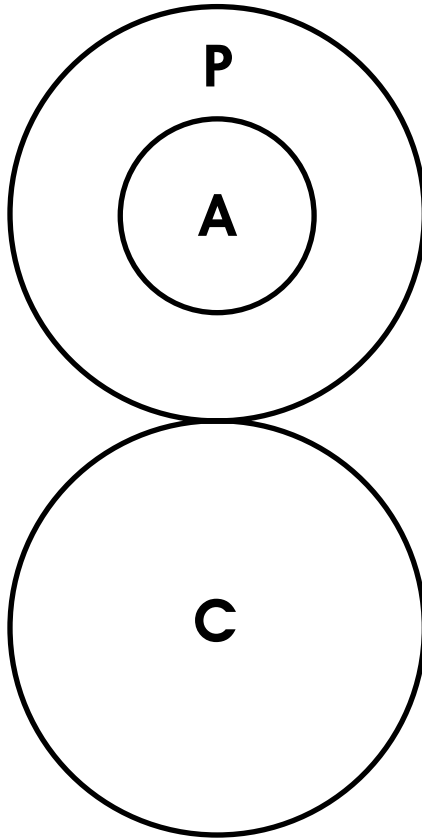


NEW WAYS IN TRANSACTIONAL ANALYSIS



Tony White

**Proceedings of the
Loftus Street Seminar**

Volume 1

NEW WAYS IN
TRANSACTIONAL ANALYSIS

by
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New Ways in Transactional Analysis

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PREFACE

This compilation of papers stems from a series of lectures given by Tony White at the Loftus Street Seminar. The section titled 'Proceedings' is roughly sequential in nature beginning with a reassessment of ego state structure, and then leads onto an analysis of relationships. This is followed by a paper on script analysis, which directs us to the final papers on therapeutic applications. Also included is a section titled 'Psychology of Science', and this is seen as crucial to this volume. Any theory which does not clearly state the premises on which it is based, the methods of inquiry employed, and the philosophy of knowledge that it subscribes to, must be considered a weak theory. For without these, the polarization of different theoretical standpoints is unavoidable, and over time and different disciplines, it must inevitably lead to the conclusion that science is no longer a valid way of communicating knowledge.

Regarding acknowledgement, thanks must firstly go to my parents, who have not only been my parents but have also been my supervisors, my colleagues, and more recently my friends. Thanks also go to some of the regular attenders of the Loftus Street Seminar; those being Diana Boronovskis, Jan Coleman, Beth Duncan, Pifa Derham, Lorraine Meyers, Diana Mollett, Kathy Rock and Suzie Smith. Finally, I would like to thank my patients, who have honoured me with their trust and confidence, and without whom none of this would have been possible.

PROCEEDINGS

THE TWO EGO STATE MODEL

ABSTRACT

This paper examines the structural distinctions made in contemporary ego state theory. Freud (1900) consciously avoided placing boundaries between the superego, ego and id, whilst Berne openly attacked the problem of concretely delineating the three psychic subsystems. As will become obvious, descriptively Berne achieved success, yet structurally he had major problems.

INTRODUCTION

Ernst (1971) believes Eric Berne's most significant contribution to psychotherapy was the delineation he made between the Parent and Adult ego states. This, he says, allowed us to distinguish opinions from objectivity. This view is consistent with the general view that science held up to date. However, at present, the social sciences are experiencing much confusion in certain areas (Strauss and Hafez [1981]; Morgan [1983]; John [1984]; Eysenk [1983]). It is this distinction between Parent and Adult that illustrates why the confusion exists.

Steiner (1971) defines the Adult ego state as essentially a computer, an impassionate organ of the personality, which gathers and processes data for the purpose of making predictions. The Adult gathers data through the senses, processes them according to a logical program, and makes predictions where necessary. The Parent ego state is essentially made up of behaviour copied from parents, or authority figures. It is taken as a whole, as perceived at an early age, without modification. A person in his Parent ego state, is merely playing back a tape of early internalized parent figures. It is a repository of traditions and values.

The above definition of ego states implies that the Adult is not a collection of tapes; that it is not comprised of the incorporation of parental figure information. This paper contends that the above proposal, simply stated, is incorrect. When ego attends school and acquires information, this involves the incorporation of the teacher's instructions. Later on in high school, when ego has more knowledge,

he may critically evaluate what he is being taught, yet he can only do this if he has previously incorporated, or learnt how to critically evaluate.

The acquisition of language and basic mathematical principles also involves the incorporation of tapes. The most obvious example is the rote learning of multiplication tables and the alphabet. Bruner (1964) agrees with this, stating that all the techniques of data processing are passed down from generation to generation, in each culture. Each child incorporates data processing methodology from his parents.

THE ADULT AND THE ADULT IN THE PARENT

It now becomes apparent that the Adult ego state and the Adult in the Parent ego state are the same. Thus the two ego state model may be represented geometrically, as in Figure 1b.



FIGURE 1.

For further elaboration, it is necessary to examine Stuntz's (1972) paper on the second order structure of the Parent ego state.

He states that the Adult in the Parent (AP) "is an external program of how to use the computer (Adult)" (p. 60). It is the contention of this paper that the Adult in the Parent (AP) is the Adult, and that any division is unnecessary and leads only to confusion. Stuntz suggests that each time Adult Processing is required that ego state must consult the Adult in the Parent. See Figure 2a.

Figure 2b illustrates that the Adult ego state outside the Parent is redundant, doing only what it is told by the AP. Thus it is an unnecessary middleman that creates four processes instead of two.

In Figures 1b and 2b, it is seen that the two ego state model places the Adult ego state inside the Parent ego state. This is meant

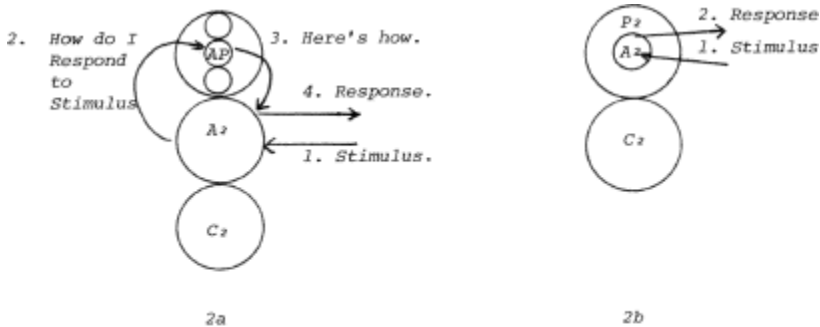


FIGURE 2.

to indicate that those internalized tapes, specifically referring to data processing and manipulation, are encompassed within the A₂. Those tapes not referring to data processing are encompassed within the P₂ but outside the A₂. Processing which is not based on taping, falls within the realm of the 'Little Professor' or A₁.

THE ADULT AS A COMPUTER

The Adult ego state is often described as being a computer; this metaphor illustrates the notion presented in Figure 2. Computers are programmed by computer programmers. A computer's computational ability is entirely dependent on the computer programmer's logic. (In this case the 'computer' is defined as that part of the whole system which the computer user communicates with—most commonly the keyboard and visual display unit.) The computer will only process data according to instructions from the 'tapes' or 'disks', to which it is connected. It is these tapes that contain the computer programmer's logic (that is, his opinions, assumptions and beliefs on correct data processing).

As an obvious example—assume the computer user asks the computer; "What is 1 + 1?" As indicated in Figure 2a, the computer now asks the tapes, "How do I respond to the stimulus, 'What is 1 + 1?'" If the computer programmer believed the answer or response should be '3', then the computer will respond with '3'. It will see nothing wrong with this. The computer blindly and unquestioningly accepts anything that it is told from the tapes held in its head—as does the Adult outside the Parent. The only function the computer (i.e. the keyboard and visual display unit) serves is to convert computer language into

human language. If humans could 'talk' computer language, then they could talk directly to the magnetic tapes.

Parent ego state tapes are stored in human language, which allows us to talk directly to them. We do not need a conversion process; therefore the Adult ego state outside the Parent serves no purpose.

THE STRUCTURE OF SCIENTIFIC DEBATE

Consider a more relevant example. Eysenk (1983) states that it is necessary to eliminate all theories of personality that do not have strong empirical support. That is, any theory that does not have empirically verifiable high validity and reliability coefficients. Transactional Analysis theory, and indeed the vast majority of humanistic theories, do not fulfil this criteria. Therefore if we assume that Eysenk is making this statement from an impassionate data processor, that is not based on any parental tapes, then Transactional Analysis must be eliminated.

However, if the contention of this paper is accepted, then we see that his statement comes from parental tapes that define impassionate data processing for him. For instance his parental tapes must firstly state that one can only know or understand the world through what he considers 'good or accurate' scientific method. Any other form of scientific method or intuitive knowledge is useless. Secondly, Cattell and Scheier (1961) argue that inordinately high coefficients and the pursuit of strict statistical rigor make for a theory of personality that is of little or no use in the clinical setting. Eysenk's parental tapes must tell him that this is incorrect. Thus the debate is unresolvable as parental tapes are based on opinions or views.

THE SECONDARY GAIN OF SCIENCE

The contention that an Adult ego state exists outside parental programming has led to the secondary gain of science. That is, scientists can argue their personal beliefs and assumptions under the guise of impassionate data processing, so that these beliefs and assumptions do not appear to be beliefs and assumptions. Such is the nature of scientific debate, which is seen to result from Adult ego states that are external to the Parent.

Such debate, as shown in Figure 3a, allows scientists to present their opinions as though they were not opinions. (This occurs when it

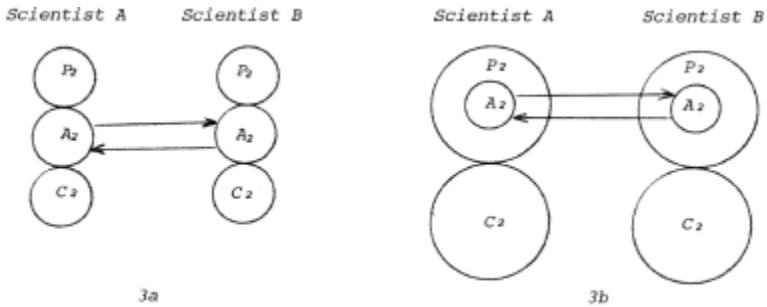


FIGURE 3.

is forgotten that the Adult outside the Parent is only a middleman.) If it is realized that data processing is dependant on parental programming, then scientific debate occurs from Adult ego states inside the Parent (Figure 3b). This realization immediately suggests to ego, that scientific debate is based on different parental programming, and is not free of opinions or beliefs about data processing. From this the two scientists are in a position to investigate their findings, based on what their opinions offer to the scientific community. Debates which scientists believe occur from the Adult ego state outside the Parent, are usually conflictual; and approach science from the position of theory A versus Theory B. Such debates most often are not resolved, and have a polarizing affect as both parties believe they are processing data as though it were not dependant on beliefs or opinions.

THE GREAT PROMISE OF SCIENCE

The great promise of science as presented by Cohen and Nagel (1934) is illustrated by the notion of an Adult ego state external to the Parent ego state. They suggest the major attribute of science is that it is self-corrective, and free from human caprice and wilfulness.

In the field of psychology this promise of self correction has not been fulfilled. A quick examination of scientific journals is testimony to this. Instead we have theoreticians wanting to eliminate other theories as they believe that their method of data processing is correct and others are incorrect. This is permitted within the three ego state model, not the two ego state model.

PROBLEMS WITH THE PHILOSOPHY OF SCIENCE.

Steiner (1971) states that the Adult may perceive in black and white, often in two dimensions, and from several points of view at the same time. This ability to perceive reality from different points of view at the same time must also have been programmed. If ego has accepted this sort of programming, then she would agree that absolute truth does not exist, and that it is possible to have the same phenomena viewed from different paradigms or perspectives. However, as soon as she does subscribe to the notion of paradigmatic truth, then it may be invalid. Alternatively, as soon as one accepts the two ego state model, this immediately implies that the three ego state model may be correct.

This apparent paradox, although it appears to contraindicate the presence of a two ego state model, in fact provides the major philosophic support for it. For instance, one may state: The Adult external of the Parent can perceive reality from different points of view. Yet, what if reality in this case happens to be the Adult. Thus the construct 'the Adult external of the Parent can perceive reality from different points of view' can be perceived from different points of view; and one of those views may suggest that the construct is wrong.

This explains the problems presently experienced by philosophers of science. Their dilemma can be summed up from a statement made by Bronowski (1976): "There is no absolute knowledge" (p. 353). In essence he is saying: it is absolute truth that there is no absolute truth. This implies that he believes there is an Adult ego state external of the Parent. That is, that he can make a statement that is free of parental programming, assumption and opinions. Philosophers of science have also consistently done this.

Ever since Kuhn (1962) coined the concept of 'paradigms' there has been much confusion as to its nature. In that book, it has been shown that he defined the term in 21 different ways (Shapere [1964]). Since then, many writers have attempted to define it. A good example comes from Cedarbaum (1983). His succinct and detailed analysis of 'paradigms' raises many good points; one being that 'paradigms' are basically philosophic in nature. Yet, when one examines his paper, it becomes apparent that it also is philosophic in nature; indeed, that is why it is published in a journal of philosophy. He has no choice, as a philosophic examination of paradigms, must conclude that paradigms are philosophic in nature.

Therefore, the paradigms by which one examines the concept of 'paradigms' will determine the conclusions arrived at. Up to date philosophers of science have examined the role that parental programming plays in the acquisition of knowledge, from the point of view that their examination is not based on parental programming. In T.A. terms, they have suggested that the Adult does reside in the Parent. Yet they have suggested this from an Adult that they believe is outside the Parent.

ASSUMPTIONS OF THIS PRESENTATION

Logically, this paper is written from the Adult in the Parent. It is based on beliefs, programming and information, that is different to those used by Berne, when he outlined the three ego state model.

There does appear to be a definite informational difference. When Eric Berne first published his paper outlining three ego state theory, it was the mid 1950s: (Berne [1957]), at that time, there was little evidence to suggest that the great promise of science, was not true. Scientists and theoreticians generally believed that reality could be viewed free of parental programming. However, with the knowledge explosion over the past one and a half decades, it has become obviously apparent that the promise has not, and will not ever be fulfilled.

It is the assumption, belief, and opinion of this writer that an Adult external of the Parent illustrates the great promise of science; and the Adult internal of the Parent illustrates why this promise has not been fulfilled. The basis of this belief is presented in the preceding pages.

The second assumption of this presentation is that it believes it is necessary to propose an ego state theory which considers the problems of contemporary social science. This is based on the belief that it offers something to the scientific community, both theoretically and therapeutically, that is not already offered by the three ego state model. The reasons for this assumption will become evident over the next four or five presentations.

There are undoubtedly many more assumptions of this presentation; these will become more obvious as the concept of two ego states is further discussed.

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FOOD FOR THOUGHT

Tobias Bosworthy, while recently reading a newsletter from an esteemed psychological society, came across an interesting quotation. The article had quoted John Stuart Mill as saying: “Why do we continue to punish our heretics, when they are the only ones who bring us change.”

Tobias was awestruck, and he marvelled at the profundity of this thought. For the next three days he proceeded to quote this in all possible social situations. On the fourth day he began to wonder what sort of man was this John Stuart Mill. Upon this thought he heard a voice from no where say: “Question all”; and from that moment he began to question

Firstly he asked; surely John Stuart Mill was as much a human as my Emeritus Professor, my senior lecturer, my tutor and even myself. If he was as much a human as myself; influenced by his own biases, prejudices, fantasies, and unresolved infantile conflicts; then surely his statement is a personal opinion, a view, a personal belief.

Tobias then coolly thought: if this quotation is a personal opinion, then it may be wrong; it may not be a fact. Furthermore, how did John Stuart Mill deal with students who disagreed with his quotation? Did he call them heretics, and did he punish them? What of those students who said we don’t punish heretics, or they don’t bring us change—did he punish them?

“Of course! John Stuart Mill is wrong!” thought Tobias. If he does not punish heretics, then he must accept their statements, that he is wrong. For if he does not, then knowledge cannot proceed beyond his quotation. Thus those who agree with John Stuart Mill must also disagree with him at the same time! True?

T. B.

THE PSYCHOLOGY OF SCIENCE

THE SCIENTIFIC CRISIS

INTRODUCTION

The purpose of this section is to address a problem not commonly confronted in the social sciences. That is; to examine the nature of scientific knowledge—the different types, the different ways of dealing with knowledge, and how theory development proceeds. Over the next few seminars, this section will provide avenues for answering these problems.

THE SCIENTIFIC CRISIS

To begin, we need to examine what motivates the development of scientific theories, such as Eric Berne's (1957) theory of ego states. Thomas Kuhn (1962) says that scientific communities, during their formation and development, will encompass certain periods when they suffer a crisis. During these periods a new approach to the problem will develop, thus solving the crisis. This, however, is an inadequate explanation, as it represents only one of three possible solutions to a scientific crisis.

In relation to personality and psychotherapy, Eysenk (1983) outlines a crisis that has existed for many years: that of the conflict between the humanistic and experimental approaches. Simply stated: at present the theories and methodology of strict experimental approaches like chemotherapy and behaviour modification are in direct conflict with the theories and methodology of humanistic approaches, like Gestalt psychology, Psychoanalysis and Transactional Analysis. Thus according to Kuhn, a new approach should arise to solve this crisis—but none has. Instead another solution has arisen, that of polarization.

POLARIZATION

The polarization solution is further illustrated by Eysenk (1983). He concludes that it is necessary to eliminate all theories which do not have strong empirical or experimental support, which do not specify testable predictions, and which do not conform to what is normally considered correct methodology of the scientific model.

This second solution solves scientific crises by eliminating one side. This is most commonly done by attacking the methodology of the opposing side. For instance, Eysenk (1983) states that the humanistic approach does not use the normal scientific method. Therefore, in his mind the crisis has been solved, as there was really no crisis in the first place!

Obviously, what he has failed to do is realize that there are many definitions of normal method, and many ways of testing predictions. He has solved the crisis by believing that his is right and other approaches are wrong.

Humanists have also solved the crisis by polarization. Their usual explanation is that the findings and predictions of the experimental approach are too detached from the real world to be of any use in the clinical setting. This allows humanists to solve the crisis by eliminating experimental theories.

These two sides are very polarized, have been so for many years, and as noted by others (Morgan [1983], White [1983] and John [1984]) are becoming more so. This solution is employed when journals arise which strictly represent one approach in what they consider normal methodology. They also openly attack the opposition. Two examples of this are the *Australian Journal of Psychology*, representing the experimental approach, and *Voices*, representing the humanistic approach.

Of all fields of science, psychology appears to be the one that most often uses the polarization solution. This appears to be a function of the type of concepts studied. For instance, humans are enormously complicated, and any study of them involves the examination of very complicated constructs. This 'type' of knowledge lends itself more to the polarization solution, as Kuhn's 'new approach' solution assumes that there is one new approach that can solve the crisis. This is only possible with less complicated forms of knowledge, which more commonly reside in the physical sciences.

CONCILIATION

The third solution to scientific crises—that of the hierarchical or conciliatory solution—has been used less commonly. However, it does provide an exciting possibility as it questions basic assumptions of the scientific model.

To date the majority of science has been conflictual in nature. It is based on the assumption that knowledge is advanced or gained by

testing theory A against theory B. Scientific experiments are designed to test whether theory A *or* theory B is the correct explanation of the concept under investigation. There is however another approach; that of the conciliatory approach. This is most commonly done using a hierarchical theory structure.

The hierarchical approach is most useful with highly complex constructs, such as: intelligence, personality, cure, psychotherapy, information processing, hyperactivity, autism, etc., etc. Highly complex concepts of this type, are indicated when the following occur:

1. There are many differing definitions and theories of the concepts.
2. There are active contemporary scientific associations, and journals which subscribe to the differing theories.
3. Scientific research and debate between the differing 'schools' is rarely resolved. As John (1984) notes "the debate eventually resorts to ad hoc excuses and finally people just lose interest in the thing and pursue other endeavours" (p. 31).
4. Polarization is apparent between the different schools.

The conciliatory approach assumes one of two things when the above four factors occur. Either the different schools are outlining different aspects of the same concept, or they are using the same aspects for different purposes. For example, the psychoanalytic definition of cure is seen to describe different aspects of human functioning than does the behaviour modification definition of cure. They are not describing the same thing. It is like comparing an orange with an automobile. Yet unfortunately, they are given the same name (i.e. cure), so scientists believe they are discussing the same thing.

This may even exist within a particular psychotherapeutic system. The classical school of Transactional Analysis has one definition of cure, whereas the redecision school has another. In this case a meat pie is compared to an apple pie. They are closer, yet still different.

Mellor (1980) has approached the definitional problems of cure using the beginning phase of the conciliatory approach. (For what is probably the most comprehensive explanation of cure and personality, see Hall and Lindzay [1957]).

Figure 1 represents the first step in a conciliatory approach to psychotherapy and cure. That is, Mellor (1980) has isolated the meat pies from the apple pies from the blueberry pies. Each therapy is seen to refer to different aspects of human functioning. The next step in

THERAPY	PROCESS		
	THINKING	FEELING	DOING
Behaviour Therapy			✓
Dance Therapy			✓
Gestalt Therapy		✓	
Medicine			✓
Philosophy	✓		
Psychoanalysis	✓		
Rational-Emotive	✓	✓	
Client-Centred	✓	✓	
Rolfing			✓
Classical (TA)	✓		
Redecision (TA)	✓	✓	✓

Modified from Mellor (1980) P 350.

FIGURE 1.

this approach is to combine these. The redecision school of T.A. has partially done this. In their form of transactional analysis redecision therapy, Goulding and Goulding (1979) state that they use Classical T.A., behaviour modification and gestalt techniques. However, they do not clearly state how they are combined. For instance, what is the primary approach (usually indicated by the jargon used and the philosophy followed), what are the modifications to other theories, and how do they relate.

With the hierarchical conciliatory approach, it is not suggested that one necessarily agree with the Goulding's approach. Rather it is suggested that in this approach we have conciliation instead of conflict. Another psychotherapist may propose an alternative hierarchical model of redecision therapy. At this point, the conciliatory approach is still used.

For instance, suppose we have hierarchical theory A and hierarchical theory B. Instead of testing hierarchy A against hierarchy B, one combines them to form hierarchy C. Another scientist may combine A and B in a different way to get hierarchy D. Then it is necessary to combine hierarchies C and D; and so the process continues. See Figure 2 below.

Level 3
Theory.

Level 2
Theory.

Level 1
Theory.

Baseline
Theory.

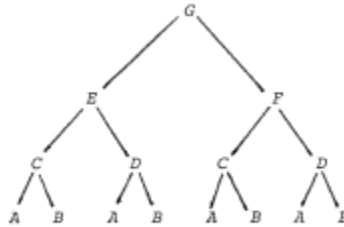


FIGURE 2.

Within each overall hierarchy there are many sub-hierarchies. Different situations, both in applied and theoretical science, will dictate what point of the overall hierarchy is used or examined.

For instance, Figure 1 is a modified version of Mellor's (1980) original diagram. He adds a fourth process, that of believing. Combining these two will be at a higher level in the hierarchy than combining the different methods of integrating T.A. and gestalt therapy.

CONCLUSION

This hierarchical approach represents the third way of solving scientific crises. The crisis between the humanistic and experimental theories is resolved by combining them, rather than pitting them against each other.

In terms of theory development and the motivation for theoretical advance, the polarization approach tends to stifle development, as 'people eventually just lose interest in the area and move onto something else'. With the conciliatory approach, theory development should blossom.

For example, instead of questioning how the superego, ego and id differ from the ego states, one needs to also ask, how are they similar? Are they relevant in different situations? Are they referring to the same human processes? Are they using the same language? It appears that these questions would encourage more theoretical development than the question: Is Freudian or Bernian personality theory correct?

We now arrive at the most important question of this paper. How can one combine the 'new approach' solution, the polarization solution and the conciliatory solution, to gain a hierarchical theory of theory

development? For it is this refusal to conflict, that is the essence of the hierarchical conciliatory solution.

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PROCEEDINGS

STRUCTURE AND FUNCTION IN TWO EGO STATE THEORY*

At the previous seminar (June 21st, 1984, Number 1), the basic premises of the two ego state model were presented[†]. This paper will examine the implications of this theory, in terms of more detailed structural and functional analysis. It is however, firstly necessary to examine the relationship between theory and practice, with particular reference to ego states.

THERAPEUTIC AND THEORETICAL ASPECTS OF EGO STATE DEFINITION

Berne (1961) states that each ego state is a set of feelings, attitudes and behaviours. (Figure 1 illustrates this using two ego state theory.) Hohmuth and Gormly (1982) note however, that in recent times, this has been forgotten by many Transactional Analysts. Instead, there has been a tendency to equate the dominant manifest content of an ego state with the ego state itself. For instance, rules and values are seen to come from the Parent, thoughts come from the Adult and feelings come from the Child (Figure 2).

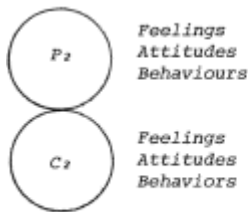


FIGURE 1.

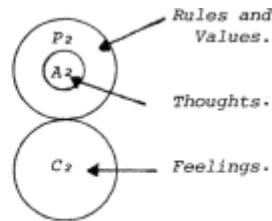


FIGURE 2.

The acceptance of the dominant manifest content has occurred, because besides being theoretically inaccurate, it is useful in the clinical setting. As will become evident, if one is working at a second

* Thanks go to Margaret White for her contribution in the final drafting of this paper.

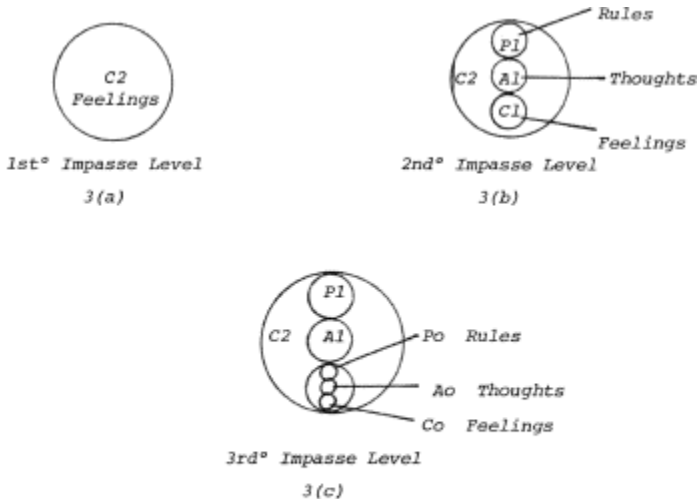
† Reproduced in this volume on page 3.

degree impasse level, then equating the C₂ with only feelings will cause many 'mistakes'. As a result, one must adjust the dominant manifest content, depending on the type of work being done.

A more detailed structural analysis further complicates the problem. Eric Berne (1961) states, "The Child ego state is a set of feelings, attitudes and behaviour patterns which are relics of the individuals own childhood" (p. 69). However, this statement does not address the problem of second order structural ego states. For instance, do the P₁, A₁ and C₁ each contain their own set of feelings, attitudes and behaviour patterns; or is it correct to view the C₁ as containing the feelings, the A₁ as consisting of thoughts and the P₁ as consisting of values and rules?

According to Berne (1969), Schiff et. al. (1975) and Mellor (1980a), it is theoretically unsound to equate the C₁ with feelings only. The presence of a P₀ and A₀ which reside in the C₁, indicate that it also thinks and has rules.

This seemingly unsolvable problem, illustrates the trade off which exists between theoretical accuracy and clinical applicability. Figure 3 explains the problems.



COMMON CLINICAL CONTENT IN THE CHILD EGO STATE

FIGURE 3.

If one is working with a second degree impasse problem, he must assume that the Child ego state (C_2) does not contain feelings only, as he is working with second order structural ego states. He must also assume (although theoretically inaccurate), that the “Infant” or C_1 does not contain rules and thoughts. If he is working at a third degree impasse level, this does not need to be assumed. However, perhaps the C_0 also contains thoughts and rules?

Similarly, the belief that the P_2 contains values and rules only, versus the belief that the PP contains values, the AP contains thoughts and the CP contains feelings, depends on ones therapeutic framework and/or the degree of theoretical accuracy desired.

Any T.A. practitioner who wishes to remain consistent with original Bernian philosophy must place primary emphasis on therapeutic applicability rather than theoretical accuracy. This is illustrated in Berne’s classic statement: ‘Cure them first and find out how later.’ Inversely stated, it is necessary to base theory on therapy, rather than therapy on theory. This distinction highlights the basis for polarization that is commonly found between experimental psychologists and clinical psychologists.

WHAT IS AN EGO STATE?

As noted in Figure 1, Dr. Berne (1961), in his theory of ego states, outlined three aspects of human functioning. He stated that humans felt, have attitudes and behave. However, this is by no means an exhaustive explanation of the possibilities of human functioning. For instance, religious faith falls outside the realm of these. Any serious believer in a religion will agree that faith is different to an attitude, a feeling or a behaviour*. This is similar to Mellor’s (1980b) conception of ‘belief’, which he says is a process of the soul.

Thus anyone in the field of pastoral counselling needs to redefine ego states, as the classical definition does not incorporate faith. One redefinition is presented in Figure 4(a). S_1 could be named the Soul ego state, with its common clinical content being ‘faith’. During a recent group, a highly depressed woman made the statement, “The only thing that kept me alive was my faith.” Script analysis subsequently demonstrated that a strong message of ‘Don’t Exist’ resided in the P_1 . However, this message had not been followed, as her faith,

* Appreciation is expressed to Sister Columba Howard for her ideas on the concept of ‘faith’.

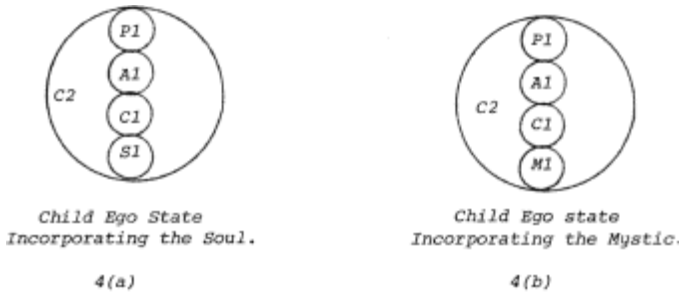


FIGURE 4.

or Soul ego state, carried the strong message of 'Exist'. Thus an impasse existed between her P_1 and S_1 .

Impasses may also exist between the S_1 and C_1 . Further work needs to be done in order to find ways of breaking through these impasses. Redecisional therapy works well with impasses between the Child and Parent ego states. Yet therapeutic techniques aimed at breaking through impasses between the Soul ego state, and other parts of the personality, need to be clarified.

If Berne had been primarily a 'Jungian' psychoanalyst, then it is quite possible he would have defined an ego state as a set of feelings, attitudes, behaviour patterns and mystical experiences. (See Jung [1933]). If we use the Jungian framework, then perhaps we can define a Mystic ego state, M_1 , whose primary clinical content is mystical experience. Once this is done, it is possible to isolate further types of impasses, and then clarify therapeutic techniques that can resolve these.

STRUCTURE AND FUNCTION

This two ego state theory is consistent with Berne's concept of ego states as a set of feelings, attitudes and behaviours. Indeed, in some ways, it is more solid than three ego state theory. With two ego state theory there is no need to propose that the Adult ego state has feelings and ethics. Berne (1961) refers to these as 'pathos' and 'ethos'. Their definition and function remain rather obscure, even at the best of times.

Central to this model is the proposition that individuals can acquire feelings, attitudes and behaviours in two ways:

- 1) By deciding or creating them.
- 2) By imitating or modelling them from others.

The set of feelings, attitudes and behaviours created by ego reside in the Child ego state (C_2), which is referred to functionally as the Primal ego state. The set learned or modelled from others resides in the Parent ego state (P_2) and functionally, this is called the Taped ego state. As noted previously, the Adult ego state functions are modelled from others, and therefore form part of the Taped ego state. Consequently, in first order structural analysis, the Adult is placed inside the Parent ego state.

Figure 5 illustrates the structural and functional analyses relevant to the two ego state theory. In the first order structural diagram, the Adult is depicted and designated as A_2 . This is done for two reasons. First, the Adult ego state function of logical reality testing is one

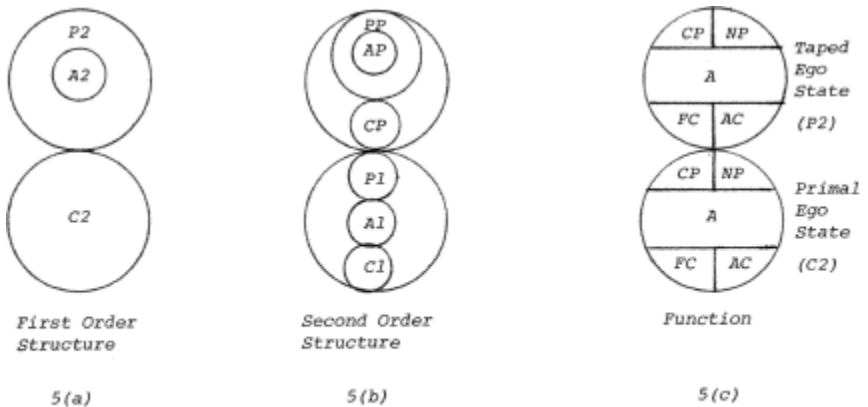


FIGURE 5.

of the most important aspects of human functioning. The second reason for including it in the first order diagram is that it provides some consistency with Berne's ego state model.

The second order structural diagram [5(b)] is self-explanatory. The A_1 does not reside in the P_1 , as it is not learned via imitation. It is however interesting to note that all human function and structure is dependent on genetic 'taping'. We can only be spontaneous as our genetic taping permits us. Children are only inherently creative because the evolutionary process has allowed them to be.

Figure 5(c), the functional diagram, is obviously different from the traditional functional diagram. It illustrates that both the Taped ego state (formerly the Parent) and the Primal ego state (formerly the

Child) exhibit Critical and Nurturing Parent functioning, both include thinking and both include Free Child and Adapted Child functioning. It now becomes obvious that just as many wants, needs and feelings come from the Taped ego state, as do come from the Primal ego state. Also, just as many 'musts', 'oughts' and 'shoulds' come from the Primal ego state as from the Taped ego state. Consequently, when a client is displaying affect, this does not mean that Primal ego states are cathected. Traditionally this has been the belief, and as a consequence, therapy in this situation is likely to be ineffectual.

CASE EXAMPLE OF SCRIPT TRANSMISSION

Consider the occasion when a mother has an angry outburst at her son. Assume the mother's anger comes from her Primal ego state. This will result in two events occurring. First, the son will make a decision in response to the angry scene. For example, it may be a 'Don't be Angry' decision. This is made by the Adult of the Child ego state. Second, if the mother is a potent parent figure, then the son will model on her and place such modelling in his Parent ego state as a tape. Thus he has the ability to be angry from his Taped ego state.

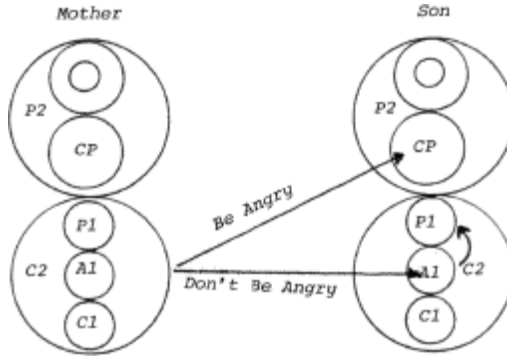


FIGURE 6.

In this case the son will have dystonic ego states. That is, the Primal ego state and Taped ego state differ on the same issue. Syntonic ego states occur when they agree. The main point here is that Primal ego state behaviour is based on decision, whereas Taped ego state behaviour is based on imitation and modelling.

It now is apparent that Berne's (1961) definition of the Child ego state (C₂) as archaic and the Parent ego state (P₂) as non-archaic is

inaccurate. Hall & Lindzay (1957) state that Freud's concept of identification accounts for the formation of the ego and superego. Identification is the method by which the youngster can take over the features of another person and make them an integral part of his own personality. He can learn to reduce tension by modelling his behaviour after someone else. Freud preferred the term 'identification' to 'imitation' as he felt that imitation denoted a kind of superficial and transient copying of behaviour, whereas he wanted a word that would convey the idea of a more or less permanent acquisition to personality. Most identification occurs unconsciously.

By definition, modelled behaviours, feelings and attitudes reside in the Parent as a tape. When the youngster is expressing a feeling that is modelled, then he is displaying his Taped ego state. When he is expressing a feeling that is decisional based, then he is displaying his Primal ego state.

Freud (1962) noted that the process of identification or modelling is very frequent in the oral stage of development; that is from 0 to 1 year of age. One cannot really get any more archaic than that! Support for this contention is very common. Some others who view modelling as one of the most important, if not the most important process of personality development are: Freud (1937), Piaget (1951), Bandura (1962), Sherman (1967) and Woollams and Brown (1978).

As a result of its archaic nature, the Child of the Parent ego state is just as somatic and 'in the bones' as the Child of the Child ego state. Therefore, functional displays of the Child in the Taped ego state have as much potency as functional displays of the Primal ego state. For instance, Free Child behaviour based on modelling can be as much fun, be as creative, as spontaneous and as life giving, as the Free Child behaviour based on decisions.

This has major therapeutic implications, with pathological behaviour acquired through identification, imitation or modelling, treatment based on decisional work is of no use. The behaviour is based on imitation, not decisions. Consequently, 'cure' is achieved not through redecision, but through therapy that uses identificatory techniques. Conversely, any pathological behaviour, feeling or attitude that is primarily decisional results in identificatory techniques being contraindicated and redecisional work being indicated.

DECISIONAL AND TAPED BEHAVIOUR

Distinguishing taped from decisional ego states can be done in three ways. First there are qualitative differences between the ego states. Woollams and Brown (1978) state that the A_2 , which in this case is the Adult of the Taped ego state, has full language, tempo, grammar and syntax. Is logical, abstract and analytical. The A_1 , or the Adult of the Primal ego state, has simple language, melody, is tonal, synthetic, metaphorical, intuitive, creative, spontaneous, literal and kinesthetic. If ego is logical he is in his Taped ego state. If he is intuitive, he is either using the Adult of the Primal ego state, or is using a Taped 'Little Professor'.

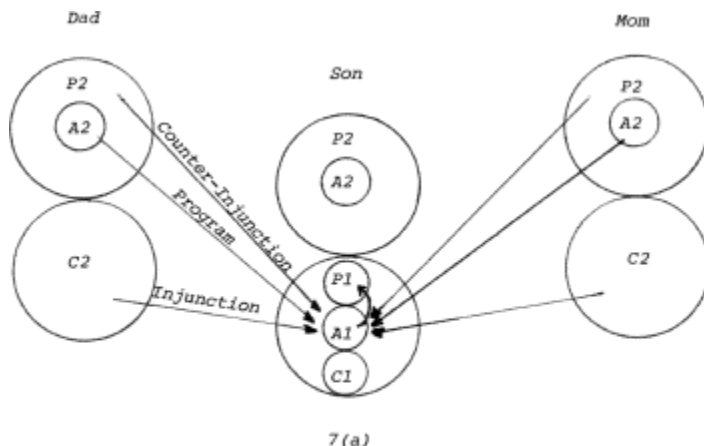
The Parent of the Primal ego state is ineffectual, as it is based on the illogical 'martian' processing of the 'Little Adult'. Watching a young child nurturing a pet cat is a good example. All the intention and caring is there, but the cat will be squashed, squeezed and dragged about. Parent behaviour from the Taped ego state is far more effectual, as it is based on the 'big Adult', which is logical.

To discern whether the Free Child and Adapted Child behaviour is from the Primal or Taped ego state, one can do either a Parent Interview or use the 'Bad day at Black Rock' technique outlined by McNeel (1980). The 'Bad day at Black Rock' technique will isolate early decisions made by the 'Little Adult', and thus are a function of the Primal ego state. Free Child or Adapted Child behaviour based on these decisions comes from the Primal ego state. (See Figure 7a.)

It is the contention of this paper that the Parent interview, as outlined by McNeel (1976), accesses the parental tapes of the Parent ego state, not the P_1 of the Child ego state. It is therefore possible to construct a Parent ego state script, using the Parent Interview. This will expose the decisions modelled on by the youngster (Figure 7b).

THEORETICAL IMPLICATIONS

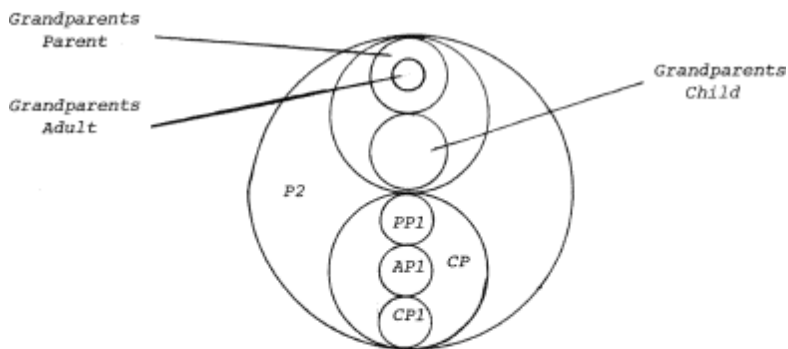
This presentation agrees with McNeel's (1976) contention that using the Parent Interview with clients whose parental figures were crazy needs to be done with great caution. Figure 7b illustrates that the parent's crazy Child ego state is incorporated into the P_2 . Hence, inviting the client into the parent figure's Child is inviting them into psychosis. Indeed, anyone who had a primary parental figure that was crazy is potentially psychotic. In this case the psychosis is based



*Decisional based script messages.
Child ego state script.*

primarily on modelling and identification, and would be displayed from the Child of the Taped ego state.

The assumption that the Child in the Parent (P_2) contains only feelings, and not thoughts or attitudes, is theoretically inaccurate. It does of course contain at PP_1 , AP_2 and CP_1 (see Figure 8).



Third Order Structure of the Parent.

FIGURE 8.

This diagram indicates that the CP also contains thoughts and attitudes, as well as feelings. However, to provide a workable therapeutic model, it is necessary to sacrifice theoretical rigor. When it is

necessary to work at the level of PP₁, AP₁, CP₁, one simply designates the relevant clinical functions to those ego states.

CONCLUSION

It is now possible to see that the C₂ or Child ego state is no longer the sole source, or primary power of the personality. This paper contends that imitation, modelling and identification are basic human functions that are employed by the infant from day one, and perhaps even in utero. Consequently the basic nature of the personality is determined by the decisions of the Child ego state and the identifications made by the Child in the Parent ego state.

Therapy based on this notion represents a combination of identification and redecision. As will be illustrated later, all therapy involves identification, whether the therapist likes it or not. This questions the basic philosophy of many therapies, and thus deserves further elucidation elsewhere.

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FOOD FOR THOUGHT

Last May, Tobias Bozworthy was invited to make a presentation to the Western Australian Worm Farming Association. He has graciously allowed me to relate to you some of the points of his paper titled “Science and the Worm Farmer”.

On his last trip into the country, T.B. came across a part of the forest that had been ravaged by a recent fire. The fire had been so bad that the county had been declared a disaster area. All the trees were blackened, houses were nothing but hollow shells, and even the new ‘Smokey the Bear’ sign was nothing but a burnt stump. Tobias felt angry at all these horrible things.

Another twenty miles on, Tobias Bozworthy began to notice something. On the branches of all these blackened trees were incredible bursts of new life. Beautiful young new growth was blooming out in all its evolutionary wonder. It was magnificent to see all this creation and new life. ‘Wait a minute, I’m supposed to feel terrible about all this destruction and death caused by the fire, I can’t enjoy the wonder of creation that God has given us,’ Tobias thought.

He ruminated on. ‘All this awe-inspiring creation could only have happened if here had been that massive destruction. But this means that life and death, destruction and creation are synonymous—what a silly thing! Does this mean that the death of one baby creates the space for another, and if that first baby had not died, then it would have destroyed the second baby?’ “If the first baby was not killed, then would we be killing the second baby?” Tobias asked his companion.

If this is the case, then a full scale nuclear war is an enormously constructive act. All the death and destruction that it causes allows the beauty and magnificence of creation to gain full expression. Without a nuclear war, creation and new life are muffled and stifled. If we don’t have a nuclear war, we are destroying enormous life.

“What a turn-up for the books,” said Tobias.

T.W. for T.B.

THE PSYCHOLOGY OF SCIENCE

THE PARADOXICAL NATURE OF KNOWLEDGE

INTRODUCTION

The purpose of this paper is to examine the failure of the scientific model to fulfil its major functions. This failure has resulted in polarization throughout the scientific community. This phenomena is accounted for by examining the philosophy of science and its present limitations. (This presentation is an expansion of the ideas presented by White (1984) in his explanation of the problems with science and the philosophy of science.*)

WAYS OF KNOWING

It has been proposed by Cohen and Nagel (1934), and others such as Kerlinger (1973) and Bulcher (1955), that there are four ways of knowing or understanding the environment and reality.

The first way of knowing is by the method of tenacity. In this method, one believes a proposition simply because he has always believed it. Contradictory evidence is dealt with simply by pushing it out of mind.

The second method of knowing is by the method of authority. In this case, one does not simply doggedly hold on to a set of beliefs, instead an appeal is made to a highly respected source which is consistent with the views held by the believer. For instance, if an eminent physicist says there is a god, then there is a god; or alternatively, with reference to transactional analysis, if Eric Berne says there are three ego states, then there are three ego states. In this method, support for ones beliefs comes from some sacred text or tribunal whose decision is seen as final.

Thirdly, there is the method of intuition. This refers to self evident propositions. That is; propositions that are “obviously true”. The understanding of their meaning will carry with it an indubitable conviction of their truth. A problem with this form of “self evidence” is that it is sometimes a function of current fashions and of early training.

* Reproduced in this volume on page 3.

The fourth and final way of knowing is by the method of reflective inquiry. The other three methods are seen as inflexible in that none of them can admit that they are wrong. None of them can cater for correcting their own results. This is the major characteristic of reflective inquiry that separates it from the others: that of self-correction. As new data and questions arise, the method of reflective inquiry incorporates them. From this it is assumed that dependable knowledge is achieved through this method because it is based on evidence that is empirically verified.

Although the above system of knowledge may be seen as being descriptively sound, structurally it is not. This will be expanded upon later, as it is firstly necessary to examine the characteristics of the fourth method.

CHAOS OF SCIENCE

As stated previously, the primary characteristic of reflective inquiry, the fourth way of knowing, is of self-correction. That is, by empirical experimentation it is believed that one can gain more precise explanations of the environment or reality. Simply stated, this is just not the case.

Consider the example below. In the section titled Recommended Readings, Calvin S. Hall (1979), in his book *A Primer of Freudian Psychology*, presents references on the experimental validation of constructs in Freudian theory. The references are broken down into three basic areas:

- 1) There is no evidence at all for psychoanalytic theory—Eysenk and Wilson (1974).
- 2) Some psychoanalytic constructs have been experimentally verified while others have not—Fisher and Greenberg (1977).
- 3) Most Freudian constructs have been empirically verified—Kling (1972).

Such a state of affairs is ridiculous. It would almost be impossible to invent or imagine a more diverse set of findings. There is certainly no self correction. Each one claims and can adequately argue a sound scientific basis for its experimentation. However, each scientist will argue that the other does not have a sound scientific basis. Further debate certainly does not clarify the situation. John (1984) notes that when conflicting results occur, a period of disillusionment occurs,

there is an increase in confusion, there is a resort to ad hoc excuses and finally “people just sort of lose interest in the thing and pursue other endeavours” (p. 31).

An examination of the scientific literature shows that there are numerous examples of this ‘loss of interest in the thing’. For instance, the effectiveness of psychotherapy, the causes of mental illness, personality measurement, the factors involved in human information processing. There has certainly been no resolution to the debates in these areas, as well as no self-correction.

This lack of self-correction has resulted in a very unfortunate characteristic of the scientific community: that of polarization. As there is no resolution in these scientific debates, it appears that both parties leave the arena with the feeling that they are right and the other is either wrong or misguided. Thus we are now in a position to observe a secondary gain of science.

Each individual enters a particular field of science with a preconceived notion about what is right or wrong (or he forms one very early in his training). As there is no resolution to scientific debates in areas characterized by polarization, the budding scientist will be attracted to the ‘school’ which supports this prior belief.

Cohen and Nagel (1934) state that science allows us to be objective by being independent of personal desires, wills and beliefs. However, it has now become obvious that all science in polarized areas really allows for individuals to give the false impression that their desires, wills and beliefs are not really desires, wills and beliefs. Obviously they are, it’s just that they are being communicated in a form that is acceptable and allows scientists to blindly believe that they are being ‘objective’.

CHAOS OF PHILOSOPHY OF SCIENCE

In order to understand the nature of knowledge, it is necessary to firstly examine the problems experienced by philosophers of science over the past two decades. These philosophers, such as Cedarbaum (1983), Kuhn (1977) and Shapere (1964), have noted that the original presentation on the nature of paradigms—“The Structure of Scientific Revolutions”—includes twenty one different usages of the word ‘paradigm’. Thus it could be seen that Kuhn had originally defined ‘paradigm’ in twenty one different ways. This has resulted in enormous

misunderstandings and confusion. How this has come about can be shown in Figure 1, below.

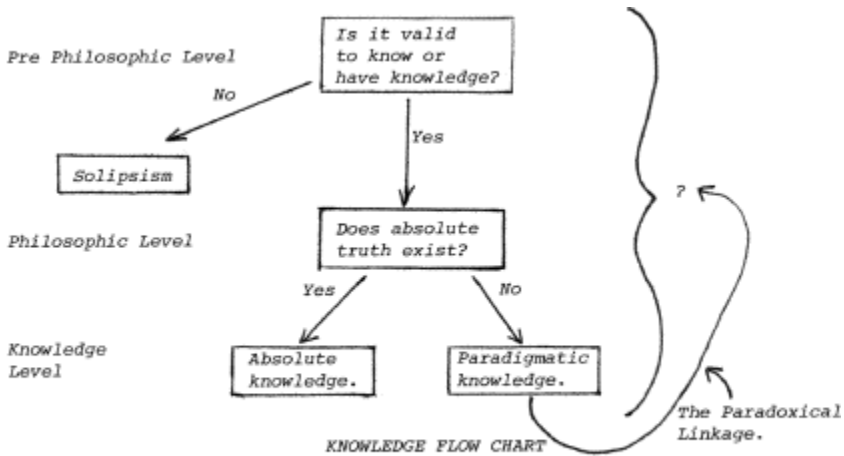


FIGURE 1.

DESCRIPTION OF THE KNOWLEDGE FLOW CHART

If one wishes to 'know' knowledge, it is firstly necessary to ask the question, 'Is it valid to have knowledge?' or 'Does knowledge exist?' This is basically a question of solipsism; that is, "the doctrine that nothing can exist, or be known to exist outside one's own mind. What is, is by virtue of being perceived by one, and when one loses consciousness, the universe, so to speak is obliterated" (McMullen [1982], p. 222). This is at the pre-philosophic level because all philosophy automatically assumes that the doctrine of solipsism is invalid. It is not possible to debate solipsism because by the process of debating one is saying solipsism does not exist. Solipsism can only be arrived at spontaneously, without discussion or debate. Therefore if solipsism exists, philosophy does not.

If knowledge is seen as existing or being valid, then one must consider the basic philosophic question of: in what form does knowledge exist? Bronowski (1976) states that there is no absolute knowledge, and that all information is imperfect. Within this system of knowledge being presented, one must decide if Bronowski is correct or not. If Bronowski is seen as being correct, then one is permitted within the flow chart to move to the cell called 'Paradigmatic Knowledge'.

It is with great trepidation that this cell is called 'Paradigmatic Knowledge', as the word 'paradigm' is probably one of the most used, and least understood words in the scientific community. Kuhn (1977) accepts part of the blame for this, for as previously stated, his original thesis on paradigms includes twenty one alternative definitions. Despite this, the author sees an underlying thrust to most of these definitions and thus defines paradigms in that way. Before doing this, it is necessary to examine the forms which absolute knowledge or truth can take.

One can subscribe to the notion of 'absolute truth' in three ways.

1) Ego knows the right way to perceive reality. How he knows it is not important; he just knows it, and that is all that matters. This could be called the tenacious approach, as it is similar to the first way of knowing outlined by Cohen and Nagel (1934).

2) The authoritative approach. In this case ego knows the correct way to perceive reality, because some authority has informed him of the correct way. The most obvious examples of this are religious and political fanatics. They know how to perceive reality or the environment because some highly respected 'expert' has informed them of this. However, this approach to knowledge is also very prevalent in the scientific community. When ego supports his beliefs by quoting some highly respected expert, this approach is being employed. This is done with the belief that it makes ones arguments more persuasive. The problem is that different respected experts may differ in their 'opinions'. This approach forms a very important part of science, and I doubt that science could continue if there was no appeal to authority.

3) The consensus approach. In this case, the majority of a scientific community agree on one form of methodology within which to conduct experiments. This methodology is seen as the correct methodology and any other form is incorrect. An example of this approach is given by Eysenk (1983), who states that personality theories which do not obey the rules of what is normally considered representative of the scientific method need to be eliminated. From a statistical point of view, 'normal' is that thing which occurs most often. Thus, Eysenk must believe the consensus of opinion agrees with the form of scientific method that he subscribes to. The problem with this approach is: How does one assess consensus?

We are now in a position to define paradigmatic knowledge. He who subscribes to the notion of paradigmatic knowledge, assumes that it is possible to view reality, or the environment from alternative perspectives. It is not assumed that one approach is correct; instead, different methodological positions are accepted, and much more importantly, each methodology is evaluated in terms of what it gives the scientific community in terms of applied and theoretical development.

For instance, consider the question of personality assessment as presented by Griffiths (1970). How he outlines the two major approaches to personality assessment—the holistic (gestalt) approach and the atomistic approach. However, he then proceeds to examine ‘evidence’ for the holistic, using the methodology of the atomistic approach. Obviously the results will be negative, as the two approaches represent two different ways of knowing. Similarly, one cannot examine the atomistic approach using the methodology of the holistic approach. Within the system of paradigmatic knowledge, one can only assess the atomistic approach using the methodology inherent in the atomistic approach. At the same time, it is only possible to use holistic approach methodology to assess the holistic approach.

The above outlines the definition of paradigms used in this presentation. If ego has arrived at the paradigmatic knowledge cell, then he is in a position to make the final linkage in the Knowledge Flow Chart, that of the paradoxical linkage. Philosophers of science to date have not made this connection.

The paradoxical linkage allows one to examine the paradigms used by this author to arrive at his definition of paradigms. The Knowledge Flow Chart is merely a geometrical representation of the assumptions and questions asked by the writer that allows him to arrive at his conception of paradigms. It would be possible to construct a Knowledge Flow Chart for each of the twenty one definitions of paradigms used by Kuhn (1962) in his book *The Structure of Scientific Revolutions*. Each one would ask different questions and make different assumptions.

For instance, consider a recent attempt to define the nature of paradigms. Briefly stated, Cedarbaum (1983) in his very good and detailed article, concludes that Kuhn essentially saw paradigms as being philosophic in nature. Yet when he examines Cedarbaum’s paper, it too is philosophically based. Thus he has examined ‘para-

digms' from a philosophic paradigm; henceforth he must come to the conclusion that paradigms are philosophic in nature. It is this contention therefore, that can explain all the confusion suffered by the philosophy of science in recent times.

Thus we are now in a position to appreciate the paradoxical nature of knowledge. In fact, when this paper is analysed, it becomes obvious—due to the presence of the paradoxical linkage—that I have examined knowledge from a paradoxical paradigm. Therefore, I am forced to come to the conclusion that knowledge is paradoxical. Therein lies the major support for this presentation.

The presence of the paradoxical linkage implies that the process used in analysing a concept is just as important as 'the concept' under analysis. In this case the concept being analysed is knowledge. Thus the way of knowing 'knowledge' is just as important as the concept of knowledge. Historically, this has not been done.

For instance, the statement by Bronowski (1976): "There is no absolute knowledge" can now be seen to be illogical, because he has not applied the paradoxical linkage. He is stating that it is not feasible to perceive reality from one perspective alone; yet this is one perspective of how to perceive reality. In essence, he is making the absolute statement that absolute statements are incorrect.

If one subscribes to the concept of paradigmatic knowledge, then this automatically implies that absolute knowledge may exist. Alternatively, as soon as one states that absolute truth does not exist, this immediately implies that it may, because the statement 'absolute truth does not exist' cannot be absolute.

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PROCEEDINGS

RELATIONSHIP ANALYSIS

INTRODUCTION

Within the realm of two ego state theory, one must precede script analysis with relationship analysis. This form of analysis is further indicated, as psychological isolation has become the major debilitating force in contemporary western culture. When Freud developed his theory of psychoanalysis at the turn of the century, sexual repression was very common. Perhaps this is why he developed a sexually based theory of psychopathology.

Although sexual problems are still prevalent in society, schizophrenia is the major psychiatric condition of present times. Although its etiology is far from clear, those who suggest a developmental paradigm (Rabinovitch [1952] and Erickson [1950]) have noted the lack of a close meaningful relationship between mother and child. Consequently, schizophrenia can be seen to result from problems with psychological isolation and detachment; that is, the inability to relate with others in a meaningful and healthy way. It seems that as humans have grouped together in larger numbers (cities), there has been a corresponding drop in friendliness and a willingness to be social. It is easier not to be seen in a large crowd than a small crowd. It is therefore deemed necessary to examine relationships.

WHAT IS A RELATIONSHIP

It has been noted by many writers such as Zimbardo (1977), Perls (1970) in his discussion of confluence, and more recently James and Savary (1977), that when a relationship becomes intense, a third factor enters it. When two individuals are at the extreme of closeness, there is a confluence between them. That is, they view themselves as a couple, or as being one entity. The boundaries between the two parties are fused and indecipherable. James and Savary (1977) call this fused couple a 'third self'. Thus, in any intense relationship there are three selves, not two. This is shown in Figure 1.

In a relationship of this type each person is two people:

- 1) The individual self.
- 2) The third self.

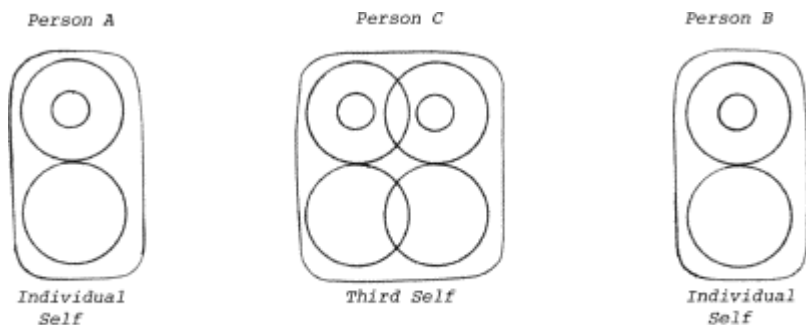


FIGURE 1.

A common example of the difference between these is found at those horrendous hominid gatherings, called office parties. In the everyday work situation, ego will display the personality of her 'individual self'. Yet at the office party when she is with her spouse, she may display a totally different personality. At the office party, ego is with her 'other half' and consequently will be in her 'third self' personality. Sometimes it may be a very different personality and sometimes it is similar.

This concept may explain the unwillingness of some people to accept the notion that others can not make them feel anything. When in the third self, person A can make person B feel, for as Perls (1970) says, at this extreme of contact there is a oneness. There is no longer two people, there is one person within one skin. Person A will regain responsibility over his feelings when he acquires the ability to move out of the third self into the individual self. Once in the individual self, Person B can no longer make Person A feel anything without Person A's permission.

RELATIONSHIP DEVELOPMENT

The development of a third self will only occur between two people who are willing to risk an intense, emotionally charged closeness. Berne (1964) states that pastiming serves the function of being a social selection process. That is, while pastiming, the 'Little Adult' of each person is carefully assessing and checking out the personalities of those others around him.

At the end of pastiming, each person will pick those who are the most likely candidates for a more intense relationship. That intense-

ness will come in the form of either games or intimacy. Thus, losers will pick other losers and play games; while winners will pick other winners and engage in intimacy.

Non-winners, or those who have banal scripts, will pick other non-winners who do not play games or achieve intimacy to any significant degree. With non-winners, a third self does not develop to any significant level. By definition, intense stroking, be it positive or negative, can only occur if there is a third self in the relationship. Non-winners do not seek or give intense strokes; thus they establish relationships which do not have an active third self and henceforth do not play hard games or engage in intense intimacy.

The concept of three degrees of intimacy as proposed by White (1982) allows us to further examine this difference between winners, losers and non-winners: see Figure 2 (below) and Appendix A (page 145).

Those relationships which only include the time structures encompassed under 'X', there will be no third self. There is a lack of intense stroking and thus no intense relationship will develop. This is characteristic of non-winning relationships. A third self will develop in those relationships which include 2nd° and 3rd° games and inti-

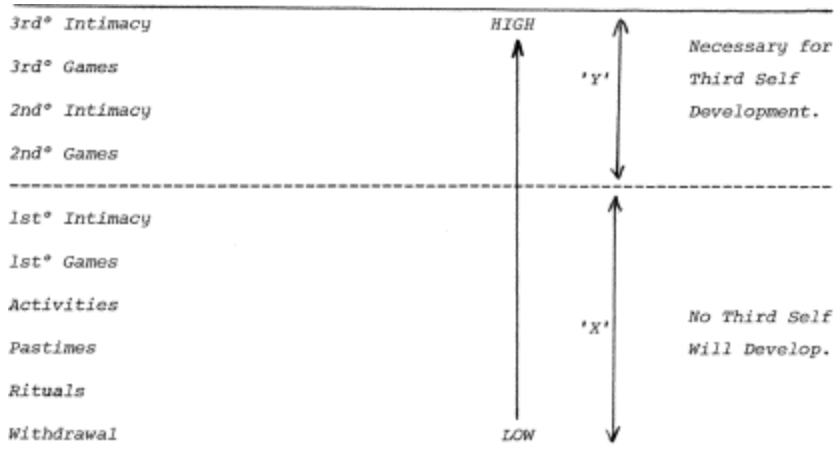
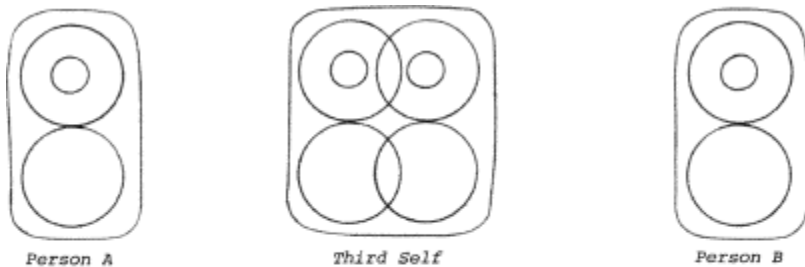


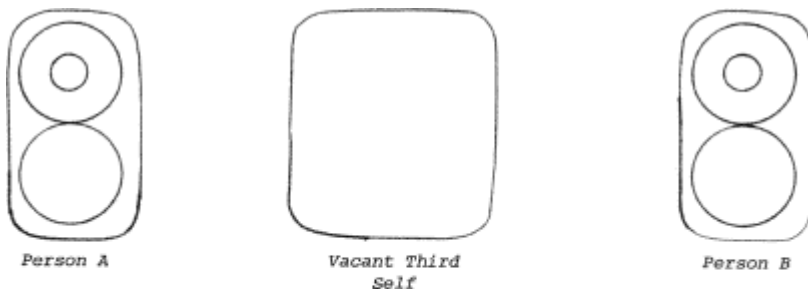
FIGURE 2.

The intense stroking permits the development of either a winning relationship or a losing relationship (Figure 3).



A 'WINNING' OR 'LOSING' RELATIONSHIP

3a



A 'NON-WINNING' RELATIONSHIP

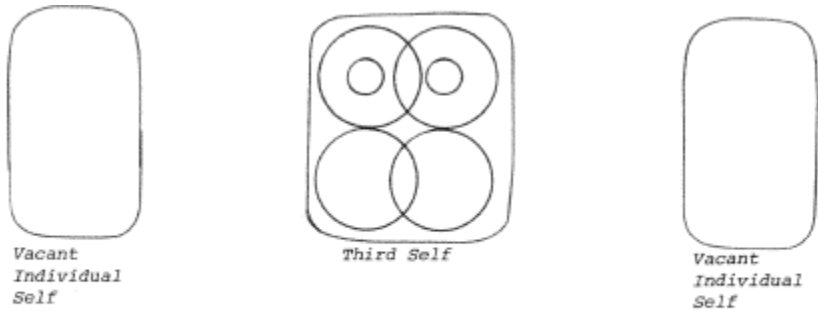
3b

FIGURE 3.

There are, of course, other derivatives. Perls (1970) states that pathology is indicated when either extremes of contact or withdrawal are apparent. This is illustrated in Figure 4.

With any autonomous or intimate relationships, both parties must move in and out of the third self. If both parties are continually in the third self (Figure 4a), then games will eventually ensue and the quality of the relationship will deteriorate. People in this situation appear as though they are stuck together by glue. They do not spend much time apart, they always know where the other party is, and they have all the same friends.

Any autonomous relationship involves both parties having separate lives, as well as the same life. There must be free movement between the third self and the individual self for both people.



THE 'SUPER-GLUE' RELATIONSHIP

4a



THE 'SCHIZOPHRENIC' RELATIONSHIP

4b

FIGURE 4.

Figure 4b illustrates what Perls (1970) calls isolation or complete withdrawal, and is characteristic of schizophrenia. This individual does not even engage in activities, pastimes or rituals. This causes the third self to be vacant and the other individual self to be vacant. This person exists without any contact.

RELATIONSHIP CLASSIFICATION

At this point it is necessary to make a crucial distinction between relationships and transactions. Consider the complimentary transaction in Figure 5.

In this transaction, ego sends the first stimulus from her Parent ego state to the Child ego state of the other. This is responded to in a

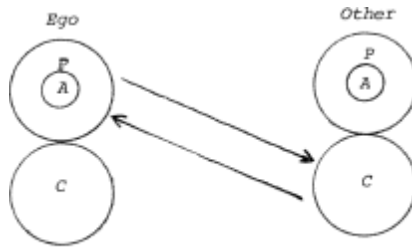


FIGURE 5.

complimentary way by the other sending a second transaction from her Child ego state back to ego's Parent ego state. This does not mean that ego will perceive the other as a child or dependent figure, nor does it mean that the other will perceive ego as a parental figure. (Eric Berne [1971] illustrates some of the different ways people can transact, irrespective of how they view each other).

There are many determinants of a relationship and transactions represent only one third of these. It is quite possible that in Figure 5, ego perceives the other as a child figure, however that perception is not entirely dependent on the transaction indicated. In this paper, transactions and relationships are referring to two completely different levels of human functioning. A relationship is a far more permanent phenomena than a transaction.

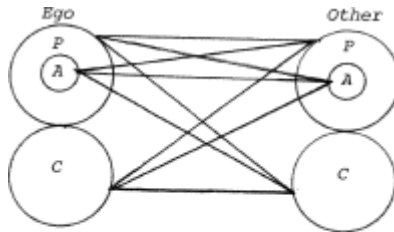
In terms of relationships, there are three ways in which ego can perceive the other. She can perceive the other as:

- 1) A parental figure.
- 2) An equal or sibling figure.
- 3) A dependent figure.

If ego views the other as a parental figure, she can transact with the other in all nine possible ways shown in the relationship diagram, Figure 6. The same applies if ego views the other an equal figure or a dependent figure.

Again it is stressed that the distinction between transactions and relationships is a most important one—it has major implications for script theory, transference theory and therapeutic strategies employed in transference based treatment.

As stated before, relationships, or one's perception of another, is a far more stable phenomena. It is possible to quickly shift ego states and cross transactions, whereas it is not possible to quickly change



RELATIONSHIP DIAGRAM

FIGURE 6.

from perceiving another individual as a parental figure to an equal or dependent figure, and vice versa.

The reason for the stability of this perception is because of its dependence on a whole variety of interrelating factors. All these factors are designed to do one thing—to satisfy structure hunger.

In order to have a relationship, and be social, humans must have a structure. The way to obtain this structure is to define the other person; either as a parental, sibling or dependent figure. As noted by Berne (1964), it is very difficult to underestimate the awesome power of structure hunger. It is a gargantuan force that places immense 'pressure' on ego to define and structure others.

To remain consistent with Freudian and Bernian theory, it is necessary to view the role that past history plays in relationship formation and classification. If ego only had parental figures with which to relate in her early life, then as an adult she will perceive most others as parental figures only. That is, she will place her parental figure faces onto those in her present environment. It is this process of placing faces on others, that satisfies structure hunger. This is not necessarily a bad thing. If ego had a very free fun-loving and vital relationship with her father, then in adulthood she will pick parental figures who have free fun-loving and vital relationships. Indeed, the relationship may consist of entirely Child to Child transactions, even though ego perceives her father as a parental figure, and her father views ego as a dependent figure. Thus the relationship is parental-dependent and the transactions are all Child to Child.

If in her formative years, ego did not have equal and dependent figures with which to relate first hand, then in her adult life she will not have the ability to relate to others who represent equal and

dependent figures. She has no faces to put on them, and hence no structure. With no structure, ego *cannot* form a relationship.

It should be noted that the young child's ingenuity at finding dependent and sibling figures is remarkable—Recently, one group member stated that she related to present day dependent figures in much the same way as she used to relate to her play dolls! Children's games of doctors and nurses or mothers and fathers also permit them to establish stable sibling and dependent figures. Younger siblings are also potential dependent figures, as even pets can be. It became apparent to the writer over a period of time that his work in child play therapy groups involved allowing children to practice healthy patterns of relating with parental, sibling and dependent figures.

Consequently, in order to perceive others in the present day setting as either parental, sibling or dependent figures, ego must have had the opportunity to relate to these types of people first hand, in her formative years. For example, if in her formative years she had no sibling or equal figures, then as an adult she cannot perceive others as such. The same applies for dependent figures. Regarding parental figures, logically everyone has at least one of these.

It is now necessary to isolate those factors which allow ego to differentiate parental figures from sibling figures from dependent figures. Some of these are listed below, and can be seen to define the quality of ego's past history.

a) Economic factor: Parents have economic control over children. Employers have economic control over employees, and as a result, the employee is likely to view the employer as a parental figure. Logically the employer will see the employee as a dependent figure, and those who have no economic control over others will view each other as sibling figures.

b) Legal factor: Parents have legal control over children. Those who have legal control over others, such as policemen and sporting umpires, will tend to view their underlings as dependent figures. By the same token, those underlings will view those with the legal control as parental figures. Again, two policemen of equal rank are likely to perceive each other as sibling figures on the basis of this factor, as also are two umpires.

c) Physiological factor: Woollams and Brown (1978) note that the average sized adult female is sixteen times as strong as the average

child. Hence, those who are physically stronger than others may view them as dependent figures and vice versa.

d) Informational factor: Parents know more than children, so different levels of information provide some individuals with a means of structuring relationships. For instance, medics and psychologists have degrees hanging in their consulting rooms, and this will indicate to patients that the practitioner knows more, either generally or in a specific area. This puts pressure on the patient to view the 'expert' as a parental figure, and conversely places pressure on the expert to perceive the patient as a dependent figure. Indeed, this explains why patients suffer transference reactions, and practitioners suffer counter-transference reactions.

e) Social status factor: It was suggested at a recent seminar that social standing may also be a factor. Children have less social status than parents. Thus those in the upper classes may be seen as parental figures while those in the lower classes are seen as dependent figures. Writings on class politics and more recent observations of industrial relations would seem to bear this true. (Note: this is an interesting factor, as it provides a link between political theories and psychological theories.)

It has been found that the relevance of each factor is very individual and situation specific. For instance, some women, while breaking down their sex role scripting, find economic dependence on the husband a very crucial factor; whereas others find it irrelevant to the perception of the husband. The same appears to apply for the other criteria above.

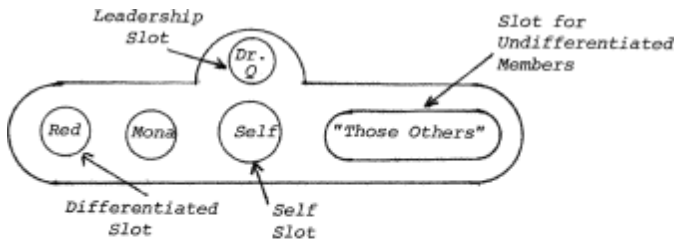
It is unlikely that this list is exhaustive. One group member recently said his criteria for defining others was done purely on the basis of chronological age. Parental figures are older, dependent figures are younger and equal figures are of the same age. It appears that the relentless desire to structure one's internal and external environments, combined with the delightful ingenuity of which humans are capable, will result in the list being endless. The above represents the most common methods by which ego can satisfy his desire to structure relationships.

Transactions, like all the above factors, influence one's perception of another, and are dependent on archaic influences. If in her childhood, ego had a father who transacted with her only Adult to Adult, then in adulthood she would view others who she transacted in the

same way with as parental figures. The same applied for sibling figures and dependent figures.

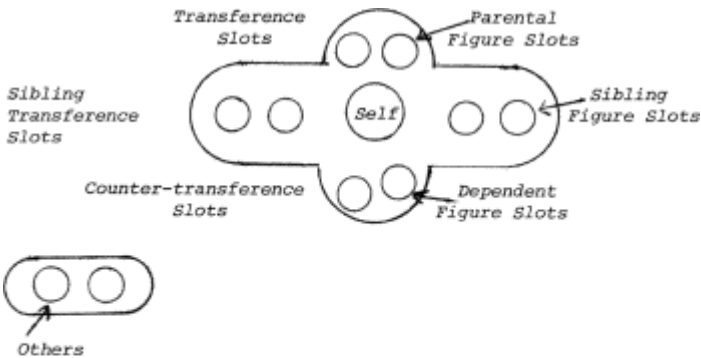
RELATIONSHIP ANALYSIS

Relationship analysis is conducted by using a modified version of the group imago diagram, originally presented by Berne (1963 & 1966). This is shown in Figure 7a. For relationship analysis it is necessary to restructure the diagram to what is known as the script imago diagram—Figure 7b.



THE GROUP IMAGO

7a



THE SCRIPT IMAGO

7b

FIGURE 7.

Berne states that the slots on the group imago diagram are formed in childhood and are emotionally charged in accordance with the past experiences of the individual. The same applies for the script imago. As ego goes through life, she will meet a whole series of people;

each one, depending on their script, will be placed in either a differentiated slot or the 'others' slot. When placed in a differentiated slot, ego will establish a relationship with that person. This includes winning and losing relationships as well as non-winning relationships.

For example, if in her formative years, ego developed a parental figure slot for dad, and she happened to have had a very intense uncomfortable relationship with him, then in adult life, when she meets someone with the same script as dad, she will put him into that slot and develop an intense, uncomfortable relationship with that person. Conversely, she may have formed a sibling figure slot with her sister. If that early relationship was carefree and caring, then in adulthood others who are like the sister will be placed in the sibling figure slot and caring, carefree relationships will develop. Alternatively stated, placing an individual into a slot involves placing someone else's face on that person.

The leadership slot which Berne (1966) also calls the 'transference' slot is "invested with the same libidinal characteristics that would be involved in the transference if the patient were formally psychoanalysed" (p. 154). As transference occurs with parent figures, in the script imago diagram the parental figure slots can also be named the transference slots.

Berne (1966) goes on to state that the differentiated slots other than the leadership slot, are also the result of early experiences. In the script imago diagram the same situation applies. However with the group imago diagram it is not known whether those put in the differentiated slots by ego, are seen as equal or dependent figures. In order to gain a clearer understanding of relationships, these two are separated out in the script imago diagram. Those who remind ego of dependent figures will be placed in the dependent figure slots. Therapists who have counter-transference problems with certain types of patients would have experienced those same problems in their formative years. The patient is placed into a dependent figure slot by the therapist and then a problematic third self develops between the patient and therapist.

Those seen by ego to be of equal power will be placed in the sibling-figure slots. These slots are also the result of early experiences and therefore will also be emotionally charged. Relationships with these people will depend on the sibling-transference. This term is further outlined in the next paper.

Berne (1966) says that the 'others' or undifferentiated slot is a reservoir for further differentiation. For instance, if ego has an imago with two parental figure slots and at the present time she has two parental figures filling them, then when another parental figure is met, that person will be placed in the 'others' slot, as there is no parental figure slot left. Simply stated, in this case ego has enough friends and enemies at the present time. If one friend dies or leaves, then a slot will become available and ego will go to her reservoir and pick out another person to fill it. (This assumes of course that the 'other' presently has a slot available for ego.)

As shown in the script imago diagram, the 'others' slot is placed outside the main body of the diagram. In this case the 'others' slot is seen to be comprised of two types of individuals. As with the group imago it includes those whose scripts 'fit' with ego, but at the moment she has no available slot. It also includes those individuals whose scripts do not 'fit'. For instance, if ego has parental figure slots that only permit critical individuals, then she will place all non-critical parental figures in the others slot. She will only ritualize and perhaps pass time with these people as they do not play the 'right' games or engage in intimacy.

It is most common to use the family groups for defining what type of relationship ego will have with the respective slot members in the script imago. However, present day groups such as social groups, work groups and therapy groups may also provide adequate data on which to base ones relationship analysis. Once the figures have been designated to their respective slots, a script questionnaire may be used to gain insight into the quality of the relationship. Unfortunately, however, most script questionnaires only define relationships with the parental figures. Any questionnaire which examines ego's relationship with mother and father will elicit information relevant to parental figures only. A notable exception to this is the script checklist presented by Berne (1972) in his last book, *What Do You Say After You Say Hello?*. In that, he presents questions such as:

- What do you talk about with your friends?
- How did the other kids get along with you at school?

Friends and other kids at school are most likely to be found in the sibling and dependent figure slots, thus it is possible to do a relationship analysis with them.

CONCLUSION

The explanation of relationship analysis presented in this paper provides the stepping stone from structural and transactional analysis to script analysis. As will become apparent over the next few papers, this is a very necessary step to take, as it demonstrates the difference between transactions and scripts, which is so crucial in developing therapeutic techniques from this theory.

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FOOD FOR THOUGHT

My last essay in Food For Thought (Loftus Street Seminar, Number 2*) has caused a number of readers to ask the question: Do you support nuclear war? This question remains abhorrent to me, and represents a gross misunderstanding of the point I was attempting to put across.

First let me state that the concept of nuclear war, whether it be limited or full-scale, represents to me the worst of all possible atrocities of which man is capable. The destruction of human life, and the painful suffering it causes, makes it something that must be avoided at all costs. Those are my views on the subject.

As a student of knowledge who is concerned with the advancement of science, both in its function and structure, I am confronted with the need to be objective. That is, while compiling these ideas, which Tony White has most graciously asked me to do, I must as a scientist discard all my personal feelings, thoughts and beliefs. If I can achieve this, then I have passed the first major hurdle in my student-ship.

It appears that I have achieved this in my last report. I was able to suppress my strong negative feelings for nuclear war, and use it as an example, to illustrate that destruction and construction are synonymous. Therefore, I should be applauded. However, now, upon reflection, I reject that applause.

The separation of objective scientific investigation from personal feelings and opinions has allowed us now to place the entire human species in a perilous situation. We do however have what some believe to be a safety mechanism. That of ethics committees. Every reputable scientific association has an ethics committee.

As a result, those who construct and engineer nuclear weaponry can justify their actions by referring those who charge unethical actions to the ethics committee. Oppenheimer, the creator of the atomic bomb, did not act unethically according to his ethics committee. Yet at the same time he knew that he was creating a horrific device: What were his feelings about that!

* Reproduced in this volume on page 31.

But you may argue that he only created them, it is not his decision if they are ever used or not; or one could argue that if we, the good guys, get the bomb first, then we can stop others from using theirs later on. All these arguments are true and they do illustrate that Oppenheimer was not unethical.

Yet, despite this, I ask myself the question: would I invent the atomic bomb? As a scientist I can answer yes; as a human being I can only answer no. This difference exists because as a scientist I have learned to discard my beliefs and feelings. The limits of my behaviour as a scientist are defined by my scientific association ethical guidelines.

Perhaps we need to define scientific 'objective' ethics and human 'subjective' ethics? Perhaps ethics committees and ethical guidelines of scientific associations actually encourage human 'subjective' unethical behaviour. Scientists can have a clear conscience because what they do is within the guidelines; yet as a human, it is outside the guidelines. For instance, I permitted myself to state that I would create nuclear weaponry, as a scientist, but as a human I know this is grossly unethical. How can these be reconciled?

TOBIAS BOZWORTHY

THE PSYCHOLOGY OF SCIENCE

DYADIC MODEL OF KNOWLEDGE

INTRODUCTION

The previous paper by White (1984) on the paradoxical nature of knowledge* included a critique of Cohen and Nagel's (1934) system of four ways of knowing. It was demonstrated that the first two ways—the tenacious and authoritative approaches—were in fact, not ways of knowing, but instead are ways of subscribing to knowledge.

This paper agrees that the last two ways of knowing presented by Cohen and Nagel (1934) are in fact ways of knowing. It is the goal of this paper to elaborate on these by proposing a dyadic model of knowledge.

DYADIC MODEL OF KNOWLEDGE

Margaret White (1983), in outlining a procedure for the identification of dyslexia, suggests that it is first necessary to use empirical psychometric tools, such as the Wechsler Intelligence Scales and the Holborn Reading Scale (Watts [1944]). After that has been done, she states, “the diagnostician then needs to rely on clinical intuition and judgement to make a decision as to whether or not this child is dyslexic” (p. 34). This quotation illustrates the combination of two ways of knowing: that is clinical judgement and empirical judgement. The dyadic model of knowledge agrees with this and proposes that these two ways of knowing be called:

- 1) Reflective inquiry.
- 2) Inflective inquiry.

With regards to reflective inquiry, its primary goal is to define facts which can explain humans and their environment. As noted by Keppel (1982), in this case a fact is defined as a repeatable finding. Alternatively stated, a high level of inter-experiment reliability is attained in relation to the relevant fact. This method of knowing, or inquiry, is equivalent to highly empirical research. Everything that is known this way must be concretely observable, as this is the only way to obtain a high level of inter-experiment reliability.

* Reproduced in this volume on page 33.

Research involving this method of inquiry, characteristically includes an explanation of the experimental design, a statement about the method and procedure used, a description of the results and the analyses performed on the results, and finally a discussion of those results. All this is necessary in order to obtain repeatable findings. The principle advantage of this method, is that it allows scientists to see the same entity and understand the world in a clearly uniform way.

Journals which primarily subscribe to this method of inquiry are: *Acta Psychologica*, *Australian Journal of Psychology*, *British Journal of Psychology* and the *Journal of Verbal Learning and Verbal Behaviour*, to name a few. As stated in the Editorial of the *Australian Psychologist* (Morgan [1983]), theoretically this sounds good. However when the knowledge obtained via reflective inquiry is to be used, then major assumptions need to be made, and in many cases, this may reduce the potency of reflective inquiry.

The method of inflective inquiry is only partially similar to what Cohen and Nagel (1934) call the method of intuition—hence the name change. The primary goal of this form of inquiry is to define facts which cannot be known via reflective inquiry or large-sample statistical studies. Reflective inquiry must assume that all important things about the world are concretely definable. Inflective inquiry does not need to make that assumption. Morgan (1983) states that this method of knowing occurs in the consulting room of the practitioner rather than in the laboratories of the scientist, where reflective inquiry takes place.

Many psychotherapists will state that early childhood experiences play a major role in the development of mental illness. With our present experimental technology it is not possible to find ‘proof’ or ‘disproof’ for this statement using reflective inquiry. Research in this area simply has too many loopholes.

Eysenk and Wilson (1974) state that there is no evidence at all for psychoanalytic theory. Yet they fail to make another very crucial statement: there is no evidence at all *against* psychoanalytic theory, (evidence in this case being empirical experimentation or reflective inquiry). Freud suggests that fantasised sexual trauma in early childhood results in hysteria in adulthood. It is not possible to research this with reflective inquiry, one must use research using inflective inquiry. Longitudinal personality research over a time span of 30

years cannot come to any substantial conclusions of ‘proof’ or ‘dis-proof’. Thus we need to use inflective inquiry research. A preliminary statement on how this can be done is proposed by Strauss and Hafez (1981). Journals which follow this form of inquiry are: *Voices, International Journal of Psychoanalysis, Group Psychotherapy*, and the *International Journal of Group Psychotherapy*, to cite a few.

FURTHER ASPECTS OF INFLECTIVE AND REFLECTIVE INQUIRY

Due to evolutionary factors, humans can accept information in five ways: by sight, sound, smell, taste and touch. Reflective inquiry only uses gross visual and auditory perceptions, whereas inflective inquiry uses both gross and subtle auditory and visual perceptions, and to a much lesser extent the perceptions of smell, taste and touch. For instance, consider the problem of discerning angry children from non-angry in a play group. If one wishes to use reflective inquiry then he must define anger in gross terms that can be perceived visually or auditorily. For example if Johnny hits another child four times then he can be seen to be twice as angry as Billy who only hits twice. With inflective inquiry one can also cater for other less obvious perceptions. For instance, what if Billy has a look of intense hate on his face as he hits out while Johnny has a bored expression. This may indicate that Johnny is not angry at all but is hitting out because he is bored. Yet it is not possible to define in concrete, gross visual or auditory terms an expression of intense hate or a look of boredom.

Alternatively, history may be seen to be of importance. If Johnny has been brought up in an environment where it is acceptable to hit out at even slight provocation, then he may be less angry than Billy who has learnt only to hit out when extremely angry; even though Johnny hits more times than Billy. All these other factors can only be taken into account whilst using inflective inquiry.

The above represents an attempt to introduce the dyadic model of knowledge to readers in a concrete sense. This, however, represents only a partial understanding of it. As a result, it is necessary to use examples to further illustrate aspects of this model.

PERSONALITY AND THE DYADIC MODEL OF KNOWLEDGE

As noted previously, there are two general approaches to personality assessment—the holistic (gestalt) approach and the atomistic approach. Consider Figure 1, below.

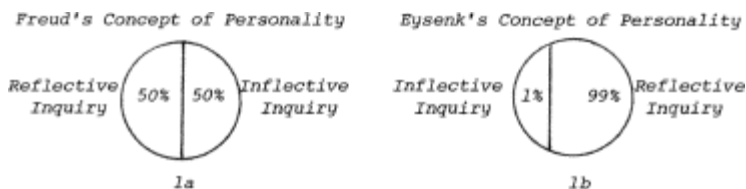


FIGURE 1.

Figure 1a illustrates that it is only possible to understand 50% of Freud's personality theory through reflective inquiry. The other 50% must be understood through inflective inquiry. (The actual percentages will vary from psychoanalyst to psychoanalyst, yet this is not of central importance here). Figure 1b shows that Eysenk's model can be 99% known via reflective inquiry and 1% known via inflective inquiry.

This model implies that in diagnosing the personality type of a particular analysand, 50% can be done with gross visual and auditory perceptions of concrete observable behaviours. If one believes that subtle perceptions such as tonus of the muscles, fleeting facial expressions, tone of the voice, psychological history of the analysand, gut reaction to the individual, etc. are important in the diagnosis then one must use inflective inquiry in the diagnostic procedure.

Figure 1a represents a holistic approach to personality assessment. Figure 1b represents an atomistic approach because it defines personality in terms of gross visual or auditory behaviours.

Consequently we now can see that Freud and Eysenk are discussing two completely different concepts or entities. Unfortunately they are both called personality, which gives the appearance that they are the same concept. They are two completely different entities — Eysenk's model is describing a set of concrete gross behaviours, while Freud's model is referring to these plus an enormous number of subtle behaviours, thoughts and feelings. The differences even go deeper than this.

Inherent in the inflective inquiry approach is the role of personal first-hand experience. For instance, Eysenk (1963) states that because the Freudian concept of transference has no sound empirical background, he rejects the notion of transference as merely speculative theory. Yet Freud's concept of transference includes a high percentage of very subtle observables. Eysenk is endeavouring to view

these subtle observables as gross observables—such a task is doomed to failure. Furthermore, Eysenk’s lack of first-hand experience as a psychoanalyst or analyst simply does not allow him to know what Freud meant by the term ‘transference’. It is not possible to understand Freud’s notion of transference simply by reading about it and observing it (even in subtle terms). It includes much more than that, and this extra can only be achieved by first hand experience.

Consequently, Eysenk cannot either accept or reject the notion of transference because he does not know what it is.

Henceforth it can now be understood that not only are inflective and reflective inquiry different ways of observing phenomena, they also represent different languages. This aspect of the dyadic model can explain the phenomena of polarization in psychology, at the deepest level. The author found himself in a somewhat unique position in his psychological training, that of being simultaneously trained in a ‘humanistic psychology’ and a highly experimental psychology. After a time it became evident that not only are these two ‘schools’ discussing different concepts, which they believed to be the same, but they are also talking different languages. Henceforth it is no wonder that extreme polarization exists in this field; each ‘school’ does not understand the language of the other—so there can be no successful communication.

In psychological terms, Griffiths’ (1970) attempt to compare the holistic and atomistic approaches is illogical—it is only possible to compare atomistic approach A with atomistic approach B; or holistic approach A with holistic approach B.

It is most important for readers to realize that they will only gain a partial understanding of inflective inquiry from this paper. It is not possible to ‘know’ inflective inquiry, as it is meant by this author, unless it has been experienced and consciously used.

TYPES OF REALITY

It has been suggested many times before that there is a difference between human reality and actual reality. This can be explained mathematically as:

$$\text{Human Reality} = \text{Actual Reality} + \text{Definition of Reality} \\ \text{(way of knowing)}$$

The presence of ‘actual reality’ in this equation implies that the environment exists outside our perception of it. Hence I am adopting

the position of empirical realism and suggesting that solipsism does not exist. Also illustrated in the equation is that inherent in every definition of a concept is the language by which it is known. As previously noted, a concept can only be verified when one is talking the same language.

Reflective inquiry is restricted in the types of actual reality it can be used to understand. That is, it can only be used to understand those parts of the environment that can be defined or perceived in obvious concrete terms.

Another limitation of reflective inquiry is that it cannot cope with concepts of actual reality that have enormous numbers of variables involved, even though these variables may be concretely definable.

These two characteristics of variables allows us to define four types of actual reality.

TYPE A

In this type of reality, constructs have few variables and they are concretely definable in gross visual and auditory terms. These concepts lend themselves very well to examination by strict empirical experimentation. That is by reflective inquiry. Examples of these are Laws of motion, Eysenk's notion of personality, Archimede's principles, Einstein's theory of relativity, Pasteur's germ fermentation theory, etc.

TYPE B

In this case, constructs or theories contain variables that can be understood adequately in gross perception, yet there are too many variables interacting for reflective inquiry to be workable. Henceforth, inflective inquiry must be used when examining theories of this type. The most obvious example of this falls within the realm of meteorology. Weather forecasting is noted for its lack of predictive reliability. Predicting the path of a cyclone is notoriously unreliable and essentially is a matter of waiting and watching where it goes.

Cyclone movement follows certain laws that can be understood in concrete terms. For instance: air temperature at sea level, at 1,000 metres, at 500 metres, water temperature, air pressure at sea level, and various other levels, geography of the region, wind speed at various heights, solar activity, tidal activity, etc. etc. etc. With present

technology it is not possible to understand the way all these interact; if it was possible, then weather prediction would be far more reliable.

Cattell's theory of personality appears at least in part to be attempting to explain type B reality. His use of primary factors and the problems these have with reproducibility and stability indicate this.

This type of reality requires the use of inflective inquiry in order to understand it. There has been much debate as to whether Cattell should use primary factors, or stay with second-order factors because they are more stable and easier to reproduce (see Griffiths [1960]). Such debate is illogical. There was never any resolution; instead 'people just sort of lost interest in the thing' and went onto something else. When this happens it is likely that two different types of reality are being compared, which is simply a waste of time.

TYPE C

Here constructs have few variables but the variables can only be known via inflective inquiry. They must be experienced to be understood. It is not possible to explain what hypnotism is. To be known, one needs to have been hypnotized, and preferably have also hypnotized others. If one is prepared to speak in the language of inflective inquiry, then it is fairly uniformly agreed that hypnotism exists in certain forms, and each form has certain characteristics. There would appear to be only a few variables involved because it is relatively predictable and there are no major differing theoretical positions.

Different theoretical views of a concept can only exist when the concept includes a large number of variables. Theory A will define variables X, Y and Z as important, whilst Theory B views variables Q, R, and S as crucial to the concept. Both theories believe they are talking about the same construct, when in fact they are defining different aspects of the same construct. This becomes more obvious in Type D reality.

TYPE D

In this type of reality, constructs not only have many variables, but the variables cannot be known via reflective inquiry. They must be known via inflective inquiry because they are not perceivable in gross visual or auditory terms. A good example of this is Freud's concept of personality. In this case there are major theoretical differences, for

instance those proposed by Jung and Horney. However, both these subsequent theoreticians, as noted by Thomas (1981), have subscribed to Freud's basic theoretical system, and given different weightings to the variables within the system. For instance, Jung places much more emphasis on mystical variables than does Freud, hence the Jungian school of psychoanalysis developed. Karen Horney (1939) initially reconsidered the variables of feminine psychology and the death instinct and thus she arrived at an alternative theoretical stance.

This type of reality is not only limited to psychoanalysis. Every system of psychotherapy has a series of 'schools of thought' confined within its theoretical limitations. These schools differ because they view different variables as being important.

CONCLUSION

It is this writer's view that knowledge or the concept of science falls into the realm of Type D reality. The Dyadic model of knowledge could be seen to represent an alternative school to Cohen & Nagel's (1934) 'school'. To understand it one needs to be bilingual; that is, know it in the two languages of reflective and inflective inquiry. It is not possible to understand the concept of Type D reality unless one has experienced inflective inquiry as a mode of knowing.

As with all classification systems they are imperfect, and the system presented here is no exception. Some concepts will fit clearly into one type, whereas others will be less clear. For instance, Cattell's system of personality would seem to have some characteristics of both Type A and Type B reality. To cater for this, the system should be seen to exist on a continuum with each concept differing in 'goodness of fit' in each type of reality.

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PROCEEDINGS

THE TRANSFERENCES: A TRANSACTIONAL PERSPECTIVE

ABSTRACT

The definitional problems of transference are discussed, with special note being made of the extreme diversity of definitions. The transferences are then considered from a Transactional Analysis perspective which leads to the conclusions that winners have winners' scripts rather than being script-free. Also presented is the concept of sibling-transference, which necessarily exists if one accepts that transference and counter-transference exists.

INTRODUCTION

Since Freud (1936) first outlined the phenomena of transference, debate has been rife as to its definition, usefulness and the mechanisms involved. For instance, Freud (1959) states, "In the hands of the physician it (transference) becomes the most powerful therapeutic instrument and it plays a part that can scarcely be overestimated in the dynamics of the process of cure" (p. 122). Such a statement indicates that transference was regarded by Freud as an important psychotherapeutic tool. However, since then, some have viewed transference as inhibiting the process of cure, whilst others maintain that it has no relevance to cure, and still others deny that it even exists! These diverse attitudes have occurred as over the years there has been an abundance of dissimilar definitions of the concept "transference". This indicates that it falls clearly within the realm of Type D reality: White (1984b).

DEFINITIONS

Silverberg (1948) notes that transference has been defined as either, 'embracing the whole affective relationship to the physician' or as 'only a bit of repetition'. Alternatively, Ruesch (1961) views transference from a developmental paradigm, by examining the transformations that the concept has gone through. Initially it was regarded as synonymous with suggestion, then it was considered to be a displacement of affect, likened to the phenomena of resistance and fixation.

Finally the issue is complicated by other writers such as Horney (1939), who discusses 'good' and 'bad' transference images, and Rogers (1961), who outlines various degrees of transference attitudes.

Reflectively, one can observe similarities between the definitional problems encountered here, and those encountered by Erskine and Zalcman (1979), in their explanation of the racket system. To resolve this problem, Erskine and Zalcman (1979) used the conciliatory approach, outlined by White (1984a), and combined the different definitions of rackets into one system, which they named the Racket System.

Regarding transference, the same approach has been tentatively used by Laplanche and Pontalis (1980). They conclude that each definition varies in relation to four areas: (1) Specificity of transference, (2) the relationship between transference and reality, (3) the function of transference in treatment, (4) what is transferred.

This can be seen as the beginnings of a 'perfect' definition of transference. However, in order to gain therapeutic strategies from this definition it is necessary to use specific sections of the overall hierarchy as suggested by White (1984a). He states, "Within each overall hierarchy there are many sub-hierarchies. Different situations, both in applied and theoretical science, will dictate what point of the overall hierarchy is used or examined" (p. 11).

This forms the basis of the paper at hand. Sections of the overall definition are combined and analysed so as to allow the evolution of a transference based therapeutic system. There will be appeals to authority, as the conception of transference presented here has many similarities to Freud and Berne's conceptions of transference. On the other hand, some aspects of the concept presented here differ significantly from previous conceptions. These are included because:

(1) In this writer's opinion they are seen as theoretically accurate.

(2) This is a theoretical explanation of therapeutic strategies, not a theoretical explanation on which to base therapeutic strategies.

Thus we have remained consistent with Berne's philosophy of 'cure them first and find out how later'. This paper provides the first step in the 'finding out how later' part.

SCRIPT FREE OR WINNER'S SCRIPT

Steiner (1971) raises the question: 'Are winners' scripts free or do they have a winners' script?' As noted by McCormick and Pulleyblank

(1979), historically scripts have been seen as artificial, limiting and involve parental programming. It is these characteristics of scripts that have led to a 'school' of thought which suggests that autonomy involves being script-free.

The second 'school' of thought suggests that we are all programmed and limited, but scripts only are artificial if the programming is 'bad'. Without a script we could not exist. This is summed up well by English (1977) who states: "Without a script, the Child ego state would be operating only out of a vacuum of time and space within which there would be no content from which to connect the past to the future, so he would be rootless, like a leaf in the wind. I suspect that certain cases of psychosis represent lack of script formation, as a result of which the individual has no background from which to experience the foreground and, therefore, he operates out of a condition of total disorganization" (p. 290).

This writer agrees with English (1977) that scripts provide us with a way of structuring time and space; without this there is total disorganization of both the individual's internal and external environments. Those who advocate health as being script-free are advocating that people exist without structure. Such a condition could not be attained as humans have a very strong hunger for structure. However, as soon as one has structure, she is also limited, because structure merely allows us to exclude certain stimuli and attend to other stimuli which have been previously defined as important. Consequently, what Eric Berne describes as 'structure hunger' could be adequately renamed 'limitation hunger'.

For example, consider the thought processes of a newborn. Vygotsky (1962) suggests that each newborn possesses syncretic thought. When confronted with a problem, the newborn will put together "a number of objects in an unorganized congeries, or 'heap', in order to solve a problem that we adults would normally solve by forming a new concept. The heap, consisting of disparate objects grouped together without any basis, reveals a diffuse, undirected extension of the meaning of the sign (artificial word) to inherently unrelated objects linked by chance in the child's perception." Each of these groups is created in a random fashion and problem solving is done by trial and error.

This description illustrates thought as chaotic and unstructured. However, it is also unlimited. From day one each individual sets

about creating filters to limit her thoughts, feelings and behaviours. For without this limitation we only have the chaos of syncretism, and it is not possible to be a social being while thinking syncretically. The script can be viewed as a filtering mechanism.

It is at this point that one can appreciate the brilliant ‘discovery’ of Gouling and Gouling (1978), who propose the concept of personal power; where each individual is seen as being in charge of her own thoughts, feelings and behaviours. If this idea is accepted, then the individual can be limited in an unlimited fashion; i.e. the individual can create an ‘appropriate’ script or filter for each situation she enters. For instance, in prison it is wise to have a script that includes messages like: Don’t trust, Don’t feel, and Don’t be close. Whereas, at a jumping up and down party it is more appropriate to have the ‘positive’ injunctions: Be spontaneous, Be close, and Enjoy. Both scripts are equally limiting in that they provide a structure. Even spontaneity is limiting in that it does not allow one to relate in an unspontaneous fashion. It is interesting to note that we now find ourselves in a tautology, as the ‘positive’ injunction of ‘You are in charge’ is limiting in itself. However, following such a chain of thought leads to a philosophical debate, which is outside the limits of this presentation.

SCRIPT AND TRANSFERENCE

This paper subscribes to Eric Berne’s (1961) notion of the close relationship between transference and script. He states: “Scripts belong in the realm of transference phenomena, that is, they are derivatives, or more precisely, adaptations, of infantile reactions and experiences” (p. 117).

As a consequence of this we are immediately confronted with the idea of ‘good’ and ‘bad’ transference. As with the concept of script, historically transference has been viewed as a negative thing that needs to be avoided and analysed. It is suggested here that this is not so, as the author is in agreement with Wolstein (1959) who suggests that transference and counter-transference are not inherently bad or something that needs to be changed.

This difference in the conception of script and transference is seen to result from a subtle problem in Freud and Berne’s research methodology. Their method of research, which could be described as inflective inquiry, was primarily conducted in the consulting room. As a result, those individuals whom they observed contained some

aspect of pathology, and therefore they defined the mechanisms of these individuals in pathological terms. Transference is indeed a mechanism used by neurotics, but it is also suggested that it is a mechanism used by healthy individuals. One only need go and observe them. Thus in using inflective inquiry, one must be very careful not to arrive at conclusions based on a biased sample.

Within this model the process of cure is not aimed at fighting or getting rid of the transference. Instead it is aimed at encouraging healthy transference and discouraging pathological transference. In T.A. terms, cure is aimed at discouraging hamartic scripts, and encouraging winners' scripts.

TRANSFERENCE NEUROSIS AND TRANSFERENCE REACTIONS

Freud (1959a) introduces us to the idea of the transference neurosis, by outlining a difference between transference reactions and the transference neurosis. He states that the transference neurosis represents the whole of the patient's pathological behaviour that is manifested in her relationship with the analyst. Thus the transference neurosis does two jobs: first, as noted by Laplanche and Pontalis (1980), it co-ordinates the apparently unrelated sets of transference reactions. Second, it permits the whole of the patients pathological behaviour to be exposed by becoming related to the therapeutic setting, through the patient's relationship with the therapist.

This finds support in Berne's (1961) definition of script as being a function of transference. He states that scripts are derivatives of infantile reactions and experience. He then goes on to state, however, that the script is far more than just a collection of transference reactions; instead, it includes a whole transference drama, which represents the story of one's life. Again we can see two levels of transference: those being the transference reactions, and the whole transference drama, where the transference reactions form only one part of the transference drama or neurosis.

Consequently we can now see why White (1984c) in his paper on 'Relationship Analysis'* spent time differentiating transactions from relationship, by noting that transactions form only one part of relationships. This is, indeed, separating out transference reactions from the transference neurosis.

* Reproduced in this volume on page 41.

The transference neurosis is displayed in whole relationships whereas transference reactions are displayed via transactions. Berne (1963) defines transference reactions and counter-transference reactions as two specific types of crossed transactions. Whereas in an earlier book, Berne (1961) uses Glover's (1955) writings to indicate that he views the script as representing something very similar to the transference neurosis.

In summary, two levels of transference has been described. First, there are transference reactions which are interpreted as specific sets of transactions. At another level is the transference neurosis, which encompasses whole relationships and is represented by the script. The two levels interrelate as the transference reactions form part of the transference neurosis, and indeed the reactions will effect the neurosis to some degree.

A DEFINITION OF TRANSFERENCE

As noted before, defining transference is a very difficult task and to obtain a definition that allows for a useable model to be derived, it is necessary to be specific and work with only part of the overall definition provided by Laplanche and Pontalis (1980). Thus, the definition used here is one which the writer believes is generally accepted and provides a basis for developing therapeutic strategies.

Ezriel (1950), cited in Berne (1963), views transference as "the residues of unresolved infantile conflicts which are transferred from the past onto objects in the present environment" (p. 60). This is consistent with Freud's (1959b) conception of transference in his paper "The Dynamics of the Transference". He views the transference as that part of the libidinal impulses that have been held up in development, withheld from the conscious personality, and from reality. Thus we have a conception of transference which includes the notions of unresolved infantile conflicts, and arrested development.

It should be added that this represents only the transference that supports the pathology in the individual. Healthy transference involves the results of resolved infantile conflicts, which are transferred from the past onto objects in the present environment. Here there is no arrested development.

Also proposed is the idea of transference not being restricted to only the client-therapist relationship. Instead it occurs in many are-

nas of everyday life. This has been suggested by many others—Ezriel (1950), Freud (1959b), Ruesch (1961) and Berne (1961 & 1963).

TRANSFERENCE AND THE PROCESS OF SCRIPTING

As noted before, this paper agrees with Berne's (1961) contention that the script and the transference neurosis are essentially describing the same phenomena. Closer examination illustrates that the process of script formation further supports Berne's ideas on script and transference.

It is proposed that injunctions and counter-injunctions represent unresolved infantile conflicts that are transferred from the past into the present environment. For example, the youngster who decides not to trust has not successfully resolved the Trust-Mistrust developmental stage and as a result arrested development occurs. In T.A. terms, this arrested development can be described as a second degree impasse which represents a conflict between the Parent in the Child and the Child in the Child ego state. Thus we have our unresolved infantile conflict.

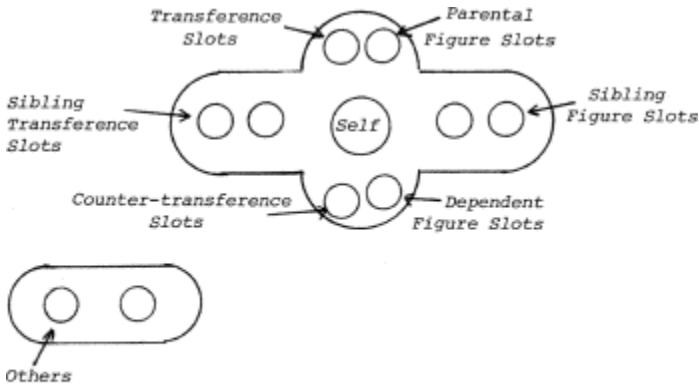
According to Goulding and Goulding's (1978) decisional theory, the Little Professor (A_1) places the early childhood decisions into the Parent of the Child once they become routinized. In adulthood, the individual brings or transfers these early decisions into present situations, so providing an emotional structure with which to relate to others. Consequently, the injunctions and counter-injunctions, which define the quality of the impasse, can be seen as unresolved infantile conflicts which are transferred from the past into the present. This results in the individual experiencing transference reactions and the transference neurosis.

Logically then, the concepts of the permission matrix and the decision scale presented by Woollams and Brown (1978) imply that the child's decision to trust is also placed in the Parent of the Child, when it became routinized. Such a healthy decision is then transferred into the present just as are pathological decisions. Consequently, the permission matrix is equivalent to a winner's script.

TRANSFERENCE IN RELATIONSHIPS

It has already been noted that transference occurs not only in the consulting room, but in many areas, indeed all areas of everyday life. It is possible however, to isolate those times when the transference

neurosis and transference reactions will occur, as opposed to the counter-transference neurosis and counter-transference reactions.



THE SCRIPT IMAGO

FIGURE 1.

White (1984c) notes that there are three ways to perceive another individual:

- 1) As a parental figure.
- 2) As an equal or sibling figure.
- 3) As a dependent or child figure.

The transference neurosis and transference reactions occur in response to parental figures; that is why the parental figure slots in the script imago diagram can be renamed the transference slots. This contention is congruent with many other writers. Freud (1909) states that it is the client's relationship with his parental figures that are once again lived out in the transference. (Note that parental figures need not only be the biological parents but can also be others such as older siblings or friends.) At a later time Freud (1938) made a similar statement, stating that the transference comprises of both positive and negative attitudes towards the analyst, who, as a rule, is put in the place of one or other of the patient's parents; his mother or his father. In his first general statement on transference, Freud (1959b) stresses that transference is connected with 'prototypes' or imagos, mainly the imago of the father. The doctor or analyst is then inserted into one of these psychical imagos which the patient has previously formed. Others who support this position are Foulkes and Anthony (1957) and Berne (1957 & 1963).

Therefore, a transference reaction will occur when the individual perceives the other as a parental figure. The vast majority of clients view therapists as parental figures, which means that they place the therapist into the parental figure slot and form a transference neurosis, if time permits.

A DEFINITION OF COUNTER-TRANSFERENCE

Both Laplanche and Pontalis (1980) and more recently Novellino (1984) note that classically, counter-transference has had two definitions.

1. It refers to the total psychological response of the therapist to the patient.

2. In a more restricted way, it is seen as a psychological reaction of the therapist based on a reworking of his infantile experience. This is seen to be similar to Berne's (1963) description of counter-transference reactions as a specific type of crossed transaction.

As with the definition of transference, we are confronted with two levels of counter-transference. Number two can be seen to define the transactional level; that of counter-transference reactions. Whereas number one refers to the entire relationship, viewed from the therapist's position. Again, number two is encompassed in number one but with number one including much more. It is named the counter-transference neurosis.

As Novellino (1984) notes, transference and counter-transference are two sides of the same coin which originate as reciprocals of each other. "Both are always present and counter-transference is stimulated in the therapist because the patient represents some of his internal objects" (p. 65).

This is supported elsewhere, with the suggestion that counter-transference is also the result of unresolved conflicts. For instance Freud (1959c) states: 'We have begun to consider the 'counter-transference', which arises in the physician as a result of the patient's influence on his unconscious feeling" (p. 289). Later on in the same paper he also states: "We have noticed that every analyst's achievement is limited by what his own complexes and resistances permit" (p. 289). Alternatively Tauber (1954) views counter-transference reactions as being due to blind spots, private needs, irrelevant attitudes, biases or moral prejudices on the part of the therapist. Whilst Lorand (1950) can be seen to sum up these definitions by concluding that

counter-transference is due to unresolved problems within the unconscious of the analyst.

This paper agrees with these definitions, by concluding that counter-transference is the transference of unresolved infantile conflicts from the past onto the present. However, in order to maintain consistency with the previous definition of transference, healthy functioning in counter-transference involves the transference of resolved infantile conflicts from the past onto the here and now.

Just as transference occurs in response to parental figures, counter-transference occurs in response to dependent or childlike figures. For instance, Starke (1973) states that counter-transference often takes the form of a projection on to the patient of an attitude adopted by the analyst towards his own children. Berne (1963) supports this with the suggestion that counter-transference reactions occur commonly with actual parents inappropriately responding to their offspring. Consequently, those who remind us of dependent or childlike figures that we related to first-hand, in our formative years, will be placed in the dependent figure or counter-transference slots in the script imago—Figure 1.

Some have found the problem of counter-transference quite perplexing in terms of conflict formation. It is easy to understand how a parent can suppress or deny their children's full expression of natural Free Child behaviour. This results in emotional reactions to the parents by the children, which are transferred from the past to the present. Some have found it difficult to understand how a dependent can suppress the parent's expression of Free Child behaviour, or id impulses. One merely needs to have had dealings with young children to understand how this happens. Children place enormous restrictions on parent's time and energy. This can in fact happen in one of two ways, each requiring somewhat different techniques in order to gain resolution of the conflict. This is outlined in more detail in the next paper.

SIBLING-TRANSFERENCE

White (1984c) states that besides perceiving others as either parental or dependent figures, one can view them as sibling or equal status figures. This is sometimes found in siblings who see each other as equals, and occurs commonly with friends at school or other co-workers. We all need a script to enable us to structure a relationship with

others. It has been shown that the formation of a transference neurosis and reactions allow us to structure a relationship with parental figures. The advent of the counter-transference neurosis and reactions provide structure for a relationship with dependent figures. Yet there is no reactions on neurosis with which we can structure a relationship with equals or peers. Thus it is necessary to define a third type of transference, which is called sibling-transference.

Most of us have 'good' and/or 'bad' relationships with others who are seen as being of equal status and power. These relationships are based on resolved and unresolved infantile conflicts (which occur in response to other equals in our early years); these are then transferred from the past onto objects in the present. Siblings can be annoying and restrictive just like parents can be, yet the most common feature of this form of transference is usually competition. If one subscribes to Freud's sexually based theory of personality development, then this form of transference is seen to gain its genesis with the advent of the Oedipus complex. With male children, the boy will alter his perception of the father by seeing him more as a competitor than a caretaker when the Oedipus complex begins. He may at other times still view the father as a caretaker/parent, thus illustrating that it is possible to view the same person in more than one transference slot. The relationship that develops between the father and the son during this stage will determine the quality of relationships which the son has in adult life. Of course he will establish other sibling figures in his formative years and these also will determine how he relates to equals in later years.

In the therapeutic setting the formation of a sibling-transference neurosis and sibling-transference reactions will be based on the past history of the client and therapist. If the client views the therapist as an equal, then these will develop. Alternatively, if the therapist views the client as an equal, then these will also occur in the therapist's reactions to the client.

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FOOD FOR THOUGHT

In this essay I wish to examine a problem that afflicts us all. Under the direction of my psychiatrist, I recently took six week holiday in response to my problem of over-work with my anthropological studies. So with this new attitude I travelled to Nigeria with a guilt-free conscience.

While I sat in the hotel bar, drinking beer and watching cricket, I was approached by one of the elders of an outlying nomadic tribe. He asked me if I would be the judge for their up-coming 'Boy George look-alike' competition. Reluctantly I agreed.

While out at the camp, I met a surgeon from the London Hospital, who I presumed was Dr. Livingston. He was on three months long-service leave and had decided to come to Nigeria to help fight disease among these poverty stricken nomads. I marvelled at how self sacrificing this man was. Yet upon this, I again heard that voice say, 'Question all'.

Amid our lengthy discussions he told me how guilt stricken he becomes when he is not working on his holidays. He appeared so selfless that I went to my dictionary to check the definition of 'selfish'. It was defined as: 'alive only for personal profit, or pleasure'.

But I began to wonder about this man Dr. Livingston. If he was so guilt stricken when on holidays, then he came to Nigeria so as to alleviate his feelings of guilt. Indeed he came to reduce his pain and increase his personal pleasure. So he must be seen as selfish. He is even worse than those at home who enjoy their holidays. He is here in Nigeria being selfish and pretending that he is not, whilst those at home are being selfish, but at least they are not fraudulent.

TOBIAS BOSWORTHY.

THE PSYCHOLOGY OF SCIENCE

PSYCHOTHERAPEUTIC CONSEQUENCES OF THE DYADIC MODEL OF KNOWLEDGE

INTRODUCTION

In the previous paper by White (1984)* it was shown that there are two ways of understanding or perceiving the world in terms of conducting scientific experiments. One is called reflective inquiry and is equivalent to both large and small scale statistical surveys. The second is known as inflective inquiry, and is equivalent to 'clinical' judgement and most often occurs in the consulting rooms of practising psychotherapists. Historically, this approach has been seen to use the 'case study' technique of investigation. Yet this represents a gross misunderstanding. Good inflective inquiry research involves testing hypothesis against a great number and wide variety of patients.

Reflective inquiry, by its nature of striving for calculable inter-experiment and calculable inter-experimenter reliability, reduces its investigative range. It can only investigate those concepts or constructs that are definable in gross visual and auditory terms. Anything that is not definable in this way cannot be investigated with reflective inquiry. Inflective inquiry can be seen to incorporate reflective inquiry plus much more. Thus it is not restricted only to concretely definable constructs. It is not possible to mathematically calculate the inter-experiment reliability of inflective inquiry experimentation. Again the reliability must be calculated in less concrete terms.

THE ROLE OF TECHNOLOGY

Because reflective inquiry is restricted to constructs, only definable in gross visual and auditory terms, it necessarily becomes restricted by technology. For instance, consider Louis Pasteur's germ fermentation experiments. In these experiments he used the filtration of air and the exposure of unfermented liquid to the air of the high alps. Prior to this time, the accepted theory was that all life is spontaneously generated. Consequently, there was no need to conduct any form of surgery in sterile conditions. It was not until 1864 when he conducted his air

* "Dyadic Model of Knowledge", reproduced in this volume on page 57.

filtration experiments that he was able to supply new strong reflective inquiry evidence to refute the spontaneous generation of life theory, and provide strong evidence for his germ fermentation theory. However, prior to 1864 he 'knew' through inflective inquiry that germs were responsible for infection, yet he had to show this in gross visual and auditory terms before it would be accepted by the medical community.

Let's suppose that the air filtration equipment necessary for his experiments had not been made until 1890. Then, there would have been a period of time from about 1860 to 1890 when he could only 'know' the fermentation properties of germs through inflective inquiry. If he had suggested to the medical profession that they should conduct surgery in sterile conditions, then he would have been accused of quackery as he did not have any reflective inquiry evidence. Consequently, thousands of people would have died because of the refusal to accept inflective inquiry evidence.

As noted before by White (1984), it is not at present possible using reflective inquiry to gain evidence for or against the theory that emotional problems result from early childhood experiences. We simply do not have the methodological technology to do it. We do, however, have an enormous amount of inflective inquiry that 'proves' archaic experiences as important to personality development; this is possible as inflective inquiry is much less dependent on technology.

THE QUESTION

This predicament leaves each clinician or psychotherapist with a very important question to answer. If we do not have the technology to 'know' something through reflective inquiry, do we or do we not investigate it with inflective inquiry. It is this writer's belief that in order to remain ethical, we must.

Any psychotherapy that is only based on reflective inquiry, or strict empirical research, is unethical and needs to be discouraged at all costs. For it assumes that we have the experimental technology to know everything of importance in regards to personality development. Those who totally reject empirical research are also acting unethically, as they are assuming that we do not have the technology to know anything about personality. Thus we are left with inflective inquiry which includes reflective inquiry plus clinical 3 judgements. This makes neither of the above assumptions.

The clinician who bases his therapy entirely on strict empirical research needs to ask himself the question: 'Am I doing this because I believe it to be true or because I hate the humanists?' Logically, the clinician who rejects all empirical research must ask the question: 'Am I doing this because I believe it to be true or because I hate the behaviourists?'

There is no way of proving one or the other. Each clinician can only answer the question for himself. With one answer, clients will get better; with the other answer, clients will suffer because of the clinician's personal dislike for others.

BILINGUAL OR UNILINGUAL

It is most unfortunate that the vast majority of institutions offering psychology programmes are unilingual. They are either humanist or behaviourist. As noted by White (1984), students of these programmes will only learn one language with which to know or study the 'psyche'. It is common to find institutions offering the alternative, yet in most cases they are merely token gestures.

For instance, while considering alternative institutions for further study, the author found one that appeared to give a wide cross-section of psychotherapies, ranging from psychoanalysis to behaviour modification. Upon closer investigation however, it was found the psychoanalysis was done in week one!

The injection of psychoanalysis into a programme not only involves the understanding of the theory, but a learning of an entirely different language, or way of understanding people. One can only learn a language by speaking it. It is not possible to learn the language by reading books. One must have first-hand experience practising (speaking) it.

CONCLUSION

In order to remain ethical, therapists must use every possible means of understanding. Theoreticians do not have to do this. Again we are brought back to Eric Berne's statement: 'Cure them first and find out how later'. That is, it is necessary to base theory on therapy, rather than therapy on theory.

To date most theories have encompassed only one way of knowing. Thus any therapy based on a theory will only possess those techniques that can fall within the confines of its language. Becoming

bilingual doubles the therapist's number of therapeutic strategies.
And surely, this is the only ethical solution.

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PROCEEDINGS

THE EXPANDED SCRIPT MATRIX

ABSTRACT

This article examines the classical Script Matrix in reference to transference phenomena. It is proposed that there is a confusion of the three types of transferences in this matrix: namely, transference, sibling-transference and counter-transference. Consequently, the Expanded Script Matrix is presented to cater for the confusion. This permits a more accurate analysis of not only scripts, but also structure, transactions, and games. Appreciation is expressed for the contribution Margaret White made in the final drafting of this paper.

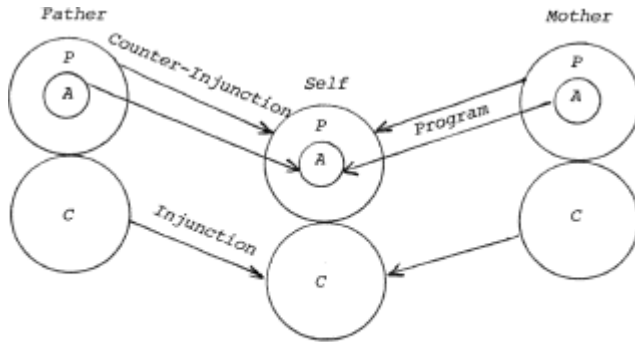
INTRODUCTION

On many occasions throughout his writings, Berne outlined the relationship between transference and the script. For instance, in his book *Transactional Analysis in Psychotherapy*, Berne (1961) clearly states that scripts fall within the bounds of transference phenomena. Although this is an astute perception, it is not technically correct within the model of transference as presented by White (1984b). The script matrix originally presented by Steiner (1974) belongs not only in the realm of transference phenomena, but also in the realm of counter-transference phenomena, and equal figure or sibling-transference phenomena. The classical script matrix confounds or confuses all three of these. (See Figure 1.)

This script matrix is an astute instrument to illustrate how individuals get along with parental figures. It does not, however, provide any information as to how each person relates to sibling (equal) figures, or dependent figures.

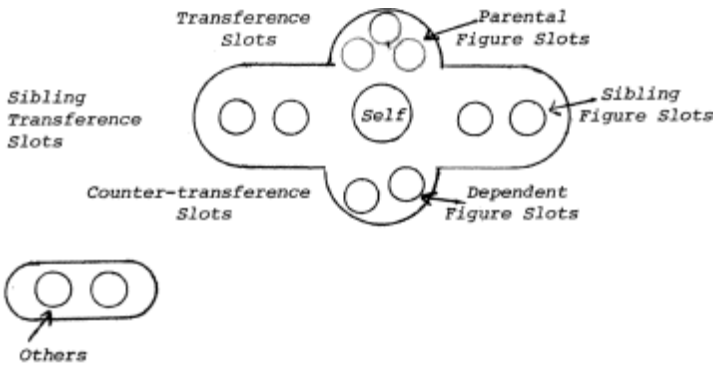
Thus we must expand the classical script matrix out into three sections so as to include all three types of relating that are illustrated geometrically in the Script Imago—see Figure 2.

As will be illustrated later, the dependent script matrix belongs in the realm of transference, the sibling script matrix belongs in the realm of sibling-transference and the parental script matrix belongs in the realm of counter-transference. These three scripts are collectively known as the Expanded Script Matrix.



CLASSICAL SCRIPT MATRIX

FIGURE 1.



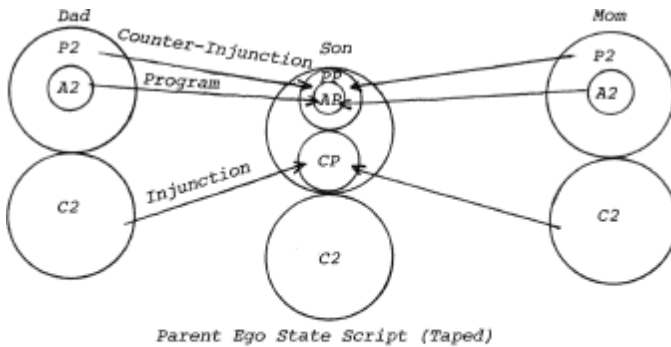
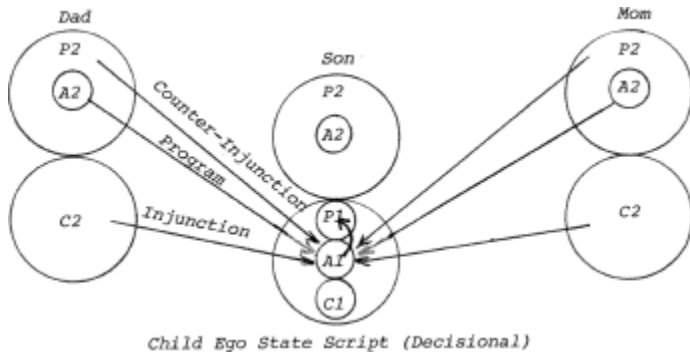
THE SCRIPT IMAGO

FIGURE 2.

SCRIPT FORMATION

The classical script matrix presented in Figure 1. Is very good for predicting human behaviour, however when investigating avenues for changing human behaviour it is necessary to use the matrix presented by White (1984a). See Figure 3, below.

If one wishes to diagnose the etiology of a particular problem, then one must first decide if it is decisional based or results from imitation or modelling. Figure 3 illustrates this. Decisional based problems require the use of redecisional techniques, whilst problems resulting from imitation require the use of identificatory techniques.



3b

THE DIAGNOSTIC SCRIPT MATRIX

FIGURE 3.

When presenting the Expanded Script Matrix in diagrammatic form, the diagnostic script matrix will not be used, as it is too cumbersome. Instead the classical script matrix style will be used, even though for diagnostic and therapeutic purposes it is inaccurate.

THE NEED FOR AN EXPANDED SCRIPT MATRIX

If the quality of an individual's relationship with her parents is different from that with her children and with her peers, then the Expanded Script Matrix is indicated. As noted by White (1984c), most script questionnaires only examine or define the quality of one's relationship with her parents. Thus in terms of the script imago we are only examining the individual's relationship to those who are placed

in the parental figure slots (which are most often occupied by the biological parents).

If as a child, the individual learnt not to trust her parents, then anyone placed in the parental figure slots will not be trusted. This does not mean that the person will not trust dependent or equal figures. So those placed in the dependent figure slots and those placed in the sibling figure slots may be trusted by the same person. In treatment the therapist needs to be acutely aware of what slot is relevant so as to avoid misdiagnosis. The Expanded Script Matrix allows us to fulfil this need.

CHARACTERISTICS OF THE EXPANDED SCRIPT MATRIX

The Expanded Script Matrix is diagrammed in Figure 4. It consists of three separate sections in each of which the youngster has a different position in relation to the others. For instance, in the dependent script matrix, she perceives herself as a dependent figure, and those she is currently transacting with as parent figures. Thus the dependent script matrix depicts her as the child in a parent-child relationship. The sibling script matrix diagrams the child at the same level as her sibling figures, so indicating the absence of any one up-one down relationship. Finally, in the parental script matrix, she is positioned higher than the dependent figures, indicating her as the parent in a parent-dependent relationship.

Important to this model is the concept of private structure and public structure. Berne (1963), in his description of the group imago, explains how the individual's private structure relates to her perception of herself and others, irrespective of how she is supposed to perceive them. This is also the case in the Expanded Script Matrix. For instance, in a family system, parents are formally in the parent role, however informally they may not be and the child may perceive them as either siblings (equals) or dependants. If this is the case, when she interacts with her biological parents, she would not be receiving dependent script messages, but rather sibling or parental script messages, depending on how the parents are viewed by her at that time.

Alternatively, in some families, particularly large families, it is found that all siblings do not view each other as equal or sibling figures. Instead, some siblings will start to look after or parent other siblings. When this is the case, the private structure deviates from the public structure, and in script analysis, it is the private structure

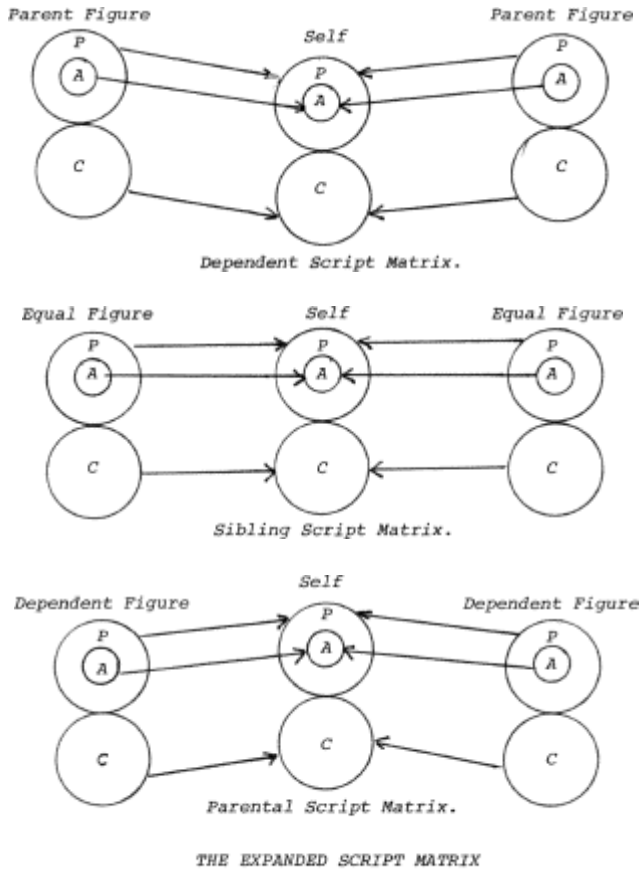


FIGURE 4.

that is of crucial importance. Hence script analysis with the Expanded Script Matrix involves an analysis of the individual's private structure rather than her public structure.

SCRIPT ANALYSIS

Script analysis within this system proceeds in two stages. Firstly, it is necessary to define those individuals who the person has slotted into her script imago, at all three levels. Secondly, the messages received from each of these slots is clarified using a script questionnaire.

In order to complete the first stage, White (1984c) notes that it is best to use the early family group to allocate to the various slots.

However, present day groups such as social groups, work groups or sporting groups also are adequate to use.

Once the figures have been designated to their respective slots, script questionnaires may be used to elicit the messages received by the person. Most script questionnaires, however, are biased towards eliciting only messages relevant to the parental figures. That is, the messages which the child uses to structure her life as a dependent figure. Any questionnaire which uses the child's relationship with mother and father as a basis for script information is likely only to get information that is relevant to the dependent script matrix. A notable exception to this is the script checklist which Eric Berne (1972) outlined in his last book, *What Do You Say After You Say Hello?* In this he presents questions like: What do you talk about with your friends? How did the other kids get along with you at school? Friends and other kids at school are more likely to be found in the sibling figures slots, henceforth the messages elicited here will be relevant to the sibling script matrix. (Unfortunately, space and time do not permit a fuller expanded script questionnaire to be presented here.)

OBSERVATIONS OF THE EXPANDED SCRIPT MATRIX

It is common to find the same individual occupying more than one level of the script imago. For example, the child may have perceived Dad sometimes as a parental figure and sometimes as a sibling figure. This is seen as being healthy, and indeed an autonomous relationship could be seen as one in which one party perceives the other party in all three types of slots and presenting healthy messages from those slots. The key to accurate script analysis on the expanded script matrix is to make sure that the messages are allocated to the correct matrix.

It is possible, although not common, to find a complete lack of messages at the sibling or equal-figure level. The script imago representing this script type is presented in Figure 5a.

In terms of co-therapy relationships, the person in Figure 5a will not perceive the other as an equal, as she has no structure with which to relate to the other as an equal. She may, however, find a suitable parental or dependent figure, and if both parties agree on their complementary positions, then there will be a harmonious co-therapy relationship. The healthy co-therapy relationship is the one where both parties can shift readily to all three levels on their script imagos.

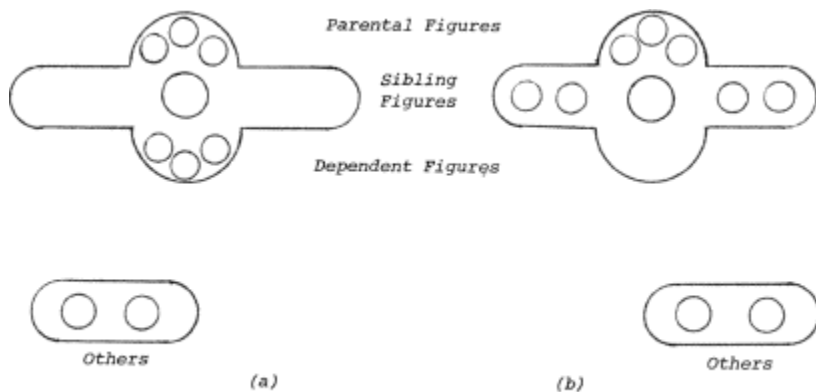


FIGURE 5.

A smoothly functioning co-therapy team results when both therapists know each other well and when one party shifts position there is a quick counter-shift by the other party.

In everyday life, the person in Figure 5a may have what she calls friends and companions, but she will either look after them, or be looked after by them. She will avoid perceiving others as sibling or equal figures *at all costs*. The emphasis illustrates that the intensity of the avoidance behaviour is quite extreme. With clients of this type, one of the primary therapeutic goals is to create sibling figure slots in the client's script imago. This is enormously difficult to do.

It is also possible to find scripts like the one presented in Figure 5b. In this case the person has no dependent figures. As a therapist, such a person would not experience any counter-transference issues because she has no counter transference figures. Although this may appear 'good', it is viewed as unhealthy because it is limiting. As a biological parent, the person in Figure 5b will have a great deal of trouble relating to young children. One common response is to become highly permissive and let the children do what they want; thus the parent essentially does not have to relate to them as a parent. If the individual has neither sibling nor dependent figures, then extreme pathology is likely to result. In this case, the offspring of the person, will, from a very early age, be required to parent the biological parent.

The author has yet to come across a script imago that has no parental figure slots. Logically this seems reasonable, as it is unlikely

that the newborn would perceive her biological parents as equal or dependent figures.

It is however not uncommon to find individuals who do not have any parental figures with which they have a present ongoing relationship. This is diagrammed in Figure 6.

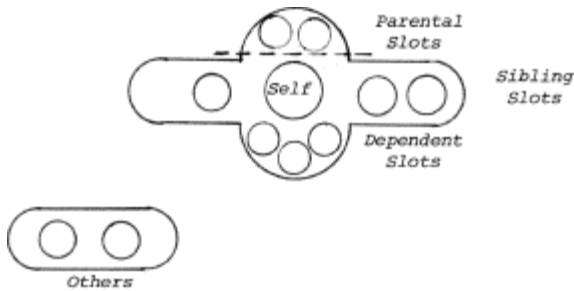


FIGURE 6.

Such a situation can occur sometimes during the therapeutic process. When a client moves from Conforming Child to Rebellious Child, this move involves her refusing to be with her parents or parent figure-type people. In this case, the parent figure slots have not been removed because the individual will still slot people into them and then push those people away. So in this case the parental figure slots are still very important.

MESSAGE POWER

You may now be asking yourself, 'how can a dependent figure impose a message onto someone who is seen to have more power?' Parents can impose messages onto children because they can threaten the removal of strokes, along with other things such as economic sanctions, or curfews, etc. As a result messages from parent figures can be seen to have a great impact, whereas messages from dependent and equal figures would be seen to have little impact.

Yet children can have a great impact on parents, and as most therapists know, counter-transference problems are very real and potentially disabling. Indeed, upon closer investigation one finds that children also have the ability to remove strokes from the parents. Most parents want the best for their children and want to be loved by them. This gives the young child (as well as the adolescent) a great deal of bargaining power. Consequently, children can impose things onto parents by threatening not to 'love' them.

The second way in which we can receive messages from dependent figures is a consequence of structure hunger and is therefore the most powerful way. Young children have to have some structure with which to relate to dependent figures. As noted by White (1984b), a script provides the structure on which to form a relationship. So through play, imitation and other early childhood experiences and decisions, the youngster will decide and learn whether dependent figures or sibling figures can be trusted or not. Logically she also must decide if it's OK to be close, show feelings, be important, be separate from, etc., with these figures. If the youngster does not decide these, then she has no structure. Therefore the hunger for structure is a very large force on the individual to accept messages from dependent and sibling figures.

A third way in which dependent figures can have an effect on those in the parental role is illustrated when parents actively interfere in the relationships of their children. The case of Mary explains this. She came to therapy with the problem of not being willing to express anger at her six year old son, Shane. Furthermore, she would place all her needs second to his. Figure 7 shows aspects of Mary's parental script matrix. Further examination found that Mary was placing her brother's face onto her son.

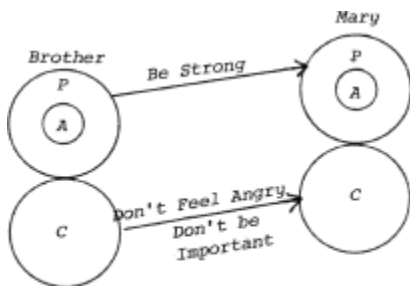


FIGURE 7.

She disclosed that as children, her mother had made Mary look after her younger brother, who was two years her junior. Mary had complied to this, believing that it was the natural thing to do, and that everyone did it.

(Note here that it is Mary's relationship with her brother is under examination, not the relationship with her mother. In fact, Mary had

no trouble at all expressing anger at her mother. Thus the problem is a counter-transference issue, not a transference issue.)

In this case Mary did not resent her brother, instead she decided not to feel and to be less important than dependent figures. The relationship had been established by the mother and if she had not interfered, then Mary may have viewed her brother as a sibling or equal figure. Therapy in this case requires Mary confronting both the brother and mother. Dealing with one only will lead to an incomplete resolution.

The fourth way of receiving messages from dependent figures occurs as a result of the irrational nature of the 'Little Professor' ego state. The case of Jack illustrates this. His presenting problem was also along the lines of 'Don't be important' and 'Don't be separate'. See Figure 8.

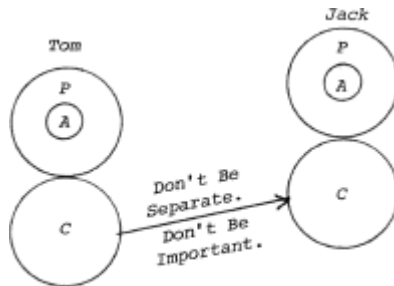


FIGURE 8.

Jack believed that he must put his friend's needs first, and that he could not separate out from him. It was found that these two decisions had resulted from an early scene about fifteen years ago. It involved Jack's cousin Tom who was three years his junior.

Tom, who was five at the time, was staying at Jack's house when Jack's father came home drunk after work. Tom had done something wrong, whereupon the father got very angry and said that he was going to get the riding crop out of the back of his car and beat Tom with it. At this point Jack decided that if he did not get the riding crop out of the back of the car and hide it, then Tom would be killed. This was converted into the message, 'If you don't look after me, I will die'. Again, the relationship between Jack and Tom is under examination, not Jack's relationship with his father.

Therapy in this case does not include a parent because no parent made Jack look after Tom. Jack simply realized that if he did not look after Tom, then no one else would.

CONCLUSION

It is fairly obvious that all three matrices on the Expanded Script Matrix interrelate and affect each other. However most people do have very different relationships with parents, dependants and peers. The quality of these relationships can be defined in terms of script messages. For instance, some find it difficult to be close to parents, yet can be freely close to friends. More importantly however, each of the three script matrices has a different theme. So the alcoholic who received a Don't Exist message from his parents can avoid that by surrounding himself with dependent figures who tell him that it is OK to exist.

Observations with children in the play therapy group setting indicates that the dependent script matrix develops first. The sibling script matrix and the parental script matrix appear to develop later, yet are definitely established by age ten.

This paper further suggests that the classical script matrix represents only one third of each individual's script. It only shows how the person gets on with parents; it does not show how she relates to equals or dependants. As a result, in therapy, the therapist must firstly decide if the client's problem represents a transference issue, a counter-transference issue or a sibling-transference issue. Failure to do so will result in a misdiagnosis of the problem and thus the correct therapeutic procedures will not be followed.

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FOOD FOR THOUGHT

With the advent of serious population control policies being adopted by major nations of the world, the Australian Family Planning Association recently invited out to Australia the world's leading authority on population control—Professor Kon Dom.

I attended a series of open lectures given by Professor Dom on a wide number of topics ranging from population control to schizophrenia to drug addiction and alcoholism. On the last topic he raised a very contemptuous issue. He stated he agreed with Dr. Claude Steiner that alcoholism is a psychological game rather than a disease.

Well! This brought the house down, both from accolades and jeers. So the next day I proceeded to the local bookstore to buy Dr. Steiner's book on alcoholism. While browsing the shelves, I came across one of Professor Dom's many books, titled 'Sex for Beginners'. In chapter five he provided conclusive proof that Robinson Crusoe was a scopophilic. 'Is nothing sacred', I cursed.

Yet the idea of being marooned on a desert island and the fact that alcoholism is a psychological game brought much interest to my subliminal unconscious. On the basis of this, "I Tobias Bozworthy have graciously decided to give anyone \$1.00 who can correctly answer the following question."

Question: if an alcoholic was marooned by himself on a desert island with an unlimited amount of booze, would he

- 1) remain an alcoholic,
- 2) become a social drinker, or
- 3) become a nondrinker?

All entries must be received by September 6th, 1984.

TOBIAS BOZWORTHY.

NEWS

NEXT PAPERS

Please note that at the next seminar on Thursday September 6th there will *not* be a change in time. Due to unforeseen circumstances, that seminar will be held at the usual time of 2.00 p.m.

So the next two seminars are:

Thursday September 6th 2.00 p.m.

Thursday September 27th 2.00 p.m.

PROCEEDINGS

TRANSFERENCE BASED THERAPY: A TREATMENT STRATEGY

INTRODUCTION

The five previous papers of the Loftus Street Seminar now allow us to examine their implications for psychotherapeutic strategies. Such will be the content of the next two papers.

The papers on relationships (White [1984a]) and transference (White [1984b])* suggest that treatment needs to be conducted at two levels; as both these previous papers outline two levels, or ways of looking at human functioning:

- 1) The transactional level.
- 2) The relationship level.

The transactional level of treatment includes the use of a variety of skills and techniques such as contracting, multiple-chair techniques, self-reparenting, etc. These are directed at the ego states and transactions. That is, the therapist uses these techniques to alter the structure of the client's ego states or to change his pattern of transacting.

The relationship level of treatment includes using the client-therapist relationship to effect change. This includes the formation and resolution of the transference neurosis, and to a much lesser extent the sibling (or equal) transference neurosis and the counter-transference neurosis. Through these the client is encouraged to test out her archaic unresolved infantile conflicts with the therapist, resolve these, and establish new referents for future health-promoting transference.

The relationship level of treatment includes the transactional level within its bounds, and much more. They are both very necessary for cure, and complement each other. They do, however, not only represent two separate avenues of treatment, but two different ways of thinking. The relationship level is less concrete and easily identifiable than the transactional level. Those who think in very concrete terms will be attracted to the transactional level of treatment, and call the relationship level unspecific and merely an inferential construct. In

* Reproduced in this volume on pages 41 and 67, respectively.

neurolinguistic programming terminology, these are usually people who process information visually. Those who think in less concrete terms, or are kinesthetic and verbal, will be attracted to the relationship level of treatment, and call the transactional level simplistic and reductionistic.

In this model it is suggested that both are important and that historically therapists have rejected one or the other, as they are limited by the way they process information. Thus, this model requires the reader to have a lucidity of thought and as White (1984c) puts it, “to become bilingual”, and process information visually, verbally and kinesthetically.

In terms of script analysis, the transactional level of treatment aims at altering the counter-injunctions and injunctions. The relationship level of treatment does the same and also attacks the script theme directly. Consequently, the writer fully supports Freud’s (1936) contention that the transference is the most powerful therapeutic instrument, and that one cannot overestimate the role that it plays in the process of cure.

Another advantage of the relationship level of treatment is that it transcends or is relevant to all different forms of psychotherapy. Every therapist has a relationship with her clients. Even those psychotherapies that require the therapist to remain very distant and aloof must account for transference. For in these cases the client learns, ‘It’s not OK to be close to those who you get help from’ (i.e. parental figures).

In this paper, only the relationship level of treatment will be dealt with. The next paper will define the specific techniques which arise out of the previous papers of the Loftus Street Seminar.

SCRIPT THEME

In the previous discussion on the two levels of treatment it was suggested that there is a difference between the script theme and the injunctions and counter-injunctions. In this case, the script theme is referring to what Steiner (1974) calls the ‘life course’. This is the outline of a person’s life, and can usually be surmised in one short statement. James and Jongeward (1971) cite a few of these as: Losing my mind, Being the best, Committing suicide, Getting stepped on, and Saving sinners.

Throughout the history of T.A. there has been numerous ways of classifying these themes. Eric Berne (1972) presents the threefold system of:

Winner
Nonwinner
Loser.

Later on he cites the sixfold classification system of:

Never
Always
Until
After
Over and Over
Open-Ended.

The writer, however, prefers Claude Steiner's (1974) script classification system of:

Loveless—no love
Mindless—no mind
Joyless—no joy or feeling.

For each theme, it is possible to have very different scenery, actors and sub-themes. For instance, James and Jongeward (1971) note that to fulfil a theme one can play a whole variety of games. So the game is not the problem, it is merely a symptom of the theme. Furthermore, just as the programme directs the youngster as to how she can comply with the injunctions she received, the injunctions and counter-injunctions tell the youngster how she is to fulfil her script theme. Hence, the injunctions and counter-injunctions are symptoms of the problem, not the problem in itself.

Since Steiner (1974) presented his Loveless, Mindless and Joyless classification system, there has been attempts to outline the injunctions which comprise the themes. For instance, Woollams and Brown (1978) state that the Mindless script has the injunction of:

'Don't think' and 'Don't be you'

Although these would be common, there are many ways by which one could fulfil the mindless script theme. For instance:

'Don't be separate': this individual may form intense symbioses where all her thinking is done for her.

'Don't feel': this individual could think obsessively, such that in the end, she is totally confused and gives up thinking.

'Don't be sane': this is a clear injunction indicating mindlessness.

Thus there are many injunctions each individual can use to fulfil each theme.

If the individual is not willing to alter her script theme, then changing an injunction will involve either:

a) Symptom transformation; where the individual adopts a new injunction to live out the same theme, or

b) The severity of the script theme is reduced. Here the client follows the same injunction, yet at a less pathological level. For example, the housewife who is playing the alcoholic game of Lush at a third degree level, will change to the second degree level or even the first degree level. The same theme of 'Joyless' is followed, yet at a less severe level. Therefore we can see that drinking is a symptom of an injunction, and that the injunction is a symptom of the theme.

ASPECTS OF SCRIPT

To further clarify this difference between the script theme and the script injunctions it is advantageous to clearly define what a script actually involves, in terms of behaviours, feelings and thoughts.

Berne (1972) states that many clinicians have noted that neurotics do not go to treatment to get better. Instead they go to treatment to learn how to become better neurotics.

This statement lends itself well to the above notion of the script theme. That is, most neurotics wish to change the symptoms of their script theme, rather than change the script theme directly. Alternatively stated, most clients wish to move from unpleasant neurosis to pleasant neurosis, rather than from neurosis to non-neurosis.

It becomes apparent why this is so when one examines the awesome nature of the script. Consider some of the aspects involved. Berne (1972) suggests that an individual's script will shape the entire nature of her life. It determines such things as:

- who she will marry
- how many children she will have
- who her friends are
- what job she will get
- what recreation she will do
- how she will die, etc., etc.

Thus the script controls what the individual does in her life, and all major decisions that she makes regarding the direction of her life.

However, the script controls much more than just the direction of one's life. Steiner (1974) states that each script has a somatic component. That is the script is present in the individual's very bones. The script will control the condition of each individual's

tear glands
neck muscles
backbone
heart
sphincters
regeneration of cells—(cancer)
stomach, etc., etc.

But the script even goes further than this. It effects the very nature of one's speech. Woollams and Brown (1978) note that the person with a never script speaks in sentences that are disjointed, contain many tangents and never seem to finish. The individual with an always script tends to use an abundance of cautious, qualifying words, such as 'maybe', 'might' and 'perhaps'.

This demonstrates that the script is reflected in the speech of each person, and as speech is the outward manifestation of the thought processes, the script can be seen to control even one's thinking.

Obviously each one of the above is not only a consequence of the script, but also reinforces the script. Every time the person says something, or even thinks, she is reinforcing the script theme. Every moment the stomach is tensed, the sphincters are tightened or the backbone is curved, the script theme is being reinforced. And finally, every time one plays a game at first, second and third degree levels, the script is being reinforced.

So obviously, changing the script involves a great deal. It can however be changed, yet to do so is a big task, especially if the theme is to be altered; and perhaps this is why most individuals prefer only to alter the severity of the script theme symptoms, rather than the script theme itself.

WORKING WITH SCRIPT THEME

Because of the nature of script described above, it now becomes apparent why this paper supports Freud's (1936) contention that the power of the transference as a therapeutic tool cannot be over-estimated. For it is through the establishment of the transference neuro-

sis that one can directly attack the script theme, rather than working at reducing the severity of the script outcome. The resolution of the transference neurosis can be seen as the establishment of a new script theme; that is, a winner's script theme.

This occurs because with the resolution of the transference neurosis, the old theme is defused and a new theme is created. That is, the client can use the therapist, amongst others, to set up an alternative theme. For instance, if the client received a 'Don't feel angry' message as a youngster, then she will live this out with the therapist through the client-therapist relationship. To resolve this problem the client is encouraged to be angry at the therapist, whereupon he responds in an authentic and non-harmful manner. Thus with the transference neurosis, old referents are defused and new ones are created; whilst with specific therapeutic techniques, such as multiple-chair techniques, the old referents are defused and no new ones are created (directly). This is further clarified with the script imago.

Berne (1963) states: "The adjustment of a script is similar to the adjustment of a group imago..." (p. 228). The same applies with the script imago and the process is shown in Figure 1.

The client enters therapy with script imago 1a. There are two parental figure slots, one resulting from an uncle and the other from dad, who gave the message 'Don't be angry'. If one employed multiple-chair techniques to alter this, then script imago 1b would result. That is, these techniques extinguish slots or make them insignificant. Using the transference neurosis does not extinguish slots, but instead alters them. More correctly it creates a new one which is a metamorphosis of an old one. The result is shown in Figure 1c and the process is outlined in Figure 2.

The establishment of the transference neurosis involves the client placing dad's face on the therapist. Once this is done the various games will ensue. The resolution of the transference neurosis is obtained when the therapist refuses to play the games by responding differently to the archaic needs of the child, and by inviting intimacy and other authentic behaviour.

As this occurs, the characteristics of this parental figure slot changes. Yet it is not possible to change the past, so a new slot develops out of an old one (this becomes dad [1]). Initially it is weak, yet as it is practised and reinforced it becomes very pronounced, and the

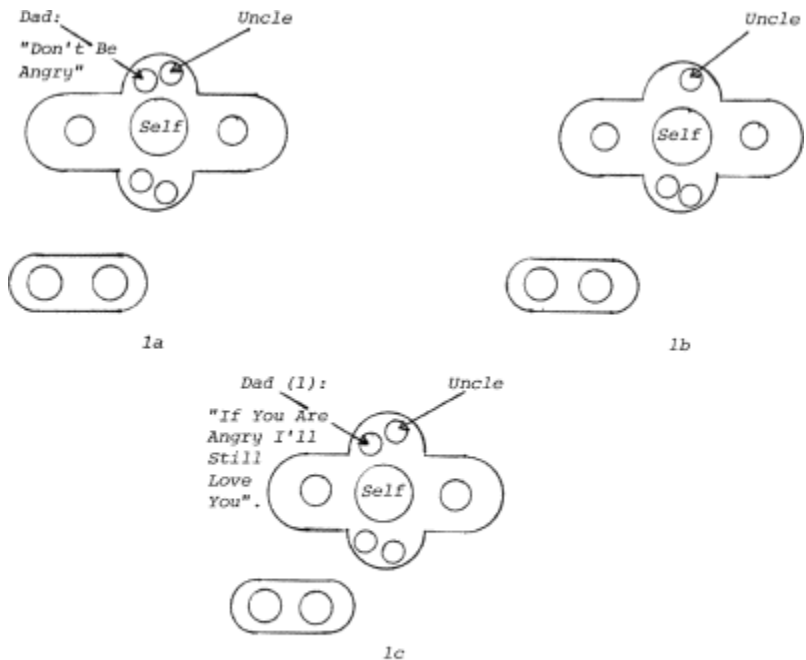


FIGURE 1.

THE PROCESS OF SCRIPT CHANGE.

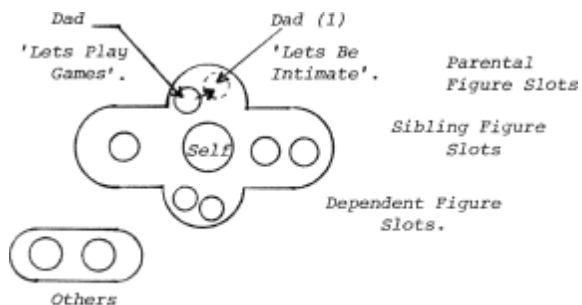


FIGURE 2.

original parental figure slot fades into obscurity. This new figure slot represents a new script theme.

With the transactional level of treatment such as multiple-chair work, slots are extinguished and no new ones are created. Yet as noted by White (1984b), humans cannot survive without a script. So

the client will either not fully extinguish the slot, or he will make an alternative parental figure slot prominent. However, the therapist can only hope that this alternative slot is 'good' and not hamartic.

The establishment of the transference neurosis allows for one other crucial factor not available to therapists who only use transactional level treatment. It allows the therapist to meet what Eric Berne (1972) calls the 'Demon' of the client. That part of the client which can destroy the best piece of therapy, with a snap of the fingers. That part which will knowingly destroy self, because at least that's safe.

Any good therapy includes meeting this part of the client and forming a relationship with it. The demon must be treated with extreme caution and requires the utmost respect by the therapist. Successfully dealing with it also requires a great deal of skill and it must never be criticized, put down or confronted, as it represents the inner most part of the client.

To get this part of the client on side with the therapist and therapeutic goals assures successful treatment. The script theme will not alter unless the demon is on side. As this is such an important part of treatment, it requires a paper of its own. This will be presented later.

ESTABLISHING AND CONTROLLING THE TRANSFERENCE NEUROSIS

From the above it is seen that the establishment of the transference neurosis is central to this model of treatment. However, controlling the quality of the client-therapist relationship is by no means an easy task. Indeed, Freud (1959) says that controlling the phenomena of transference presents the psychoanalyst with his greatest difficulties.

It is however possible to determine certain factors which control the quality of the client-therapist relationship. That is, the transference neurosis. Some of these are obvious mechanical factors, whereas others are far more subtle.

1. The therapeutic setting. Consider what confronts the client as soon as she enters the therapy room. First the client has asked the therapist for help. So she makes an appointment, the therapist decides what times he is available, and usually the client has to fit in with that. The therapist decides finishing and starting times, how long the group will run, how much the client will pay, how payment will be made, the strictness of starting and finishing times, whether or not there will be coffee breaks, their length, what coffee will be

drunk, what biscuits, fruit or other food will be eaten. The therapist also defines the ground rules about smoking, drugs, etc.; he defines what contracts are acceptable and what are not, and he defines how the work will proceed. In some cases the therapist may have legal control over the client and they certainly do have more information regarding the client's mental health.

As soon as the client sets foot in the consulting room she is confronted with all this and it immediately places a great deal of pressure on the client to view the therapist as a parental figure. Therapists who state that their clients do not see them as parental figures need to carefully consider their own counter-transference issues, as it is probably these that are being expressed by the therapist.

It would be technically possible, for a therapist wishing to reduce the intensity of the transference neurosis, to allow clients to take control of some of the above. However, in practical terms it would not be possible, especially in group treatment.

Thus, through the mechanical aspects of the therapeutic setting, the client is highly likely to place the therapist into the parental figure slots of her script imago. This makes the growth of the transference neurosis an inevitable consequence of psychotherapy.

2. Quality of treatment. Shapiro (1978) notes that as regressive and emotional work enters the therapy, the emotional intensity between group members increases. Alternatively stated, group members will begin to form emotionally-charged relationships, whether they be transference, counter-transference or sibling-transference relationships.

However, the therapist can reduce this emotional intensity if he discourages regressive work and keeps it all at a head or thinking level. So to reduce the intensity of the transference neurosis the therapist can do less regressive work, yet in many cases this is contraindicated.

3. Physical touching. In many cases it has been noted that as soon as touching is added into therapy, whether that be a hug or as part of the therapeutic process, the client becomes 'closer' to the therapist.

Therefore, if one wishes to intensify the transference neurosis, physical touching can be added into the therapy. Conversely, if indications determine that the therapist reduce the intensity of the relationship then touching can be reduced or removed altogether.

4. Number of consultations per week. This writer uses only one consultation per client per week, unless there are exceptional circumstances. An increase in the number of consultations per week creates a direct corresponding increase in the intensity of the client's feelings towards the therapist.

Thus by altering the number of consultations per week, the quality of the therapeutic relationship can be changed.

5. Telephone calls. This can be seen as a derivative of number four, as a phone call is really a mini-consultation. Permitting a client to call if they become highly distressed often has a great impact on the intensity of therapeutic relationship. For a client who does not trust or has difficulty getting close, it is a great asset to use this factor.

Again we have a simple mechanical factor which also can be used in controlling the quality of the transference neurosis.

6. Transactions. As noted by White (1984a), transactions form only one part of a relationship, and yet they can affect the quality of the relationship. Rogers (1951) notes that transference attitudes become very apparent towards the therapist when he performs tasks like interpretation, reassurance, criticism, and praise, which can all be seen as evaluative.

These are all basically Parent-to-Child transactions. This will tend to intensify the therapist in the parental slot; however, this is by no means always the case, as relationships involve much more than just transactions.

7. Therapeutic structure. One may reduce the intensity of transference attitudes from the client to therapist by using group therapy as a mode of treatment. This however does not reduce the number of transference reactions, but makes them multidirectional. As Foulkes and Anthony (1957) note, in group therapy there are multiple transference relationships and thus the transference neurosis does not get fully established. That is, the transference neurosis with the therapist does not develop fully. One group member may in fact develop a very strong transference neurosis with another group member, and this can be most counter-therapeutic. So in group therapy, transference is just as prevalent, yet it is multidirectional. Obviously, in individual treatment, the transference relationship will be fostered, and can be carefully controlled and monitored.

What actually happens to the transference neurosis in the group treatment setting depends on the style of group treatment employed. These can be grouped into three styles and are illustrated diagrammatically by modifying the group diagrams of Foulkes and Anthony (1957) and Shapiro (1978). See Figure 3.

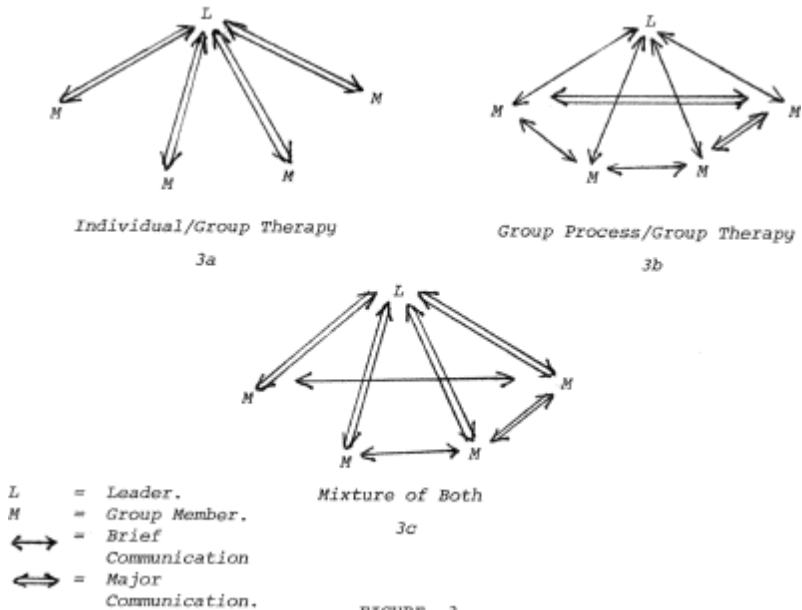


FIGURE 3.

The group structure indicated in Figure 3a is representative of highly directive treatment, where the leader allows very little group process to occur. For all intents and purposes, this is really individual treatment with a bunch of ‘others’ sitting in the room. In this case transference attitudes will develop in much the same way, and to the same degree, that they do in individual treatment.

In group process/group therapy the leader takes a very non-directive role, and lets the group process take over. The best example of this is Client-centred therapy. As Shapiro (1978) notes in Figure 3b, the leader’s role is like an orchestrator. He may be active but will be non-directive; the centre of attention is the group, not the individual. Thus we have a good setting for the analysis of transactions and games. Transference reactions in this case are very multidirectional and so clients do not form significant transference relationships with the therapist. They may however form them with other group mem-

bers who attempt to take control of the group and spend a good deal of their time in Parent.

Figure 3c demonstrates a combination of both the previous types of groups. The transference neurosis will form in varying degrees in this case, depending on each individual group member's script imago and the role or style of treatment that the therapist uses from time to time.

The writer has outlined seven ways in which the transference neurosis or the intensity of the relationship between client and therapist can be established and controlled. Obviously the relationship is a two-way process, and consequently, as the therapeutic relationship develops, the therapist must also be conscious of his own counter-transference feelings and be able to deal with them effectively. I refer readers to Lorand (1950) for an excellent exposition on potential counter-transference problems and ways of dealing with them.

SIBLING-TRANSFERENCE AND COUNTER-TRANSFERENCE.

Just as resolution of the transference neurosis can be used to establish new parental figure slots in the script imago, the sibling-transference neurosis can be used to create new sibling or equal figure slots and the counter-transference neurosis can be used to create new dependent figure slots. It is, however, far more difficult and requires more careful consideration.

It is difficult to get a client to view the therapist in a sibling-figure slot for any period of time, because of the immense pressure on the client to view the therapist as a parental figure, even before they set foot in the consulting room. It can however be done with a certain amount of skill, mainly through the use of fun and pastiming. However, in the majority of cases, no sibling or equal figure relationship can be established between therapist and client. There are, however, two possibilities to solving this problem that have yet to be investigated.

First, with group therapy it is possible that the therapist could use a sibling or equal relationship between two group members to gain some sibling-transference neurosis resolution for both parties. Second, with the use of co-therapy, one therapist could consistently take the transference role, and the other therapist the sibling-transference role.

It is even more difficult to gain a dependent figure slot in the client's script imago, and this must be done only under very restricted conditions; as it is not ethical for the therapist to advocate a position where the client is to see him as dependent. Again pastiming, where the therapist asks the client for information, may allow him to get into a dependent figure slot for a brief period of time.

THE THERAPIST'S ATTITUDE

There is an eighth way of controlling the quality of the client-therapist relationship and that is by establishing ground rules. These refer to what the therapist is prepared to do for the client and how he will view the client in the other half of the relationship. Henceforth, this factor refers to the quality of the therapist's counter-transference or dependent figure slots.

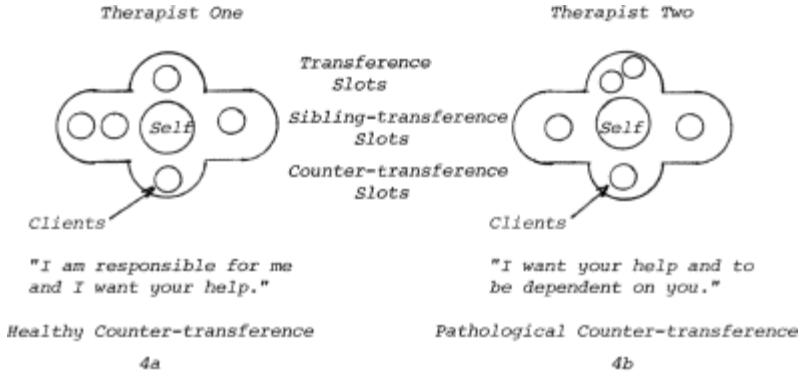
Historically, theoreticians have equated transference with dependence. That is, when a client enters into the transference neurosis they become dependent on the therapist. In fact Rogers (1951) even calls transference the 'dependent transference'. Furthermore, therapists have tended to believe that when they permit the transference neurosis to develop they become responsible for the client.

Fortunately, recent 'discoveries' have allowed these beliefs to be rejected. It is possible to have a transference neurosis-type relationship where the therapist does not perceive the client as psychologically dependent on him. For instance, this writer accepts that his clients will view him as a parental figure, yet they are in no way dependent on him. He will not do, think or feel anything for the client that she can do, think or feel for herself. He will also offer reassurance, help, solutions to problems (options), etc., and if they are not accepted, that is the client's choice.

Obviously what has been done here is for the writer to use Goulding and Goulding's (1978) notion of 'the power is in the patient' as the basis for the therapeutic attitude. This permits the therapist to view clients as dependent figures without viewing them as physically or psychologically dependent. Clients are in charge of their problems and if they want help and reassurance these will be given, and it's up to the client to accept these.

The script imago of a therapist with this philosophy is shown in Figure 4a. The script imago of the traditional philosophy is shown in Figure 4b. The philosophy in Figure 4a allows psychotherapists to

come to terms with the idea that most clients will see them as parental figures. Yet this does not imply that the client is dependent on the therapist. Historically, therapists have not been willing to accept the idea of being a parent figure; perhaps because they thought this meant they had to look after the client. Simply stated, this is not necessarily so.



TWO TYPES OF COUNTER-TRANSFERENCE.

FIGURE 4.

Of course, many clients enter therapy hoping that the therapist has the script imago of 4b, and will be attempting to set up games to support the script beliefs. Consequently the therapist must be on guard against these games as noted by Goulding and Goulding (1978), who state: "If the patient chooses to cast us in the role of parents, we need to make sure that he will not set up his old games with new referents" (p. 42). Thus the therapist must have a personal maturity which allows him to be solid, permanent, stable and trustworthy, so that he can avoid the games and allow a new slot to develop.

CONCLUSION

We are now in a position to outline 4 major phases or stages of this treatment strategy.

1. Establish the transference relationship and control its quality by using the factors indicated above.
2. Encourage and facilitate the working through of archaic unresolved conflicts, by inviting the client to direct them at the therapist.

In T.A. terms the therapist responds authentically and refuses to play the games.

3. Get the 'Demon' on side.

4. Obtain closure when the client no longer requires help for psychological problems. This involves the dissolution of the 'third self' that developed between the therapist and client.

This paper represents the first half of a two-part series. It is based on a theoretical structure that is very uncommon in psychological and psychiatric literature. Most theories to date have used only one language or system of thinking. For instance, McCormick (1977) notes that Berne saw the ego states as immediately observable phenomena, whereas Freud's superego, ego and id are only intellectual constructs which cannot be explained fully through direct observation. It is incorrect to compare them, as they represent two alternative ways of thinking. They are parallel, not conflictual. Berne uses a concrete, spatial language, whilst Freud uses a verbal kinesthetic language. Yet both remain in their system of thinking, and thus inevitably, their theories are limited by those thought processes. Obviously, this is not just limited to Freud and Berne, and MacCorquodale and Meehl (1948) cite numerous examples of this that have occurred in the field of psychology.

What will be done in the two papers is to transcend the language boundaries and use both to develop therapeutic strategies. This paper uses the verbal, kinesthetic language of Freud because the concept of the transference neurosis cannot be understood in concrete, spatial terms. That is why ego state analysis, transactional analysis proper, and concretely defined therapeutic techniques have not been used in this paper. Applying them here immediately changes the language and thus destroys the concept at hand. However, in the second paper on the specific techniques for treatment, Eric Berne's concrete, spatial language is relevant and applying a verbal, kinesthetic language cannot be used to describe ego states or transactions.

Thus the writer has endeavoured to present a theoretical system that is not limited by one language or thought system. Failure to do this results in a lack of flexibility, and more importantly a reduction in the variety of clients that are treatable. Clients who think verbally, kinesthetically will be attracted by, and primarily respond to, the transference relationship part of treatment. Those who think in con-

crete spatial terms will respond to the techniques and be attracted by the spatial nature of the theory.

It is the belief of this writer that any good therapist uses both, yet therapists also are limited by their thinking and thus will either deny that one level of treatment is important, or may even go as far as to deny that it even exists!

So to understand the two papers, the reader must break free of the limitations of his thinking, and begin to think in alternative ways.

In relation to the subject matter of this paper, just the tip of the iceberg has been touched. The concept of transference is obviously enormously complicated and multifaceted. Therefore, this paper must be seen as just the beginning. Further papers on the developmental aspects of transference and the termination of the therapeutic relationship will follow.

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FOOD FOR THOUGHT

Welcome readers; thank you for the good response to the question cited in the last Loftus Street Seminar (number 5*), and there were in fact three winners. To refresh your memory, the question asked was:

“If an alcoholic was marooned on a desert island by himself with an unlimited supply of alcohol, would he:

- 1) remain an alcoholic,
- 2) become a social drinker, or
- 3) become a nondrinker?”

In fact, the answer was: he would make himself a raft out of all the empty bottles, and sail back to civilization.

So congratulations to those three who won the competition.

There has, however, been some complaints that the correct answer was not really the correct answer, as it was not one of the three that I outlined. Indeed, this was the true purpose of the exercise, and illustrates how humans are restricted by their own knowledge.

For example, consider the idea that Eric Berne did not discover the concept of ‘ego states’, instead all he did was to perceive reality through a different set of blinkers. From the time of Freud, psychoanalysts have openly stated that the psychic subsystem cannot have fixed border lines. Eric Berne merely said ‘yes they can’, and hence he discovered ego states. Thus, he did not accept the rules of the questions about psychic subsystems.

Yet it must be remembered that although Berne rejected the psychoanalyst’s blinkers, he did not free us from being blinded. For he did not reduce the number of rules, he only changed them. Thus he created a new set of blinkers.

These blinkers are of a gargantuan nature, similar to that of the hunger for structure. They did not allow us to see ego states, a phenomena which is so readily observable, for three quarters of a century. Thus one is compelled to recall the quotation by Inspector Harry Who: “We observe, but we do not see.” If one-session cure exists, then it is staring us in the face right now. Every time we enter the therapy room, the avenue to one-session cure is sitting there right before our

* See page 99 in this volume.

eyes. Yet we cannot see it because we have been blinded by our knowledge.

At a recent barbecue Tony White mentioned to me that the most brilliant and insightful ideas on T.A. theory are to be found in '101' exam papers. For those who write these papers are get to be fully blinded by their knowledge. The novice in T.A. is left free to examine its content, whilst the expert is not.

So the moral of the story is directed at the experts of this world. When in the position of examiner, remember that you are infinitely more blind than the examinee.

TOBIAS BOZWORTHY

LECTURE

A LECTURE ON TWO EGO STATE THEORY

FUNCTIONAL EGO STATES

T: Welcome my learned friends! By this time you would have read my two previous presentations on two ego state theory (White, 1984a & 1984b^{*}). The more intellectual of you would have realized that my functional diagram presented below is inaccurate.

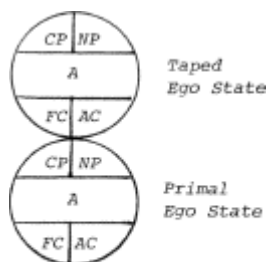


FIGURE 1.

With further examination it becomes apparent that the following functional ego states exist in the two ego state model.

The Taped ego state: those behaviours, feelings and attitudes that are based on imitation.

1. Big Parenter. This includes both positive and negative Critical Parent (CP) and Nurturing Parent (NP). It is effective both as a criticizer and a nurturer, unlike the Little Parenter of the Primal ego state. Woollams and Brown (1978) see the positive Controlling Parent as “strong and opinionated and stands up for her own and others’ rights without putting anyone down in the process” (p. 23). This typifies the effectual nature of the Big Parenter.

2. Adult: This is the computer and is functionally the same as in three ego state theory, except that it is based on imitation.

3. Little Parenter: Boyd (1978) provides us with some insight into the nature of this ego state, by noting that in terms of purpose, its function is ineffective and primitive. When a young child endeavours to nurture, it is largely ineffectual, even though she is doing her best. It often hurts rather than comforts the nurturee. If a parent displays

* Presented in this volume on pages 3 and 19, respectively.

this type of behaviour, then it can be modelled on by the youngster and incorporated into her Taped ego state.

4. Little Adult or Martian: Historically, this has been referred to as the Little Professor; however more often than not, the Little Professor is referring to a structural ego state. This is the intuitive ego state, and if the parents are intuitive, then this can be imitated by children and thus become a function of the Taped ego state.

5. Child ego state: This includes both the Free Child and Adapted Child ego state. These can be a function of the Taped ego state because they too can be imitated from parental figures.

The Primal ego state: Those behaviours feelings and attitudes that are based on early decisions.

1. Little Parenter: Functionally this is the same as the Little Parenter described previously, however, it is the one that is created by the youngster via early decision making, and does not result from imitation.

2. Little Adult or Martian: Again this is the same as above, except that it too is based on early decisions.

3. Child ego State: This is based on decisions and is functionally the same as the Child ego state described above.

It is important to note that the Primal ego state has no Big Parenter or big Adult.

T: Please bear with me for a while longer, as I do realize this is becoming complicated. I have considered relegating or confining such material to intellectual debates with friends over a bottle of fine malt whiskey. However, as therapists, these distinctions are of major importance. Treating problems of the Taped ego state involves using identificatory strategies, whilst with problems of the Primal ego state, one is compelled to use Goulding & Goulding's (1978) redessional techniques.

A: But sir! When I reflect back on the three ego state model I see a very different definition of functional ego states. For instance, does not the Free Child in the three ego state theory include intuitive thinking, yet in your two ego state theory you suggest that the Little Adult intuitive part is a separate functional ego state from the Free Child.

T: You have indeed made a very pertinent point, and I am impressed by the quality of your thought.

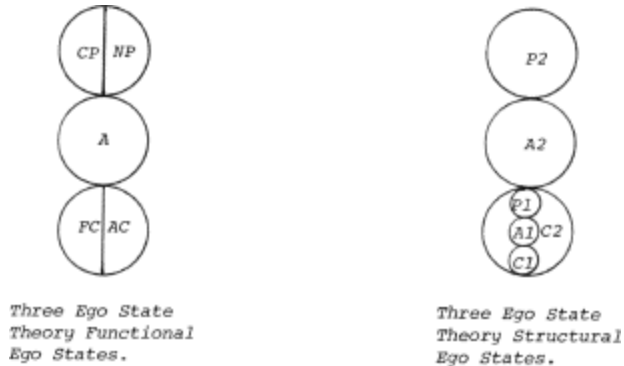


FIGURE 2.

In reply to you, I ask you to consider some definitions of Free Child behaviour. Woollams and Brown (1978) outline one aspect of it as being fun, being close, being dangerous; whilst James and Jongeward (1971) state some of its characteristics as being affectionate, impulsive, sensuous, uncensored, curious. Finally Berne (1961) saw this ego state as containing behaviour that is rebellious or self-indulgent. None of these specifically include the notion of intuition. At this stage of theoretical development you are correct; the Free Child (PC) and the Adapted Child (AC) can be seen to include intuition and parenting. Yet this does stretch the definition of PC and AC to the point where they are of little use. For instance, a person who is displaying Little Parent behaviour would be seen to be in her FC.

In my opinion, such a wide definition does not provide for a useful theory, thus I have defined the functional ego states in more specific terms. This is by no means new; for instance, consider the diagram presented by James and Jongeward (1971) in Figure 3.

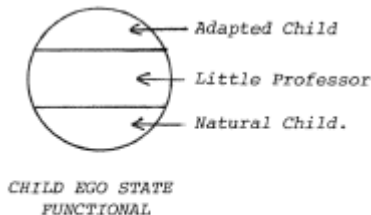


FIGURE 3.

When they define the Child ego state functionally, they include the three ego states presented above. As noted before, they view the PC as affectionate, impulsive, sensuous, uncensored and curious. However, using this definition the PC is not intuitive or creative. As soon as one displays intuitive behaviour, she is not in her Free Child but in her Little Professor or Martian ego state.

I wholeheartedly support this distinction, as I believe martian type thinking to be of such importance that it requires a specific functional ego state.

A: Sir. I find what you are presenting most stimulating and it raises many questions for me. For instance, Joines (1976) notes that the P_1 , A_1 and C_1 are often all involved in Adapted Child and Free Child behaviour. Are you not violating his hypothesis?

T: Thankyou for your question. Do you like malt whiskey? I find your question very penetrating, and I am realizing that my audience is far more widely read than I first anticipated.

In answer to your question: no; I am not disagreeing with Joines (1976) at all (at this stage). I see all the functional ego states outlined in Figure 3 as involving the P_1 , A_1 , and C_1 . What I am stating is that we require a clearer functional definition of the Child ego state. As I said before, I see intuitive thought as a most important part of the personality and thus in my opinion, it requires a separate functional ego state, rather than being encompassed in Free Child or Adapted Child

T: Well, let's have a break for coffee.

T: What is indeed being presented here, is the logical extension of James and Jongeward's (1971) thought. Not only must we take intuition out of the realm of FC and AC, but we must also take parenting behaviour out of the FC and AC. Thus we can now create an even more precise definition of functional ego states. Not only do the FC and AC not include intuition and creativity, they also do not include Little Parenter behaviour. Thus the youngster who is displaying ineffectual nurturing behaviour is not in her FC or AC but is cathecting her Little Parenter ego state. Thus we can arrive at a very precise definition of functional ego states:

1. The Little Parenter nurtures and criticizes like a four year old.
2. The Martian is creative and intuitive.
3. The Child is self-indulgent, impulsive, sensuous, rebellious, aggressive.

Each one of these can be free or adapted as indicated in Figure 4.

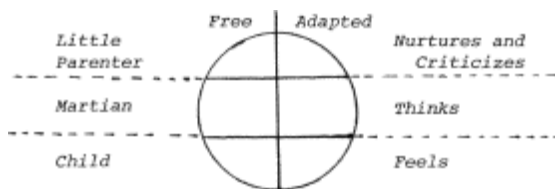


FIGURE 4.

All three are as archaic as each other, and all three are as powerful as each other.

T: Thankyou for your close attendance.

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NEWS

NEXT PAPER. The final paper of this series will be presented on Thursday, October the 25th at 2:00 p.m.

PROCEEDINGS

TECHNIQUES IN TRANSFERENCE BASED THERAPY

This paper examines some of the therapeutic techniques which compliment the therapeutic use of the transference neurosis, as outlined by White (1984a). Any specific therapeutic technique is aimed at altering the patient's ego state structure, transactional patterns and script messages. As noted previously by White (1984a), such techniques will not directly address the problem of the script them. These techniques can only reduce the severity of the final script payoff. However it must be remembered that this does not demean the use of techniques. They are valid and form a very important part of any therapy.

For instance, the alcoholic who changes from third degree alcoholic games to second degree alcoholic games is a very valid and worthwhile change. Or the alcoholic who changes to a 'dry' alcoholic also represents a very valid change.

It is suggested that these techniques work in close unison with the relationship level of treatment. Indeed, the use of therapeutic techniques represents an integral part of the therapeutic relationship. It is therefore proposed that these techniques, such as two-chairing, self-reparenting, and game analysis, be used in conjunction with the therapeutic relationship level of treatment.

SCRIPT IMAGO ANALYSIS

In order to discern what techniques should be employed, treatment must firstly begin with a rigorous analysis of the client's script imago—particularly the parental figure slots of the script imago. As the script imago is a shorthand version of the Expanded Script Matrix, one is really assessing what messages occur on the client's Dependent Script Matrix (see White [1984b]). Such an exercise is necessitated as it is these messages on the Dependent Script Matrix that determine how therapy will proceed and if it will be successful. For as noted previously by White (1984a), the client is most likely to place the therapist into a parental figure slot. Hence she will relate to the therapist from a dependent figure position.

Consider the case of G:

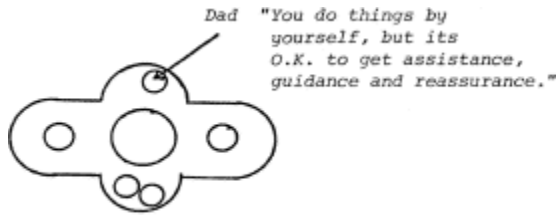


FIGURE 1.

Therapeutic Process

G initially came to therapy for assistance, guidance and reassurance; she did not come for problem solving. She would work out solutions to her problems outside the consulting room and then would come to treatment for confirmation and reassurance. Thus treatment proceeded smoothly as G had usually solved the presenting problem prior to the treatment session.

Such a process, however, was supporting other messages like 'Don't be a child' and 'Be strong', and followed the theme of Joyless. When the appropriate time arose, these were confronted by inviting the client to problem solve with the therapist's aid. This was done with the hope that the client would change the underlying messages, and perhaps even construct a new slot on her imago so that a theme alternate to the Joyless one could be manifested.

The case of H represents the untreatable client. Her imago is presented below:



FIGURE 2.

Therapeutic Process

H entered treatment in a highly depressed state and indicated that she was here because she had been told to come along. She refused to accept the idea that she was in control of her feelings, and to all

intents and purposes set about attempting to defeat the therapist. When confronted with the idea that she cannot defeat the therapist, and the only person who 'loses' if she does not change is herself, she accepted this at a head level, yet at a gut level it was rejected. In private practice H is untreatable as she will not return for continuing treatment. It is not possible to facilitate a change in her stepfather's slot in one consultation. In this case residential treatment is required.

The hypothetical perfect client is one with a very simple parental figure slot message. That being: "You are in charge of you, and you can change." This is probably the best message that parents can offer children, for it gives them an avenue for entering psychotherapy later on in life.

Children who are told verbally and non-verbally that they are not in control of their lives, or cannot change their personality, are very unlikely to enter psychotherapy in later life. They would see no use in it. They may however find some sort of treatment that also subscribes to this view, such as chemotherapy or psychosurgery.

Consequently, with an analysis of the client's script imago parental figures, or alternatively the Dependent Script Matrix, the therapist can determine how therapy will proceed. This will also indicate how therapy may initially support the underlying script messages and theme, and it will further indicate the likely outcome of treatment.

COUNTER-TRANSFERENCE

Just as it is possible to have 'good' and 'bad' clients it is also possible to have 'good' and 'bad' therapists. In order to further determine how therapy will proceed, it is necessary for the therapist to analyse her own counter-transference or dependent figure slots. This can be done initially in detail using the Parental Script Matrix of the Expanded Script Matrix. White (1984a) has previously isolated two aspects of counter-transference.

Other possible counter-transference slot messages will at least in part determine the style of therapy adopted by the therapist. Some of these may be:

1. "I am not allowed to stay around you." This therapist will define cure in such a way that short term treatment is the best. Thus clients do not stay around for long.

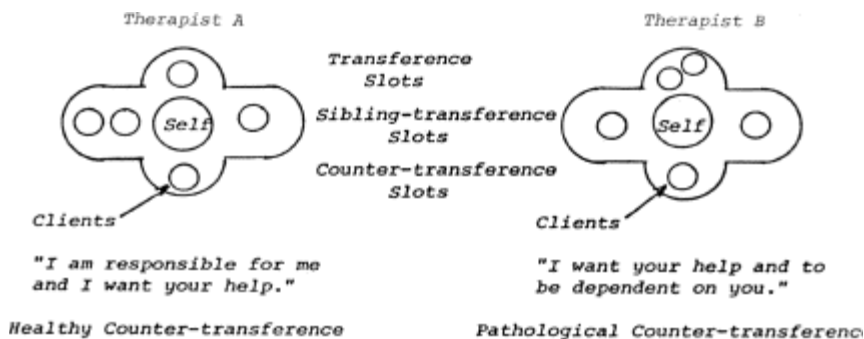


FIGURE 3.

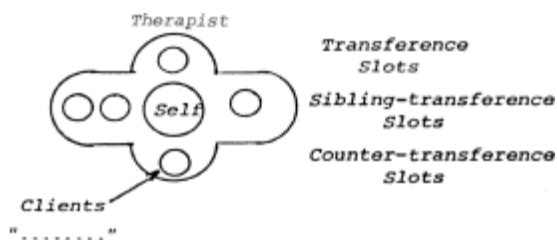


FIGURE 4.

2. "I am allowed to stay around you." In this instance cure will be defined such that treatment over a period of time is necessitated. Thus counter-transference figures can stay around.
3. "I am in charge of me." The therapist with this view of his clients will be attracted to therapies where he only acts as a facilitator of change.
4. "I am not in charge of me." This therapist will be attracted to treatment where he is seen as making the client better (i.e. chemotherapy).

In conclusion, it has been demonstrated that an analysis of both the client's and therapist's script imagos are necessary in the early stages of treatment. This permits a determination of the therapeutic process and its possible outcomes.

THE PROBLEM

After an acceptable contract has been made the therapist must decide two things. First, is the problem:

- a) a transference problem,
- b) a counter-transference problem, or
- c) a sibling-transference problem.

This can be done relatively easily with script imago analysis. Each one requires different techniques or approaches to the problem. For instance, White (1984b) demonstrates the approach necessary for a counter-transference problem.

Second, it must be established if the problem is:

- a) decisional based: that is a problem of the C_2
- b) imitation based: that is a problem of the P_2 , or
- c) a combination of both.

THE IMITATIVE INSTINCT

At this point it is necessary to establish how personality develops. Historically, psychoanalytic theory has suggested that the id only exists at birth, and that it controls the development of the ego and superego by giving those parts some of its energy. Transactional Analysis theory has mainly been consistent with this, suggesting that the Child ego state (C_2) exists at birth and that it controls the development of the Parent and Adult ego states.

White (1984c), however, has demonstrated that the C_2 or Child ego state is not the only part of the personality present at birth. He has shown that the Child in the Parent ego state is also present at birth, and that both these ego states remain the most powerful throughout the individual's life, in terms of determining its course. They do, however, work in very different ways, and represent two different instincts, which determine the course of personality development.

(On a side note: the proposal by White [1984c] presents some interesting problems for the psychoanalytic theory of personality structure. Most commonly the superego is seen as being identificatory, or based on identifications, and it is the id that is seen as the sole reservoir of the libido, or psychic energy. White's [1984c] findings imply that either the superego is in part another primary source of the libido, or that the id is also partly identificatory. This problem is further clarified below.)

As soon as the infant enters the world she must immediately set about developing strategies or techniques for solving problems. The first two being how to get physical and psychological nourishment. In order to do this she must learn how to think, behave and feel. Alternatively stated she must obtain some structure for her internal psyche.

The youngster can achieve this by deciding how to think, feel and do, as well as by imitating, thinking, feeling and doing (i.e. by itemizing parental tapes). Thus we have two basic instincts which determine the course of personality formation:

- 1) The imitative instinct.
- 2) The decision instinct.

Figure 5 indicates where these reside in the personality structure.

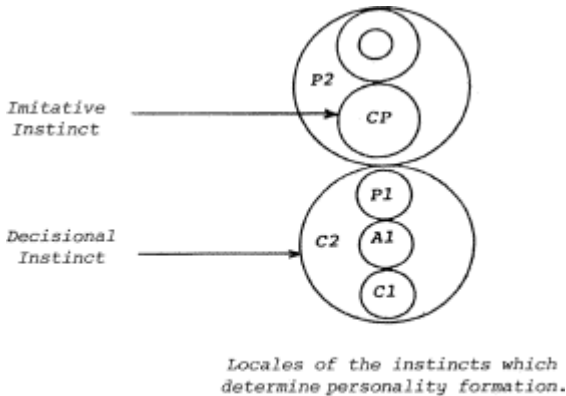


FIGURE 5.

It is important to note that the newborn does not decide who to imitate, but will imitate instinctually. Hence at birth the infant has access to two ego states: the Child ego state and the Child in the Parent ego state. See Figure 5.

The basis for the proposal of a decisional instinct has existed in Transactional Analysis theory for some time now. The logical extension of Gouling and Gouling's (1978) work is such a proposal. They state that a child will make decisions in response to environmental conditions. How does the infant know to make decisions? Her genetic programming must tell her.

With regard to the imitative instinct, Freud was the first to discuss the concept of imitation. As Jung (1938) notes, Freud used the word identification to distinguish it from modelling as the latter implies conscious copying, whereas identification is unconscious copying. As to its basic nature, in the last of his major theoretical works—*The Ego and the Id*—Freud (1962) notes that the process of identification is a very frequent one in the earliest phases of development. Thus we have a situation where the individual has an instinctual tendency to copy and imitate those who surround her. This can be unconscious and occur without any decision.

A common everyday example of this instinctual drive to imitate occurs with the acquisition of a new accent. When placed in a new environment where a new accent is being spoken, the individual will begin to acquire the accent employed by those around her. There is no decision to adopt the new accent, it is copied just as a matter of course. Indeed it would be an interesting experiment to see if one could resist acquiring a new accent by deciding not to imitate others when moving to a new culture.

From an evolutionary perspective one also finds support for an imitative instinct. It would seem that in the fight for survival, which every organism must endure, it would be much easier and expedient to acquire a new piece of survival behaviour by imitating others, rather than by creating or inventing the behaviour. Thus, if one accepts Darwin's position on evolutionary theory, those who have a natural tendency to imitate are more likely to survive than those who do not. Hence we have an evolutionary basis for the development of the imitative instinct.

Finally, the work by Konrad Lorenz (1967) on imprinting suggests that it is instinctual to imitate those around us at birth, and perhaps even in utero. See Johnson (1978) for a T.A. explanation of this. In the imprinting process it is inaccurate to view the baby as passive. The baby does not get imprinted on, it instinctually imprints itself with the first available models.

IMPASSE THEORY

As noted previously, psychological problems may be imitation based or decision based. For instance, take the message 'Don't feel angry, feel sad'. This can be internalized in two ways.

First, the person may have decided to stop feeling angry as a response to early unpleasant scenes. In this case it is a decisional problem that resides in the Child ego state. Second, such behaviour may have been imitated from others in the youngster's environment. In this case it is a problem of the Child in the Parent ego state.

It is thus necessary to impose these findings on to the theory of impasses. Figure 6 illustrates second and third degree impasses of the Child ego state.

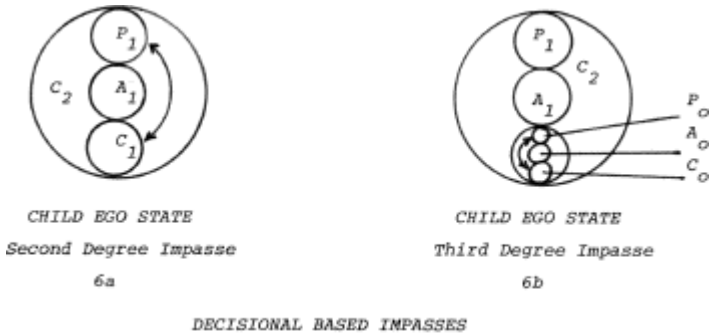


FIGURE 6

Figure 7 indicates the corresponding impasses that are imitation based, or are a problem of the Parent ego state.

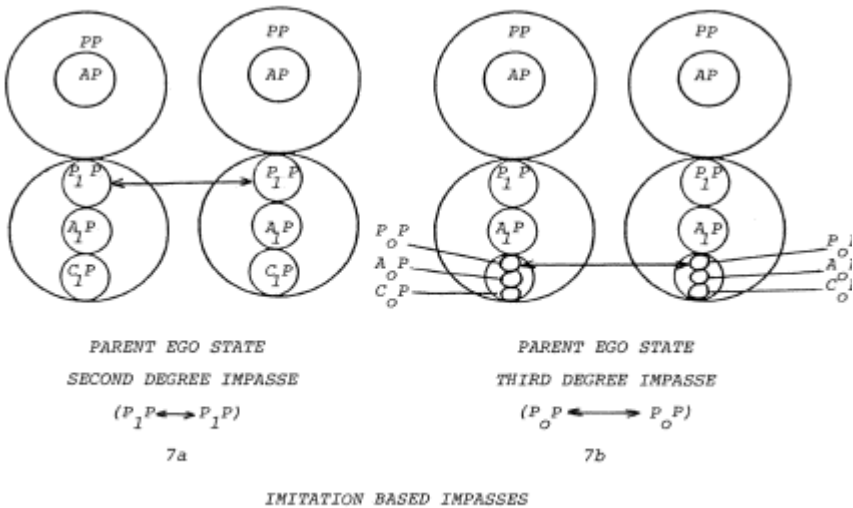


FIGURE 7

Figure 7a indicates a second degree impasse that has been initiated. In the above case one parental tape would be saying, 'Don't be angry,' whereas another parental tape is stating, 'It's OK to be angry.' Thus an impasse or conflict exists between the electrodes or P₁s of the parental figures.

The third degree impasse shown in Figure 7b illustrates a conflict between the P₀P of one parental figure and the P₀P of another figure. As a result of the extreme archaic nature of these impasses, we are probably dealing with imprinting as described by Johnson (1978). This is consistent with Mellor (1980) who notes that third degree impasses develop in the period from conception to one year of age.

For the moment, I will leave first degree impasses as they present some most interesting problems for both impasse theory and two ego state theory.

Of course most presenting problems are a combination of both Child ego state impasses and Parent ego state impasses. Hence it is necessary to use both types of work to gain resolution of the impasses.

IMPASSE RESOLUTION

With decisional based problems there are two primary goals.

- 1) To alter the P₁ or Electrode
- 2) For the C₁ or Child in the Child ego state to become accepting of some socialization.

The second part is necessary or else one would think it was OK to go about murdering and raping. Thus the C₁ must accept at least some socialization, so that it can get its needs fulfilled without ending up in prison.

Working with Child ego state impasses is done with redecision therapy and a modified version of the permission transaction. Redecision therapy as conceived of by Goulding and Goulding (1978) is in this author's opinion the most significant contribution to transactional analysis since Claude Steiner's development of the script matrix. It is not necessary to outline this form of therapy as it has been done by the Gouldings, and yet it must remain prominent in any transactional analysts repertoire.

THE DECISIONAL PERMISSION TRANSACTION

The second method suggested here is a modified version of the permission transaction. Historically it has been believed that a permis-

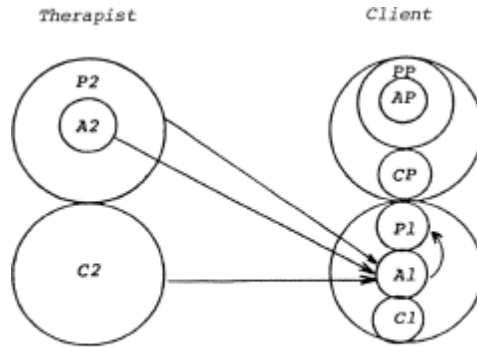
sion is the equivalent to the internalization of a new parental tape. This is rejected, as permissions conceived of by Berne (1972) alter the electrode or Parent in the Child ego state. The internalization of a parent tape alters the structure of the Parent ego state. Often both do occur simultaneously, yet it is not necessarily so, and they are two entirely different processes.

In order to further understand what is being presented here it is necessary to examine the treatment philosophy underlying this technique in therapy. At no stage is anything imposed on to the client. The client will be offered new very potent directives for living. However, it is totally up to the client to either accept the directive, reject it or modify it. That is her choice and the therapist has no right, philosophically and therapeutically, to demand that she accept the permission.

The concept of permission being presented here is different from the original concept, because in this case a permission becomes what amounts to a new decision. Consider the permission transaction presented below.

1. Hook the Adult and the Little Professor with the idea that potent permissions will be given to the client; then it is left up to them to decide whether to either accept, reject or modify that permission.
2. Give the permission. For instance, 'It's OK to be angry'; 'cry'; 'hurrah'; 'great'; 'I can't hear you'; etc. In this case, the permission must be given under somewhat different circumstances than was originally conceived of by Berne (1972) and Crossman (1966). This is necessary because, as Crossman (1966) notes, permissions are directed at altering the injunctions of the Electrode or P₁. With Two Ego State Theory we know that injunctions of the Child ego state can only be created by decisions. Tape internalization and imitation is a product of the Parent ego state. Therefore, permission giving is a decisional process. That is, when a permission is given the person decides to either accept it or reject it. Henceforth, permission giving is not the equivalent of placing an electrode into the persons P₁ or Parent in the Child ego state.

This writer is in agreement with Woollams and Brown (1978) in that the best permissions are given simultaneously from all three ego states. However, as noted above, it is necessary to add the decisional component into the permission transaction.



THE DECISIONAL PERMISSION TRANSACTION

FIGURE 8

As with any psychotherapeutic technique, correct timing is of the essence. Thus one begins by getting the client to go back to the actual early scene where the decision was made. Once there, the permission can be delivered, such as 'I like you', 'You're OK', and 'It makes sense to feel OK'.

When this is being done, in essence a new early scene is being created. Previously, upon showing feelings the person may have been shouted at and sanctioned by the parental figures. Now in a reliving of this scene, the person is exposed to a new parental figure who does not sanction her but encourages the expression of feeling. Thus the person is in a position to make a new decision. If she does not, and rejects the permission, that is her choice. If she decides to accept it, then that is great.

Most importantly, note that at no time did the therapist impose anything on to the client. Furthermore, the client must know that she cannot hurt, reject or defeat the therapist by not accepting the permission. If she does not accept it, that is the client's problem and it does not in anyway defeat or trick the therapist.

Secondly, in this technique note that at no stage does the client confront any parental figure. So, contrary to redecisional techniques, a new decision rather than a redecision is made. It appears however that they do complement each other well. In functional terms it appears that redecision therapy moves the client from Conforming Child (CC) to Rebellious Child (RC), to Free Child (FC). (To remain consistent with previous papers regarding winner's scripts, it needs

to be remembered that FC is really adaption to healthy programming, and that CC is adaption to pathological programming). The new decision technique is indicated when the client is establishing or moving into FC. From clinical observations to date, it appears that the ease by which redecision therapy can facilitate a client to move from CC to RC makes it most useful for clients who are also experiencing separation problems from parents. Clients who do not have this problem seem to respond well to the decision permission transacting.

3. After the permission is given the client is encouraged to create her own support system outside the therapy room.

Taped Ego State Therapy

With Taped ego state problems, there are two goals:

- a) To establish prominent healthy parent tapes
- b) To defuse pathological parent tapes.

To deal with Taped ego state impasses, one uses imitation (or identification). It may also be called modelling but this refers only to conscious copying whereas imitation and identification refer to the unconscious instinctive copying which are necessary for the resolution of Parent ego state third degree impasses (see Figure 7b).

An alternative way of working with Taped ego state impasses is through three-chair self-parenting as demonstrated by White (1983). (See appendix B, page 151). Self-parenting, however, only works if there is a healthy parent figure already present in the Parent ego state. If there is none, then the imitative and identificatory techniques must be used. These establish the basis of a parental tape which can later be fostered by self-parenting.

As with the permission transaction, it is necessary to confront the historic belief systems that have existed regarding modelling and identification.

Firstly, Storr (1960), in his discussion of projection and dissociation notes that identification implies that the client will become dependent on the therapist with whom she is identifying or imitating. This has been a common belief throughout the history of psychotherapy, yet it is not necessarily so. If one wishes to solve a problem, the easiest way is to look around and see how others deal with the same problem. Then one simply imitates and copies it. Yet the process of

imitating others does not automatically imply dependence on those who were imitated.

Second; historically it has been believed that one can copy or model only parental figures. Again, this is a false belief. One can model on equal or sibling figures and even dependent figures. Adolescents in peer groups do a great deal of modelling on other equals. Indeed, it would appear that a large section of fashion is reliant on peer modelling. On a side note, it is interesting that we should call the men and women who display the latest clothing, ‘models’.

Thirdly, it is sometimes believed that when copying someone you have to imitate them, warts and all. This is also a false belief. I invite my clients to be very discerning in picking and choosing what and who they model. Just because one copies an individual’s Free Child behaviour does not mean that they have to copy the Critical Parent as well.

Thus the philosophy behind the imitative techniques is that people take charge of their Parent ego states and actively use them in the problem solving process, by picking and choosing very carefully who and what is going to be modelled. Furthermore, if one has imitated how to display anger then that is a function of the Parent ego state. It has also been believed historically that Parent ego state behaviour is not real or authentic. This is false. If one can express and feel anger comfortably, who cares what part of the personality it comes from: for as Eric Berne (1966) says: “Get well first, and then we’ll analyse it” (p. 146).

Consider the diagram below.

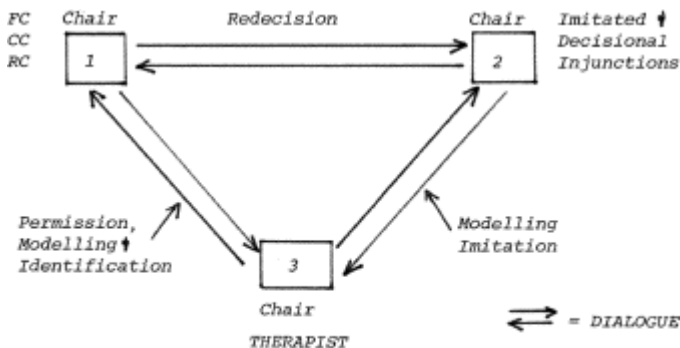


FIGURE 9

Figure 9 shows where the various techniques take place. Historically this has been seen as ‘two-chairing’. In chair 1 the client is in the Child ego state and in chair 2 the client becomes the inhibitive parent. Chair 3 is where the therapist sits. It will be demonstrated, however, that there is really no such thing as ‘two-chair’ work. In fact, every piece of ‘two-chair’ is really a piece of ‘three-chair’, as outlined by White (1983)—see appendix B.

For Child ego state impasses: Redecision work occurs between chairs 1 and 2. The decisional permission transactions result from dialogue between chairs 1 and 3.

Parent ego state impasses require an alteration in the tapes of the Parent ego state. This occurs with modelling, imitation and identification which in structural terms involves the internalization of tapes into the Parent ego state. With less severe and archaic problems, modelling solutions is relatively easy and can occur between chairs 1 and 3, and 2 and 3, shown in Figure 9.

More severe pathology which results out of a Parent ego state third degree impasse, cannot be treated with pure modelling. In this case a third self needs to develop between the therapist and client. Thus the instinctual imitation or identification with the basic OK feelings of the therapist will allow the client to resolve this impasse. This is done between chairs 1 and 3, when the transference neurosis is established.

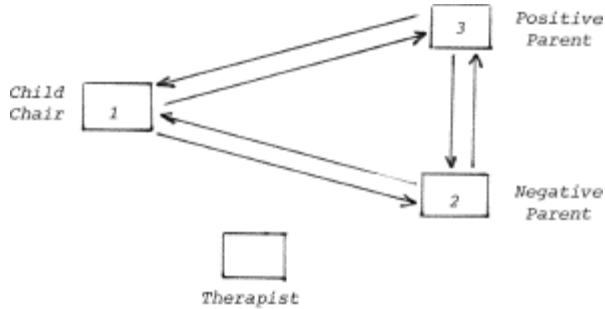
SELF-PARENTING

The techniques of self-reparenting, such as that presented by White (1983) in appendix B, are only indicated when some form of positive Parent tape is all ready in the Parent ego state. These techniques cannot create a tape, for that can only be done through identification.

In three-chair self-parenting, the Parent ego state is split up into two parts: the negative Parent being the rescuing and/or critical Parent, and the Positive Parent being the nurturing and/or controlling Parent. In three-chair work, the positive and negative Parents are placed opposite the Child chair. See Figure 10.

However, since writing the paper ‘Three chair self-parenting’*, the author has come to realize that ‘two-chairing’ shown in Figure 11

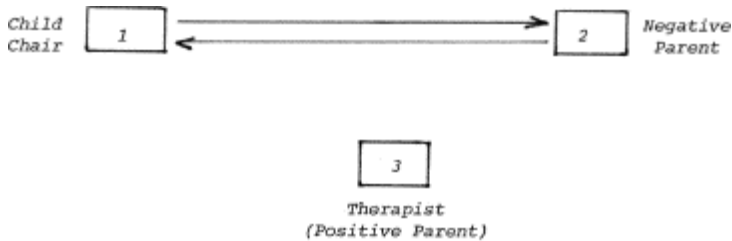
* Reproduced in this volume on page 151.



CLASSIC THREE CHAIR SELF-PARENTING

FIGURE 10

is really ‘three-chairing’; for the therapist becomes the positive Parent, or third chair.



CLASSIC TWO-CHAIRING

FIGURE 11

Consequently, the therapist can demonstrate ways by which the positive Parent can deal with the negative Parent, by dialoguing from chair 3 to chair 2. (The client must not be in chair 2 when this is being done). Alternatively the client can be invited into chair 3, or a facsimile of, and deal with chair 2. The impasse is broken when the positive Parent becomes more potent than the negative Parent. Again timing is of the essence.

CONCLUSION

This paper, which outlines some techniques that can be used in transference based treatment, represents the second half of a two part series, the first half being given by White (1984a)*. It demonstrates

* “Transference Based Therapy: A Treatment Strategy”, reproduced in this volume on page 101.

the transactional level of treatment which complements the previous paper on the relationship level of treatment. It is suggested that both levels need to be constantly monitored, yet this requires the practitioner to be able to think in both linear and lateral styles. Or to be able to think kinesthetically, verbally and visually. Failure to do so will result in some form of misunderstanding, of either of the two papers. If this is the case, it is suggested that the reader experiment with different styles of thinking, as this will allow one to become a more versatile therapist, and a more flexible theoretician.

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APPENDIX A

INTIMACY REVISITED*

ABSTRACT

Proposes that intimacy be considered in respect to stroke and risk levels, and suggests three degrees of intimacy differing in these criteria. Provides illustrative examples of each degree of intimacy.

THE PROBLEM

One thing for which '101' seminars are notoriously renowned is the repeated question: "Please explain what intimacy is." My usual reply to this is similar to Holloway's (1977) position. He says that intimacy is very difficult to describe because, if an individual is being intimate and then begins to objectively identify the experience, then he can no longer be intimate in that situation. Therefore the intimate experience can never be objectively observed. It is for this reason that I have used examples to illustrate intimacy.

Although I agree with Holloway's explanation, I also believe that it has been an overused argument and that intimacy can be defined in more detail. The reason for this belief is based on James and Jongeward's (1977) conclusion that "recovering the capacity for intimacy is a major goal of TA and is one of the marks of an autonomous person." Therefore, when a client is encouraged to be intimate, it is important that he has the clearest possible idea of what is involved.

RISK

I have defined three degrees of intimacy, each one differing in stroke and risk intensity. Before proceeding, it is necessary to explain what is meant by risk intensity, as this is another concept that has historically lacked a clear definition. There have been many definitions of risk, e.g. James and Jongeward (1977) define risk as vulnerability. Using this definition, and information presented by Berne (1966), the six time structures are ordered in what I have named the classical order. The idea of continuity is cited from Cowles-Boyd and Boyd (1980).

* First published in *Transactional Analysis Journal*, 1982, vol. 12, p. 70-72.

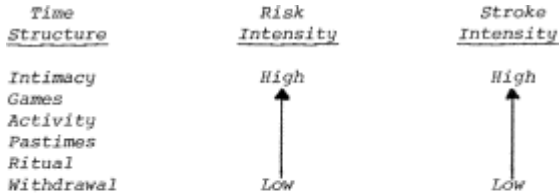


FIGURE 1.

CLASSICAL RISK AND STROKE CONTINUA

Alternatively, Cowles-Boyd and Boyd (1980) define increasing risk intensity as the decreasing probability of getting stroke return. Therefore, using this definition, games are as risky as rituals because the probability of stroke return in games is quite high. Other definitions see risk as being similar to the scare involved in disobeying parental injunctions.

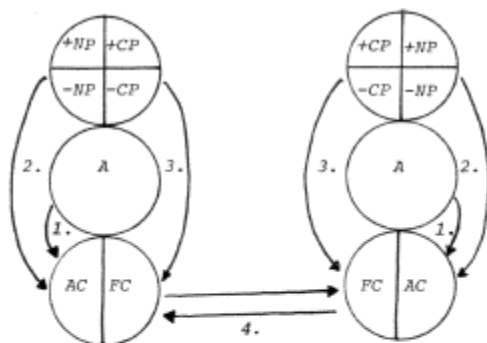
The important point from all these different definitions is that each one is as valid as the next. However, it does mean that if the risk continuum is used to order the six time structures, then the definition being used must be stated. On the other hand, the ordering of time structures based on the stroke intensity continuum appears to be widely accepted. It is mainly on the stroke intensity basis that I have ordered the three degrees of intimacy.

INTIMACY TRANSACTION

The main point in intimacy is that it is carried out by the Free Child with Adult awareness and Parent permission and rules. The ego states involved in intimacy are:

- Free Child: “I love you.”
- Adult: “I’m aware you said ‘I love you’ to a close friend.”
- Nurturing Parent (+ve): “It’s OK to say ‘I love you’.”
- Critical Parent (+ve): “The rules for saying this are: I...”

Adapted Child and the negative Parent are not involved. Transactions in intimacy are always straight, in the here and now, spontaneous, verbal or nonverbal, Free Child to Free Child, pleasant or unpleasant. This is derived from Berne (1966) and Cowles-Boyd and Boyd (1980). The intimacy transaction is diagrammed in Figure 2.



The intimacy transaction proceeds as such:

1. Adult awareness
2. Nurturing Parent permission giving
3. Critical Parent rule defining
4. Free Child interaction

FIGURE 2.

INTIMACY TRANSACTION

DEGREES

The major differences between the different degrees of intimacy are: the absence or presence of an active emotional component, and time. In first degree intimacy, there is little or no active emotional component. It can occur between total strangers who have never seen each other before. It can also occur between life-long friends who are just having good fun. Two examples are:

(a) Two strangers enjoying a play of catch each other's eye, they smile, and then go on enjoying the play.

(b) Two friends clutch each other and scream, as their roller coaster plummets down a huge incline.

It is unlikely that second or third degree intimacy would occur in a relationship before first degree intimacy has been experienced. First degree intimacy has a higher stroke value than first degree games, but less than second or third degree games.

Second degree intimacy can only occur between people who have known each other for a long time, as there is a very active emotional component. As an illustration of this emotional component, it is instructive to look at the feelings associated with death. Two strangers who have only been intimate at the first level will not mourn for the other when he dies; he may feel sad for two minutes. However, a

couple who have been intimate at the second level will have to go through a definite mourning period. Two examples of second degree intimacy are:

(a) Some loving, caring marriage relationships.

(b) Two close friends, who have not seen each other for years, meet in an airport and they embrace and cry with tears of joy.

This degree of intimacy has a higher stroke value than both first and second degree games, however, it has less value than third degree games.

Third degree intimacy occurs when two or more individuals are being so intimate at the second degree level that sensory distortions occur. These distortions are similar to those described by Berne (1964) in the intimacy experiment. Berne says that people being this intimate “begin to experience phenomena similar to those induced in susceptible people by prolonged sensory isolation or by LSD and similar drugs.” This degree of intimacy is seen as being the richest source of strokes, even more than third degree games. To achieve this level of intimacy the participants must set up the situation to achieve it—as was done in the intimacy experiment. In order to be this intimate the participants must have been through the two other degrees of intimacy.

As previously stated, achieving intimacy is a major goal of T.A. However, it must be remembered that very few people ever achieve third degree intimacy—and this is OK. First and second degree intimacy can supply ample life giving strokes. Therefore, I doubt if therapists would be wise to advocate their clients striving for third degree intimacy. Third degree is much harder to attain than the other types of intimacy, and is not necessary for a full rich and happy life.

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APPENDIX B

THREE CHAIR SELF-PARENTING*

ABSTRACT

Many individuals expend a large amount of their energy harassing self about their Natural Child behaviour. A self-parenting technique is outlined that therapists can use with clients who want to use this energy in more positive ways.

INTRODUCTION

The technique in this paper allows the client to gain awareness as to the type of Parent statements he is giving self, and to change them. This is done with the use of three chairs, one to indicate the Child ego state and the other two to indicate the positive Parent messages and the negative Parent messages.

The first step in the procedure is to make sure that the client is fully aware of the four sections in the Parent ego state. See Diagram 1.

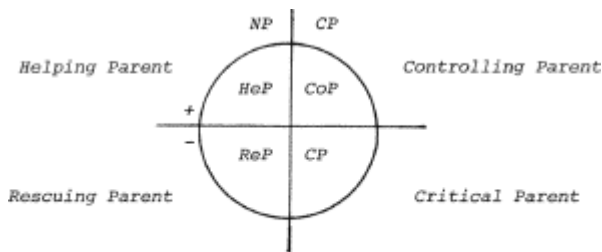


DIAGRAM 1.

The major division in the parent ego state illustrated in Diagram 1 is NP or Nurturing Parent and CP or Critical Parent. As with every ego state there are both positive and negative functions, and these are indicated by the horizontal divisions of NP and CP.

The functions or operations of these four ego states have been outlined by many writers, including Woollams and Brown (1978) as well as Thorn and Faro (1980). The Helping Parent cares for others in

* First published in *Transactional Analysis Journal*, 1983, vol. 13, p. 110-111.

a loving way when the latter needs or wants it, and the Thorn and Faro research found that this ego state could be seen as being dependable, helpful, praising and understanding. The Rescuing Parent is either over-nurturing or over-permissive. It does this by doing things for others when they are not either requested or needed. Adjectives which describe this ego state are soft-hearted, obliging, self-denying and unrealistic. The negative Critical Parent is seen as being bossy, prejudiced, demanding, suspicious, and it attempts to lower the self-esteem of others. Finally the Controlling Parent is strong and without putting others down it stands up for her own and others' rights. People in this ego state are assertive and forceful.

THREE CHAIRING

Once the client is aware of the differences between these ego states, then the self-parenting exercises can proceed. This involves setting up three chairs with the Child ego state in one chair, the negative Parent in another (i.e. the CP and ReP) and the positive Parent in a third chair (i.e. the HeP and CoP). The two Parent ego state chairs face each other while the Child chair looks on. The exercise begins with getting the client in touch with how she criticizes and beats on her Child from the negative Parent. This is done so as to elicit the feeling of 'I don't want to do this any more.' If this is achieved then the client is invited to shift into CoP and set limits on the negative Parent and send new permissions to the Child ego state.

EXAMPLE

Nan reported that whenever she spoke up in a crowd she would immediately berate herself with statements like 'who the hell do you think you are, speaking out like that?' She contracted to stop doing this and the following dialogue occurred.

T: Tell Nan (as Negative Parent) in the Child chair how you feel when she speaks out in the group.

NAN: Just who the hell do you think you are? What makes you think you've got something important to say. Most of the people there have been training for longer than you, so they know much more than you do, so just shut up and listen.

T: Move to the other chair, Nan, (Positive Parent) and tell Nan in that chair (Negative Parent) how you feel about her saying all that stuff to the Child.

NAN: it's not a very nice thing to do.

T: But you're going to let her keep doing it.

NAN: No, it's a lousy thing to do to that little part.

T: Do you want to tell her that?

NAN: Yes! That's a lousy thing to do, and just who the hell do you think you are for saying those things [said angrily].

T: Tell her how long you are going to let her do it.

NAN: No longer! It is going to stop now!

T: You sound very definite about that.

NAN: I am!

T: Hooray!

T: How are you (in Positive Parent) going to handle Nan when she speaks up next time?

At this point Nan devises new messages that she is going to give herself now that her CoP has control.

The primary method of change employed by this technique is redirection rather than confrontation, and it is for this reason that the physical splitting of the Parent into two parts is very necessary. Instead of the Child confronting the Parent and deciding not to listen any more, this technique redirects the power of the Critical Parent. Instead of Nan criticizing her Child from her powerful Critical Parent, she criticized her Critical Parent from her Controlling Parent, because by the act of criticizing the negative Critical Parent the client is indirectly supporting her Child and its efforts to get its needs met. When this occurs the client finds that instead of using all that power and energy in the Critical Parent to hinder herself, she is now using it to help herself. As a result of this the most crucial part of this technique is the timing of the switch in chairs from CP to CoP. If it is correctly timed then the client takes all the power from the CP chair over to the CoP chair and then change occurs.

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