Transactional Analysis

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Chapter Outline

"DADDY, YOU SURE HAVE BEEN a lot nicer since you've been going to see that man," said Sara, the 12-year-old daughter. "Do you think I could go with you one week to talk with him, too?"

When Sara came in with her father to his psychotherapy session, she was eager to tell me (JOP) how much better things were at home. She used to hide to avoid her dad's anger when he came home from work, but now she enjoyed being with him. Her father had always been extremely strict and stern and would use such put-downs as "stupid" and "dummy" when he corrected his daughter. Not only had his behavior led to problems with Sara's self-esteem and academic performance, but it had also been one of the major causes of arguments between her parents.

Conditions had improved markedly, however, since the father had begun reading *I'm OK—You're OK* (Harris, 1967) and participating actively in transactional analysis, and especially since the parents had come home from psychotherapy and decided to play a game at

dinner in which Sara and her 7-year-old sister would be the parents and the parents would play the role of the children. At first Sara was afraid to be her father, but once she got into the role she found herself imitating his angry silence and his stern reprimands. "Close your mouth when you're eating, stupid" or "Sit up in your chair, dummy," she would mimic. These *role reversals* allowed all of the family members to see themselves more clearly, but they also provided some hearty laughs together, including the normally somber father.

In our session together, the father was able to tell Sara how strict his own mother and grandmother had been when he was growing up. He did not have a father at home, and he grew up believing that it was natural for all parents to be rigid and punitive disciplinarians. He related to Sara that as she was getting more mature, he wanted to be able to relate to her more as an adult and less as a strict parent. Sara said that one of the things she had learned was that even when her father acted very strict at times, she could help by not responding as an angry child.

Sara went on to say that she really liked the I'm OK—You're OK ideas and the Parent-Adult-Child concepts but could not understand how a 12-year-old like herself could be a parent. Her mother quickly asked, "Do you think the way you boss your sister around all the time is your way of being a strict parent?" Sara laughed.

This chapter considers the seminal theory and practice of *transactional analysis* (TA), beginning with a sketch of its founder, Eric Berne.

A Sketch of Eric Berne

Eric Berne (1910–1970) first came upon the phenomenon of people relating as Parent, Child, or Adult when he decided to listen to his clients and not his teachers (Berne, Steiner, & Dusay, 1973). He had been practicing psychoanalysis for 10 years and had learned to translate whatever clients were saying into the theoretical language he had gained from his teachers. Thus,

when a client remarked, "I feel as though I had a little boy inside of me," Berne would typically have interpreted the little boy to mean an introjected penis, as Otto Fenichel did in a similar case. But instead of asking himself, "What would Otto Fenichel say in this case?" he asked the client what he thought about it. As it turned out, the client really did feel like a little boy, and this feeling was the most significant clinical fact in determining the course of the client's life. As therapy proceeded, Berne asked at an appropriate time, "Which part of you is talking, the little boy or the grown-up man?" (Berne, Steiner, & Dusay, 1973, p. 371). At the moment of asking this question, transactional analysis was born.

Actually, Berne had been moving away from orthodox psychoanalysis for quite some time. He received his MD at McGill University in 1935 and completed his psychiatric residency at Yale in 1941. He immediately began his training as a psychoanalytic candidate in New York, but his training was interrupted by an army stint from 1943 to 1946. During his military duty he began working with groups and became excited about the possibilities of group therapy, thus moving away from the strict one-to-one format of orthodox analysis.

After the war, he settled in Carmel, California, and resumed his psychoanalytic studies in San Francisco with Erik Erikson as his analyst. When he applied for membership in the psychoanalytic institute in 1956, he was rejected on the basis that he was not doing psychoanalysis. Because Berne readily agreed with this judgment, he dissociated himself from psychoanalysis and in 1957 presented his first paper on transactional analysis (TA).

Although this paper marked the formal introduction of TA, Berne had gradually developed his system during the previous decade. Beginning in the early 1950s, he had established a seminar group in Carmel in which he began to present his emerging theory and have it critiqued by the seven professionals who attended. By the time he published his first paper in 1958, the essence of his theory was already well developed.

In many ways, Berne was rather an unlikely candidate for establishing a new system of psychotherapy. He was indeed creative and articulate, but he was also shy and lacking the charisma that characterizes many founders. Berne was also modest in his initial attempts to influence the thinking of other mental health professionals, as indicated by the small size of his initial seminar and the relatively slow pace at which he presented and published his theory.

Nevertheless, his influence increased markedly, from 40 members in his San Francisco seminars in 1958 to an international association 6 years later. Even the popularity of *Games People Play* (1964) was a surprise; Berne had written it primarily for professionals who were already manifesting an advanced interest in TA. Berne was actually afraid that the public success of his book might undermine his professional credibility. Instead, his theory continued to attract a growing number of professional advocates.

Berne's work, especially his writings and patients, formed the essence of his adult life. He spent every Tuesday and Wednesday with his private practice, consultations, and seminars in San Francisco and then flew back to Carmel, where he wrote and had a second practice. He seemed to derive a great deal of fun from going to the beach and dancing at the parties that typically followed the weekly seminars. For the most part, however, Berne seemed to prefer to be independent and relatively self-sufficient. Steiner (1974) believes that Berne had a *life script* that involved very strong injunctions against loving others and accepting the love of others. Like his father, a physician, Berne had chosen early in life a script involved with curing others. For Berne, this meant that his personal life was sacrificed to his professional life, with his loving relationships being relatively short-lived. Steiner speculates that when Berne died from a heart attack in 1970, he actually died from a broken heart because he was unable to let in enough of the strokes and love that others felt for him.

Theory of Personality

Everything in transactional analysis stems from the premise that human personality is structured into three separate ego states: *Parent, Adult,* and *Child* (PAC). These ego states are not theoretical constructs; they are phenomenological realities amenable to direct observation. When people are in the Child ego state, for example, they sit, stand, speak, think, perceive, and feel as they did in childhood. Behavior of the Child is impulsive and stimulus-bound rather than mediated and delayed by reason. Throwing temper tantrums, being irresponsible, and engaging in wishful thinking or daydreams are some of the expressions of the Child. At the same time, the Child is the source of spontaneity, creativity, humor, and fun and is thought to be the best part of the personality, because it is the only part that can truly enjoy life.

The Child ego state is essentially preserved intact from childhood. It is as if the Child has been recorded on a nonerasable tape in the brain and can be turned on live at any time. The Child is at most 8 years old and can be as young as a newborn infant. The Child can be further differentiated into the *Natural Child,* which is the most emotional, spontaneous, and powerful expression of a child; the *Adapted Child,* which is the more obedient child molded to parental demands; and the *Little Professor,* which is the inquisitive and intuitive child who acts like a precocious adult.

The Parent ego state is also carried over essentially intact from childhood. The Parent is basically composed of behaviors and attitudes that are copied from parents or authority figures. Although much of the Parent is based on videotape-like recordings from childhood, the Parent can be modified throughout life as the person emulates new parental figures or changes as a result of actual experiences with parenting. When the Parent is in control, people use the language of controlling parents: "should," "ought," "must," "better not," and "you'll be sorry"

predominate. Gestures such as pointing a finger or standing impatiently with hands on the hips are common expressions of the Parent.

The Parent is the controlling, limit setting, and rigid rule maker of the personality, as well as the nurturing and comforting part of the personality. The Parent is also the repository of traditions and values and is, therefore, vital for the survival of civilization. In ambiguous or unknown situations, when adequate information is unavailable to the Adult, then the Parent is the best basis for decision making.

The Adult ego state is essentially a computer, an unfeeling organ of the personality that gathers and processes data for making predictions and decisions. The Adult is a gradually developed ego state that emerges as the person interacts with the physical and social environment over many years. The Adult acts more clearly on the basis of logic and reason and is the best evaluator of reality because it is not clouded by emotion. The Adult can realistically evaluate not only the environment but also the emotions and demands of the Child or the Parent.

Because each ego state is a substructure of the ego and because the ego is the adaptive function of the personality, each ego state is adaptive when used in the appropriate situation. The Parent, for example, is ideally suited when control is necessary, such as control of children, fears, the unknown, and undesirable impulses. The Child is ideally suited when creation is desired, such as the creation of new ideas or new life. The Child is also most adaptive for fun situations, such as parties or celebrations. The Adult is ideally suited when accurate prediction is necessary, such as deciding on a marriage, career, or budget.

The well-adapted personality, then, switches from one ego state to another depending on the needs of the present situation. Only one ego state can be in operation at a time. When a particular ego state is in control of the personality, it is called the *executive* and is said to be cathected, or imbued with the psychic energy necessary to activate muscles involved in behavior.

Ego states provide the structure of the personality but not the motivation. Motivation for behaving comes from biogenetic drives for survival, such as hunger for food, but also from psychological drives, which Berne (1966) labels *stimulus hunger*, *recognition hunger*, *structure hunger*, and *excitement hunger*. As early studies on stimulus deprivation demonstrated (for example, Hebb et al., 1961; Solomon et al., 1961), human beings can become highly disturbed if they are deprived of adequate amounts of incoming physical stimulation. One of the most important forms of stimulation needed for a healthy personality is *stroking*. For young children, stroking needs to be in the form of direct physical contact that comes through being held, soothed, and cuddled if they are to survive emotionally and physically (Spitz, 1945).

Although direct physical contact is the most nourishing form of stroking, adults can learn to get by with only the stimulation that comes from recognition. The need at times to be the center of another person's attention, to have our existence recognized by another human being, is especially obvious in children, who will settle for negative attention if that is the only way they can gain recognition. Although positive strokes such as smiles, greetings, applause, approval, and cheers are most valued, negative strokes such as frowns, cold looks, criticism, and disapproval at least satisfy the human hunger for recognition.

Structure hunger is the motive that develops out of the common human dilemma of deciding what to do with 8,760 hours a year. In some societies, all of this time is devoted to survival needs—obtaining adequate sleep, food, and shelter. In most societies, however, people have surplus time and would have to be constantly deciding how to structure their time if social institutions were not available to help them order their lives. Religion, education, recreation, art, politics, marriage, and families are all designed, in part, to facilitate structuring the time at our disposal. Social leaders are those individuals who have special skills to help others structure their time. The most valued leaders are those who help to structure time in the most interesting and

exciting ways, because the desire to avoid boredom, to have interesting and exciting hours, seems to be part of the human condition.

One of the most exciting ways to spend time is to exchange strokes with others. An exchange of strokes defines a *transaction*, and the hunger for strokes and for excitement makes human beings inherently social animals who are highly motivated to participate in social transactions. Transactions that are spontaneous, direct, and intimate can be exciting, threatening, and overwhelming. Such free and unstructured exchanges of strokes are generally avoided, especially in short-term social interactions, in favor of more structured and safer transactions.

The safest form of transaction is a *ritual*, which is a highly stylized interchange. There are informal rituals, such as greetings: "Hello, how are you?" "Fine, thank you, and how are you?" There are also formal rituals that become established as traditional ceremonies, such as weddings or funerals, which are entirely structured and predictable. Rituals convey very little information and constitute signs of mutual recognition.

The next safest form of social interaction is a work activity. Most work activities are highly programmed, not as bound by tradition and custom as rituals are, but by the intrinsic nature of the material with which the individuals are working. If the individuals are working together to build a car, then the most efficient structure is the assembly line. Participation in such work activities is typically geared to the Adult ego state of the workers.

Most leisure time is safely structured through pastimes. Pastime sharers are those with mutual interests, such as dog owners, Shriners, or people at weekend workshops. Although transactions in pastimes are more informal and individualized than are rituals, pastimes are nevertheless designed to minimize the possibility of incidents that are too emotional and exciting. Pastimes allow people to structure their time in transactions that are fairly interesting but not too threatening.

The riskiest and most exciting transactions that are still structured are the *games people play*. A game is a complex series of ulterior transactions that progress to a psychological *payoff*—a feeling such as guilt, depression, or anger. In an ulterior transaction, communication appears to have not only an overt, social meaning but also a covert, psychological meaning. For example, if a woman asks a man, "Why don't you come by my place to see my collection of sculpture?" and the man responds, "I'd love to. I'm really interested in art," they may be having a simple, candid interchange between two Adults beginning to share a pastime. In a game, however, both players are also communicating a message at a different level. They may, for example, be exchanging Child-to-Child messages like "Boy, I'd really like to get you alone in my apartment" and "I'd like to hook up with you."

A game is able to progress because one player is pulling a *con*—that is, doing something other than what is on the surface, such as inviting the man to risk being alone in her apartment. For a con to work, the respondent has to present some type of weakness that gets *hooked*, such as vanity, greed, sentimentality, guilt, or fear. In this case the man's vanity is hooked, and he goes off to the apartment with great expectations.

For the payoff to occur, one of the players has to pull a *switch*. In this case, after a few drinks and sitting close on the couch listening to music, the woman still seems to be sending a seductive communication. The man's vanity convinces him to proceed, and he puts his hand on her leg, only to be rebuffed by a push away and an irate, "What kind of woman do you think I am?"

The couple has just completed a hand of "Kiss Off" or "Indignation." Besides gaining mutual recognition, excitement, and some structured time together, there is also an emotional payoff for each. The woman is able to profoundly affirm her position in life that she is OK, while feeling angry toward men for not being OK, just as her mother always said. The payoff for the

man is to feel depressed and thereby reaffirm his conviction that he is not OK.

People who repeatedly seek payoffs of anger or depression can be characterized as *collecting stamps*, like the trading stamps that people save. The color of the stamps depends on the feelings that are collected, such as "red stamps" for anger and "brown stamps" for depression. Collecting these stamps allows people to eventually trade in all of their stamps on a major emotional release, such as a hostile explosion or a suicide attempt.

Games also serve to reaffirm the life position that a person chooses very early in life. Based on experiences in the first few years of life, children make a precocious decision about how they are in life compared to others around them. The life position contains a summary conviction of how I am and of how others are. The four possible *life positions* are: (1) *I'm OK—you're OK*, (2) *I'm OK—you're not OK*, (3) *I'm not OK—you're OK*, and (4) *I'm not OK—you're not OK*. The first and universal position of children is to be OK unless the civilizing process helps to convince them that they are not OK. Or, as Berne believed, children are born princes and princesses, until their parents turn them into frogs (Steiner, 1974).

Adopting a life position at age 6 or 7 about being OK or not OK critically determines the life script that a person chooses. The decision that one is *Born to Win* (James & Jongeward, 1971), to act out a successful life plan, a get-on-with-it script, is consistent with a decision that one is indeed OK. Scripts calling for chronic failure or futility, getting-nowhere-with-it scripts, are much more likely to be selected by people who are convinced that they are not OK. The general tenor, then, of a script is made consistent with the life position a person chooses.

Many details of a life script are supplied by parental prohibitions, projections, and encouragements. "She argues like a lawyer," "He's such a helpful boy," "She definitely wants to be the queen bee," "You're going to go to hell" are parental statements that profoundly influence the development of particular scripts. Fairy tales and children's stories are also important sources

of suggestions for a life script. A person's favorite myth or fairy tale, for example, is thought to reflect the person's original life script. A 25-year-old mother of two who was prepared to leave her third husband for a more exciting life on a lover's sailboat had prized the story of "Cinderella" throughout her childhood; now she was quite literally acting out the life script of a woman rescued from a miserable life by a man. Parental statements and childhood stories are important influences, but the life script is still the creation of a young child who decides how best to act out a life position and to fulfill particular human hungers.

Theory of Psychopathology

Theoretically speaking, psychopathology can occur either at the intrapersonal level of personality, involving problems with the person's ego states, life position, or life script, or at the interpersonal level, involving transactional conflicts between the ego states of two or more people. Practically speaking, however, psychopathology is almost always a multilevel phenomenon entailing problems both within the personality and between personalities.

Difficulties within ego states are *structural problems* of the personality. The most elementary structural problem is confusion, in which people are not capable of discerning their three separate ego states and slip from one state to another in a confused manner. A father, for example, who was removed from his home for almost killing his son, was talking in an Adult manner about the realistic conflicts he was having with his teenage son. As he was talking rationally about how the son at times talks back to his mother, he quickly became enraged and with a beet-red face said that he thought the best solution is to beat his son to a pulp. The father had little or no idea of how he was switching from his rational Adult to his self-righteous and irate Parent who demands total respect.

Another structural problem is contamination, in which part of one ego state intrudes into

another. The Adult is the ego state most likely to be contaminated by prejudices of the Parent or myths and fantasies of the Child. A man cannot deal effectively with the realities of work, for example, if his Adult takes as fact the Child's fantasy that he is destined to marry a wealthy spouse who will rescue him from a lowly position. One such client bolstered his arguments for this rescue belief by going to a tea-leaf reader who insisted that he would soon be engaged to a wealthy woman.

Exclusion is the structural problem of rigidly holding to one ego state and shutting out the other two. A husband who was almost always working and continually preached to his wife about how she should take care of the house and the kids was unable to find any fun or joy in life because his rigid Parent had successfully excluded both his Child and Adult from being expressed. On the other hand, the constant Clown, the prankster who is the life of the party but disgusts his wife because he can never be serious, exhibits a dominant Child that avoids the serious aspects of life by not giving expression to his Adult or Parent ego states.

Adoption of an unhealthy life position will obviously predispose people to living troubled lives. People who decide "I'm OK—you're not OK," to take one example, predispose themselves toward lives of crime and sociopathy. To exploit others, rob others, beat others, cheat others, or succeed at the expense of others is further confirmation that the person was entirely correct in deciding "I'm OK and you're not." Who needs a conscience when I'm convinced that all I do is OK and anything that goes wrong must be the responsibility of those who aren't OK? This exploitive person need not be a criminal to act out this life position, but can be the ruthless business executive who exploits others or the destructive lover who loves them and leaves them because that is all others are good for.

People who decide "I'm not OK—you're OK" are plagued with constant feelings of inferiority in the presence of those they judge as OK. Such a life position can lead to a life script

that calls for withdrawal from others, because it is too painful to remain in their presence and be constantly reminded of not being OK. Withdrawal reaffirms the not-OK position but is even more self-defeating because it deprives the person of any chance of getting the adequate strokes from others that could lead to a belief of being OK. Withdrawn people may develop an elaborate fantasy life centered on wishes that if they become holy enough, wise enough, rich enough, or irresistible enough, then they will be OK. Failure to realize unrealistic fantasies can ultimately lead to tragic resolution.

Withdrawal is not the only alternative that can follow from assuming "I'm not OK— you're OK." The person can write a counterscript based on lines borrowed from the Parent: "You can be OK if . . ." The person is then driven to achieve whatever contingencies the Parent demands in return for strokes. Be charming enough, submissive enough, helpful enough, rich enough, demands the Parent. The person is constantly looking to the Parent in others for strokes and approval, and such strokes can at least ease the pain of not being OK enough.

People who conclude "I'm not OK and neither are you" are the most difficult to reach. Why should they respond to others who aren't OK? What hope is there in life when neither oneself nor others are OK? These people simply survive, if they do not commit suicide or destroy others and themselves. The extreme withdrawal of schizophrenia or psychotic depression is a common fate. They may regress to an infantile state in the primitive hope of once again receiving the strokes of being held and fed. Without intervention from caring others, the "I'm not OK— you're not OK" individual will live out a self-destructive life of intermittent institutionalization, irreversible substance abuse, senseless homicide, or tragic suicide.

Just as there are three basically unhealthy life positions, so too there are three basic life scripts that lead to self-destruction: (1) depression, or *no-love script*; (2) madness, or *no-mind script*; and (3) addiction, or *no-joy script* (Steiner, 1974).

The intensity of the no-love script varies in degree from the legion of lonely people who are in a constant, unsuccessful quest for a loving relationship to the smaller band of profoundly depressed people who are ready to call it quits because they are convinced they are unloved and unlovable. Basic training in lovelessness is provided early in childhood when parents provide injunctions against the free exchange of loving strokes. Strokes are controlled by a strict economy, as if love is a scarce commodity that can readily be depleted. Parental injunctions include: Don't give yourself strokes. Don't give your strokes away; trade your love for something valuable. Don't ask for strokes when you need them; love is not worthwhile if you have to ask for it. Don't reject strokes when you don't want them, even if the kisses, hugs, or compliments from some people seem oppressive and unhealthy. Acting out these injunctions from the Parent can result in pathologies such as the hypochondriac who can ask for strokes only by being sick; the modest neurotic who can never say anything good about him/herself; the miserably married partner who exchanges love for money, security, or status; and the easy mark who never says no to the advances of anyone.

The no-mind script plagues those called mad and constantly lurks in the background for those who live in fear that someday they might go crazy. Mindlessness is also reflected in the lives of those who feel unable to cope with the world, those who get easily confused and have trouble concentrating, those who feel stupid or lazy, and those who have no willpower or mind of their own. Basic training in mindlessness comes from parental injunctions against thinking too much. Many women, for example, were traditionally discouraged from being independent and successful beings in order to become unquestioning wives.

Parents give injunctions against thinking to protect themselves from not-OK feelings. Children who thought clearly might see the undeniable bigotry of their caretakers, might sense that their parents do not genuinely love each other, might challenge the sacred cow teachings of

their parents. To keep their children from seeing them accurately, parents discourage children from using their minds through lying. For example, a mother brought her 12-year-old daughter in to see me because the girl was distressed over the belief that she was going crazy. The mother told me privately that the girl had been convinced, correctly, that the mother was having an affair with the carpenter, but the mother had lied to protect herself and the carpenter. Here the girl was afraid she was becoming paranoid, when her problem was that she was intuiting things too accurately. The mother was amazed at how quickly a dose of truth could remedy the daughter's emerging madness.

The no-joy script is the basic plan of those who decided early in life that it was better for them to shut out the joys and pleasures of their bodies. As adults, these kill-joys range in severity from those in need of a pill to sleep, to those in need of constant aspirins or antacids to shut out bubbling messages from within, to those in need of a fix or a fifth to survive.

Given Western culture's long history of deciding that the body is not OK, it is understandable that many parents continue to proscribe enjoying the body. In shutting out their ability to spontaneously and freely experience their bodies, people also shut out one of the primary centers of joy. They lose one of the natural centers of living that is the birthright of the Natural Child.

The drama of tragic life scripts is heightened by the fact that patients eventually play each of the three roles that are part of the triangle of all drama: the *victim*, the *persecutor*, and the *rescuer* (Karpman, 1968). The script of the spouse of an alcoholic, for instance, begins with the spouse trying to rescue the poor drunk from self-destruction. Drama and excitement increase as the spouse becomes angry when rescue is not accepted and then turns to persecuting the drunk for not reforming. Eventually, the spouse's self-destructive script becomes apparent as the spouse ends up as a victim of the drunk's social, economic, and personal inadequacies.

To advance pathological scripts to their inevitably tragic conclusions, patients begin to play even heavier handed versions of their typical games. An alcoholic who played "*Kick Me*," for example, may progress from playing "Kick me, I'm late again for dinner because I stopped at the bar" to "Kick me, I spent the check at the bar" to "Kick me, I lost my job." The payoff for the alcoholic comes in collecting brown stamps for depression and in reaffirming a life position of not being OK. When enough feelings of depression are collected, the alcoholic can trade in his stamps and feel justified in killing himself, which is the required curtain call in his tragic life script (also see Steiner, 1971).

People are born princes and princesses until their parents turn them into frogs, according to Berne (Steiner, 1990). Innately healthy people write scripts early in life based on the negative or positive influences of those around them and spend the rest of their lives unconsciously making these scripts come true. The consequences of a negative script, as we have seen, can be disastrous—unless people make a conscious decision to change.

Theory of Therapeutic Processes

Transactional analysis typically begins with a *structural analysis/diagnosis,* through which patients become more fully conscious of ego states that were previously confused, contaminated, or excluded. Therapy then proceeds to transactional analysis, in which self-defeating transactions are made conscious, beginning with self-destructive games, leading to full awareness of the unhealthy life positions and life scripts that have been plaguing patients. With a curative increase in consciousness, clients are then able to choose their ego states at any particular time. With heightened awareness, they can also decide whether they will go on acting out tragic games, positions, and scripts or choose more constructive patterns of meeting their basic human hungers.

Consciousness Raising

The Client's Work. Consciousness raising begins as an educational process. Clients are

expected to become well informed about the language and concepts of TA, usually through

bibliotherapy involving the books of Berne (1964, 1970, 1972), Harris (1967; Harris & Harris,

1990), James and Jongeward (1971), and Steiner (1971, 1974, 1990). If TA classes are available

in the local community, then the client may be instructed to take a course in TA before beginning

formal treatment. Education continues in psychotherapy, of course, as clients are taught to apply

the concepts of TA to their own lives, beginning with becoming aware of which ego state is

currently being expressed. As clients analyze their own lives in TA terms, they will frequently

look to the therapist or group members for feedback regarding the accuracy of their self-

interpretations.

As clients become better educated in TA and more aware of their own ego states, they are

able to use their Adults to teach other people how to analyze themselves. The client's work is

usually a pattern of graduating from student to self-analyzer to teacher. As patients become more

conscious of their own ego states, they can better analyze the complex transactions they enter

into with others. They use their Adults to reflect on repeated patterns of conflict and to realize

whether these conflicts are due to their own games or scripts or whether they are letting

themselves become entangled in the games and scripts of others. Thus, the early stages of

structural analysis depend more on the competence and assurance of the therapist, who teaches

the client about relevant ego states, whereas the later stages of transactional analysis depend

more on the work of the client.

At this later point in treatment, clients have almost all the relevant information regarding

their life patterns and must now use their Adults to inform the therapist about their personal

games or scripts. For example, clients must provide accurate information to complete a script

checklist (Steiner, 1967). This includes (1) the overall course of their lives, (2) whether their

lives are to be OK or not, (3) when they decided on this life course, (4) the fairy tale hero or heroine that the life course is intended to emulate, (5) their counterscripts that allow them periods free from self-destruction, (6) the Parental injunctions against loving, thinking, or feeling joy, (7) the games that advance their courses, (8) the pastimes they use to structure their scripts, (9) the payoffs they seek in life, and (10) the tragic ending they expect from life. Clients must also use their Adults to confirm or disconfirm any hypothetical formulation the therapist may offer about the client's scripts or games.

The Therapist's Work. Because most psychotherapy patients are above all confused, the therapist's first task is to reduce confusion by providing patients with an accurate structural analysis or diagnosis of their problems. By analyzing emotional upsets in terms of conflicts among Parent, Child, and Adult ego states, therapists provide a clear and concise framework for understanding maladaptive behaviors. The structural diagnosis is both education, in that it teaches patients the basic concepts of TA, and feedback, in that it informs clients about the personal ways in which they express their own Parent, Child, and Adult. Besides reducing confusion, the structural diagnosis can be the starting point for reducing contamination, because the diagnosis will provide clarification and interpretation about which ego states are being contaminated by which other ego states.

To encourage clients to reduce their own confusion and contamination, the therapist frequently asks clients such questions as "What ego state are you in?", "Which part of you is talking now?", "Which part of you made that gesture?" The clients then respond in terms of their own awareness, which they can check against feedback from the therapist or other members in group therapy. If clients harbor doubts about the diagnosis proffered, the therapist will play back audio- or videotape recordings to help the client see or hear the behavior to which the therapist or group was responding. With such additional data, clients are usually able to become more clearly

aware of each ego state.

Because the Adult is the least biased processor of information, the transactional analyst attempts to hook the Adult of the client into playing a central role in the analysis of ego states. Therapists hook the Adult of clients by communicating from their own Adult ego state to the Adult ego state of the client. Asking for information, for example, is a request from the Adult to the Adult. Because it is a principle of TA that the social response of a *transactional stimulus* (the request for information) is most apt to come from an ego state complementary to that from which the stimulus originated, clients are most likely to respond with communication from their own Adult. If therapists want clients to act as Adults, then they should themselves be Adults in their communication —a *complementary transaction.* If the therapist acts as a Parent and treats the patient as a helpless child, then the therapist should not be surprised if the client has trouble responding from an objective Adult state.

Exclusion can be counteracted by offering the client permission to become aware of and express an ego state that typically has been excluded. A therapist might encourage expression of the Child, for example, by giving a client the homework assignment of attending a music festival over the weekend and joining in the singing. Or the therapist may cultivate the appearance of the Child by encouraging the client to accept warm strokes from the group member toward whom the client feels closest. Because an ego state is usually excluded because of fear of injury or criticism, the client can feel freer to become the risky Child once the therapist has provided a more protective and permissive setting.

Just as TA therapists can draw on complementary transactions to help clients, so too will they at times cross clients in order to help them become conscious of their reactions when crossed. A *crossed transaction* occurs when the ego state addressed by a communication is not the ego state that responds to the communication. If a client addresses a message to the

therapist's Adult and the therapist responds from the Parent ego state, then the Adult-to-Adult communication is crossed by a Parent-to-Child response. Let's say that a client asks for information, an Adult-to-Adult transaction, such as, "Do you know if next month's TA lecture is open to the public? I have a few friends who would like to go." A complementary response would be an Adult sharing of the information about the lecture. To cross the client, however, the therapist might respond from Parent to Child by asking, "Can't you ever find out things for yourself?"

By crossing the client deliberately, the transactional analyst can elevate the client's awareness as to whether crossed transactions are met with anger, such as "Well, the hell with you," or withdrawal, such as a silent "Guess I'll never ask a question here again," or guilt, such as "I'm sorry for bothering you with my petty concerns." The therapist can encourage clients to become aware of constructive responses that need not threaten a relationship. The Adult seeking more information from the therapist, for example, would learn to respond to the angry therapist by asking, "Is there something bothering you today that I don't know about?" Before using a deliberate crossed transaction to increase awareness, however, the therapist must be very confident that the therapeutic relationship is strong enough to weather it.

Becoming aware of the emotional impact of crossed transactions is part of the analysis of games patients play, because the switch in a game includes a crossed transaction. In the Kiss Off game, for example, the repartee that is occurring between the mutually attracted Child and Child is crossed when the woman switches to her Parent and asks accusingly, "What kind of woman do you think I am?" Because the emotional impact of such a switch is the key payoff of a game, it is absolutely critical that patients become conscious of how they cross transactions to elicit feelings. Much of the work in analyzing games involves confronting clients with the repetitious nature of their games and then interpreting the payoffs of the games and how they help advance

the client's life script.

Clients can become fully aware of the meaning of their games only after becoming conscious of how their lives are following self-selected scripts. To help clients in the difficult task of script analysis, therapists can rely on the "20 questions" that Steiner (1967) uses in completing the script checklist. Asking clients to describe their favorite fairy tale or childhood story, for example, can help clients become more fully aware of when they decided on their life script and what mythical heroes they used as models for their lives.

Furthermore, therapists raise clients' consciousness of scripts through the technique of *script rehearsal* (Dusay, 1970). The therapist serves as director and actively sets the stage for a critical scene from a client's script. The "star" of the rehearsal is a patient with a pressing problem. The star is seated face to face with the costar, a group member who plays the other person most integrally involved in the scene, such as a spouse or sibling. Two other patients stand behind the star and represent the Parent ego states. Other patients sit around representing Child ego states, while one patient serves as the observing, computing Adult. The star and costar are directed to enact the scene involving the star's problem, and the other patients are directed to simultaneously express the ego states that they are assigned. The script rehearsal is enacted for approximately 10 minutes, followed by a 10-minute Adult-to-Adult discussion of the multilevel meaning of that scene.

Choosing

The Client's Work. In the process of becoming more fully conscious of their ego states, games, life positions, and life scripts, clients also become aware of an increase in volition. With a reduction in confusion or contamination, for example, clients are increasingly empowered to choose which ego state to cathect at any particular time. After expressing a previously excluded ego state in a session, clients can choose to express the same ego state outside the session. Once

they become aware that their self-defeating life positions and scripts were originally decisions in childhood based on inadequate information, they can make more informed choices as Adults to live self-fulfilling lives.

Choices to radically change their lives need not be sudden, all-or-none decisions. Clients can, if they choose, use the therapeutic situation to try out new alternatives. They might risk giving up games in therapy in order to experience more intimacy with the therapist or group members, for instance. Clients can choose to try out new transactions, such as directly and honestly asking for strokes when they need them rather than using games to gain negative attention. Given the freedom inherent in choosing, no one can predict the pace or place that clients will use to decide just how they will get on with the exciting process of life.

The Therapist's Work. Therapists encourage the volitional powers of patients right from the onset of treatment by making it a contractual arrangement. In the contract, the patient chooses which goals to work toward, and the therapist decides whether or not such goals fit within the therapist's value system. The therapist also lets clients know that they are free to renegotiate the contract at any time or to terminate therapy once the contract is completed.

Later in the course of treatment, transactional analysts aid the process of choosing by giving clients permission to use their time together to practice new alternatives. Therapists are also willing to provide strokes for clients risking more constructive lifestyles. For the most part, however, therapists recognize that choosing is a process that invariably falls mainly on the shoulders of clients, who are accepting responsibility for both the past and future courses of their lives.

One set of therapist interventions, known as *redecision therapy* (Goulding & Goulding, 1979), grew out of transactional analysis and Gestalt therapy in order to facilitate clients' challenging their beliefs about themselves in the past. Clients are taught to listen to "Don't"

injunctions which severely limit their choices: Don't be a child, Don't be important, Don't be close, Don't be successful, Don't grow, Don't trust, and certainly Don't be you. Once aware of these injunctions and confronted with choices, clients are freed to redecide who they are and who they want to be (Gladfelter, 1992; McClendon & Kadis, 1995).

Therapeutic Content

Although psychopathology is typically intrapersonal in origin, it is always interpersonal in expression. To allow the interpersonal manifestation of intrapsychic conflicts to become undeniably apparent, TA is most often carried out in groups. Even in a group format, however, the TA focus moves back and forth between problems occurring among group members and problems occurring within members.

Intrapersonal Conflicts

Anxiety and Defenses. Anxiety is a reaction of the Child ego state to a possible break in a Parent's injunction. Anxiety can be as overwhelming as the myriad terrors that children have experienced in the face of parental disapproval: fear of being beaten, abandoned, ignored, or insulted. The anticipation that parents might withhold all strokes, for example, can make the Child feel that psychological starvation is imminent. No wonder that patients can panic when their Child ego state reacts to a breach of injunctions from the Parent. The Parent, of course, is loaded with injunctions: "Don't laugh so loudly," "Don't leave any food on your plate," "Don't show anger," "Don't enjoy sex," "Don't give strokes," and "Don't accept strokes." Many people live in constant danger, then, that if they act directly on the basis of their human hungers, they will be overwhelmed by the panic of having broken at least one parental injunction.

Defenses have traditionally been analyzed as intrapsychic mechanisms that keep forbidden and thus dangerous desires from awareness. Interpreting intrapersonal defenses of this

nature is critical work in TA, to be sure, but equally critical are the interpersonal defenses used to avoid dangerous desires such as the wish to freely exchange strokes.

The games people play frequently serve defensive functions. People who are locked into mutual games have made unconscious deals to use games to avoid the risks of being intimate. A couple who find themselves bickering whenever one or the other feels like making love or talking intimately is locked into the game of "Uproar." As long as they are fighting there is no risk of becoming truly intimate. What's more, neither person has to admit being terrified of being intimate; their only problem is that they cannot stop fighting.

Although the analysis and thus the removal of game playing are important parts of TA, it should be recognized that games, like any other defenses, may serve as the final barrier to psychosis and should not be attacked too quickly. A borderline couple, for example, may need to continue playing "Uproar" until each spouse's Adult ego state is decontaminated from a suspicious, paranoid Parent. Certainly the analysis of games should not become still another game conducted in at cocktail parties.

Self-Esteem. Enough has been said about the importance of life positions to recognize that one's sense of being OK is central to a healthy existence. What has not been said is that transactional analysts disagree on whether the original and universal life position is to be OK or not OK. Whereas Berne believed that children are born OK and have a solid sense of esteem as a birthright, Harris (1967) suggests that people are born frogs until they transform themselves into princes or princesses. For Harris, "I'm not OK" is the original life position and developing a sense of self-esteem, a belief in being OK, is a central task of life for all people. Whether people are born with defects akin to original sin or whether parental injunctions help produce decisions about not being OK is an ongoing debate within TA circles. It is agreed, however, that a majority of people in our society do emerge from childhood in a position of feeling not OK. Witness how

long *I'm OK—You're OK* (Harris, 1967) was on the bestseller list.

People may be misled into believing that because their present problem with self-esteem, their not-OK position, was originally a decision in childhood, all they have to do to become OK is to decide as an Adult that they are indeed OK. Unfortunately, it is not that easy. Even with treatment, changing a life position comes only after considerable struggle to become aware of the ego states involved in the original decision about a life position, the games played to enhance a life position, and the script to which that position is intimately connected. To increase one's self-esteem by deciding to be OK involves a radical change in one's life script and one's transactions with the world.

Responsibility. Patients present to psychotherapy with confusion about the reasons their lives seem to be out of control. They are confused by their inability to sleep, to concentrate, to relax, to relate. They are confused by their own behavior, by why they so often seem unable to do what they really want to do: to exercise or to stop drinking, arguing, overeating, or procrastinating. They are confused about their inability to communicate, even after 25 years of marriage. Most of all, they are confused about what to do with the mess they call their lives.

As long as psychotherapy systems continue to excuse people from accepting responsibility for lifestyle deficiencies, patients will continue to be confused over why their lives are a mess and what they can do about it. Transactional analysis gives people permission to experiment with a variety of new behaviors; but one thing TA will not accept is the old cop-outs to avoid taking responsibility for their lives. Games such as "If it weren't for you" and "Look what you made me do" are prominent examples of cop-outs. The most common is the *wooden leg game,* in which patients beseech others not to expect too much from them because they have a wooden leg. Wooden legs vary from being depressed to being stupid, from being alcoholic to being lazy. Clients cry out to be excused because of countless deformities that they insist were

externally imposed fates rather than self-selected destinies. The fact that clients choose their fates while still children is still no excuse from responsibility.

Interpersonal Conflicts

Intimacy and Sexuality. Lifetimes pass and intimacy is rarely known. We are among the fortunate few if we experience even 15 minutes of intimacy in a lifetime (Steiner, 1974). As a candid, game-free, mutual exchange of strokes without exploitation, intimacy may well be unattainable in the structured life scripts of most people. Those who have chosen early in life to demonstrate that either they or others are not OK have given up the option to be intimate. To let ourselves respond freely with others is to trust that they and we are OK.

Intimacy itself seems to be not OK for many people. The threat of intimacy comes in part from the many injunctions of the Parent to avoid freely taking or giving strokes. Free love continues to be taboo to the Parent in most people. There may, however, be an even more basic reason intimacy seems so threatening. Intimacy brings with it the threat of being too stimulating and too exciting because it is too unstructured. Intimacy may be overwhelming because it threatens to bring chaos into the lives of people accustomed to the security of continual structure. People who hunger to structure their lives will settle for the strokes that come with rituals, pastimes, and games rather than risk the chaos involved in intimate encounters.

Society in the form of the Parent strives to impose structure on human sexuality by limiting sexual encounters to patterned relationships, such as engagement and marriage. Even within such patterned relationships such as marriage, where sexuality is permitted, people structure much of their sexuality into rituals, work activities, pastimes, or games (Berne, 1970). The ceremony of having sex two times a week following the 11:00 P.M. newscast, with 5 minutes of foreplay and 5 minutes of intercourse, is a pattern of lovemaking well known by many couples. Such patterns certainly can be pleasant and pleasurable, but they are seldom

intimate. There are couples who still insist on structuring the "marital act" so that the man is always on top and the woman on the bottom—to do otherwise is to be abnormal or un-American.

Some of the people who see their sexual lives as most intense and exciting are those whose sexual activities are just more games to play. These individuals enjoy the drama and emotional exploitation that come from such games as "They'll be glad they knew me," "Ain't it wonderful," "Look how hard I tried," and even "Now I've got you, you son of a bitch." Sexual games can advance a person's life position by proving, for example, that the opposite sex is really not OK or that one is irresistibly OK.

More spontaneous sexuality and deeper intimacy are for those who choose to break out of structured life scripts and risk security for excitement. The fact is, however, that many people do not need intimacy and sexuality to be OK, and a disservice is done if the suggestion is made that people are not OK unless they are sexual Olympians or emotional intimates. The quest for intimacy and freer sexuality may well be a luxury in a world in which all too many relationships are plagued by destructive games and self-defeating scripts.

Communication. Communication proceeds smoothly and satisfactorily as long as the transactions between two people are complementary. A complementary transaction exists if the response to a previous message is addressed to the ego state that was the source of the message and is emitted from the ego state to which that source addressed itself. A series of Adult-to-Adult, Parent-to-Parent, or Child-to- Child transactions are clearly complementary and lead to communications that result in a satisfying sense of being mutually understood. A mutual exchange of jokes or the kidding between the Child ego states of two people is an example of smooth and satisfying communication.

Crossed transactions occur when the ego state addressed is not the ego state that responds or when the ego state addressed responds back to an ego state different from the one that sent the

message. A husband joking with his wife's Child is crossed when her Adult responds with the information that his kidding wasn't funny at all. Similarly, the transaction is crossed if the Child of the wife responds back to the husband's Parent rather than his Child, such as with a tearful response about how the husband is always picking on her.

The secret in helping couples with communication concerns is to help them become aware of their own ego states and how their ego states are crossing rather than complementing each other. If couples can learn to identify the ego state that was involved in a crossed transaction and can get back into the ego state that was being addressed, they can learn to participate in complementary transactions that, in principle at least, can lead to communication that proceeds indefinitely.

Hostility. Hostility is embedded not in any inherent impulse to destroy, but rather in the ulterior transactions between individuals who have decided that they or others are not OK. The ongoing hostility between people playing repetitive games such as "Uproar" is aimed not so much at destroying or hurting the other as at keeping the other from getting too close. Such hostility avoids the risks of intimacy while providing the more structured excitement of games. Hostility is especially exciting for those who collect red stamps to trade in on a big blowup. Beyond the cathartic release of emotion, they also enact the payoff of reaffirming their right to decide that others are not OK.

People in the racket of collecting angry feelings can also use their red stamps to enhance their life scripts. It they collect enough grudges, they can eventually have a hostile blowup big enough to justify a divorce or even a homicide, without having to feel guilt or responsibility. Responsibility for hostility can begin only when angry people are willing to use the Adult within them to consider that maybe, just maybe, they were wrong to decide that others are not OK. Hostile people, however, tend to be self-righteous people who would rather attack others than

attack the painful task of considering that their basic life positions are dead wrong.

Control. Control is an issue for parents and for the Parent in people. Individuals with a continual need to control are dominated, in their personality and their relationships, by the Parent within. These perennial Parents will have fewer problems in their relationships if the nurturant Parent is dominant and they are indeed concerned with the best interests of those they are attempting to control.

The perennial Parent is not the only source of control problems. People with little control over their own Child stimulate the Parent in others, urging others to step in to provide the controls that their own Adult and Parent are unable to provide. When others do respond as Parents, however, the Child is likely to rebel and to reject the controls. If people are to break out of relationships being destroyed by control conflicts, both the Parent and the Child in the relationship will need to take responsibility for the part each plays. In spite of what the self-righteous Parent or the naive Child might say, in control conflicts there are no innocent victims.

Individuo-Social Conflicts

Adjustment versus Transcendence. The only fate that can possibly be transcended is a self-imposed fate. Self-defeating life scripts, not society, must be transcended. People prefer to believe, and are encouraged by scientists to believe, that if they are losers it is only because the forces of society have been stacked against them. Although social forces urge many people to resign themselves to being losers in life, it is only when people take a stand against themselves— when they decide that society is OK and that they are not OK—that they begin to follow a loser's life script. Although the protective Parent would like to block the painful awareness that they have stacked the deck against themselves, that they are the joker in their own games, it is precisely through such painful self-confrontation that people can regain control over the scripted fates of their lives.

If patients decide to choose a winner's script, they need not be in constant conflict with society. They will be aware that it is only their rebellious Child who wants to be free from all restraints. The Parent within will understand the wisdom of traditions and conventions, will speak the language of control, and will help them adjust amicably to many of the authoritative forces of society. Although their Adult may work to help make a more democratic and just society, the Adult is also unbiased enough to recognize that people can be winners even with the odds against them—as long as they do not continue to be against themselves.

Impulse Control. People are indeed overwhelmed at times by certain feelings, such as rage, lust, or a longing for food. They find themselves unable to keep from acting on these overwhelming feelings, even though it is not in their best interests to be controlled by them. Such people need to first track down and identify the feeling carefully and exactly (Holland, 1973). They can then become aware of the ego state that is cathected when the impulsive feeling occurs. They can also become aware that other structures of the personality are not engulfed by the impulsive feeling, and thus the feeling need not be overwhelming. Because the Child ego state is typically associated with impulsive feelings, the person can learn to control them by cathecting the Adult or Parent ego state when the impulsive feeling is threatening to get out of control.

Beyond Conflict to Fulfillment

Meaning. Meaninglessness is a symptom of psychological starvation. The loss of meaning is one of the major complaints associated with stroke deprivation, along with emptiness, a lack of deep feeling, a feeling of being unloved, a sense that life is not worth living, and a chronic case of boredom. Meaning is lost when people structure their lives with rituals, pastimes, and work activities low in strokes. Television and related pastimes that structure so much of a modern family's leisure merely pass the time with few strokes for the spectators. Much of modern work provides little excitement or recognition for the workers. When life's activities lack

nourishment other than structure, a person is left with a deep sense of being in a rut. Breaking out of a rut and finding more meaning in life entail choosing to restructure life with activities that satisfy the hunger for human strokes.

Ideal Individual. An ideal or stable individual is characterized by the freedom and flexibility to shift from one ego state to another, depending on the specific situation. As Adult, the stable person is realistic, rational, and responsible, avoiding games that are designed to shift the responsibility for life's problems onto others. As Parent, the stable person is a caring and cultured individual, who is committed to maintaining the most valuable traditions of the past. As Child, the stable person is spontaneous, joyful, and humorous, a delightful individual who is able to bring out the best in others.

The healthiest person will incorporate the judgment "I'm OK—you're OK" into life. The fundamental evil in life is to deny the worth of any human being, including oneself. Those judged to be not OK can be treated in immoral, not-OK ways. Lives of destruction and defeat demonstrate not only the pathology but also the immorality of deciding that any part of humanity is basically not OK.

Ideally, an aware person with the volition to act as Parent, Child, and Adult could dodge all of the destructive games that people play and could go through life without a commitment to any rigid life script. Practically, however, the best we should expect from transactional analysis is people who can keep game playing to a minimum and who can choose to live constructive and caring scripts rather than the scripts of losers.

Therapeutic Relationship

The therapeutic relationship is part of both the content and the process of transactional analysis. The games that patients attempt to play with therapists, for example, are a critical part of the

content that is to be analyzed. Clients who are consistently late or who fail to pay their bills may be playing "Kick me." The naïve therapist may indeed relate with a kick rather than an analysis of the client's self-defeating games. At the same time, the relationship can be part of the process of therapy, as when the therapist relates as an Adult in order to hook and to strengthen the Adult of the client.

The Adult of the therapist is the ego state most often involved in transactions with the client. Because consciousness raising is a rational process, the therapist relies on the Adult's rational abilities for processing clinical material. Psychotherapy is said to be under way when clients are willing to switch control of their lives from their own Parent to the therapist's Adult. The client will at first experience the therapist's rational control as being a function of the therapist's Parent. Eventually, clients will come to understand that the influence of the therapist is not the demanding, dominating force of a Parent, but rather the force inherent in an Adult's ability to deal effectively with the world. Once clients decide that the Adult within them is as effective in interacting with the world as the Adult of the therapist is, then the client is ready to terminate.

In Rogerian terms, the therapy relationship is indeed unconditional in regard. The transactional analyst is convinced that patients are OK unconditionally rather than being OK only if they act in particular ways. Transactional analysts, however, rely more on rational processes for analyzing ego states, games, and scripts than on empathy for processing the critical information in treatment. Certainly therapists must be able to cathect their own Child or Parent to appreciate the feelings of the client's Child or Parent. Nevertheless, the cognitive process of the rational Adult is most effective in understanding the troubled structures and transactions of clients.

Several transactional analysts have observed an evolution in the therapy relationship over the years. In the 1970s, TA therapists were encouraged to confront people into health. In the 1990s, TA shifted to using more relational strategies to attach, attune, and empathize clients into health (Cornell & Bonds-White, 2001). This shift is part of the broader movement to integrate TA with relational approaches (e.g., Erskine et al., 1999; Hargaden & Sills, 2002). The clinical need is to balance an empathic holding environment with Berne's original emphasis on the study of the interpersonal matrix.

To be effective, transactional analysts must be genuine in therapy, because it is impossible to fake being an effective Adult, a humorous Child, or a caring Parent. Effective therapists are free to be genuinely spontaneous when they respond with the Child within them, but they certainly do not believe that the spontaneous reactions of the Child are the only genuine part of the human personality.

Transactional analysts believe in relating as equals with clients. The insistence on a therapeutic contract is an indication of the belief that therapist and client can relate as equals. The Adult of every individual is assumed to be equally effective in relating to the world, and one of the treatment objectives is to have the client relate on an Adult-to-Adult level as quickly as possible.

Patients are not the only potential game players in a transactional analysis. Although therapists should certainly be less apt to play than are their clients, transactional analysts must be ever vigilant to enacting their own scripts at their clients' expense. "Burnout" is a typical racket system of professional helpers: Give so much to everyone until it hurts and you can give no more to anyone (Clarkson, 1991). So are "Top Gun" games, in which therapists compete with one another in a hostile manner (Persi, 1992). Ongoing self-analysis and securing strokes away from the office are required to combat these and other therapist games.

Practicalities of Transactional Analysis

Group therapy is preferred, in part because it allows a greater number of transactions, including more troubled transactions, than might ordinarily occur with an individual therapist relating primarily as Adult. A typical group is composed of about eight members who meet once a week for 2 hours. Crisp beginnings and endings were preferred by Berne, so meetings traditionally begin and end promptly. Clients should be able to see the whole body of other members in order to pick up bodily cues that reveal Parent or Child ego states. A videotape recorder should be available to assist clients in analyzing their ego structures or transactions. A blackboard for diagramming ego states or crossed transactions is also recommended.

Many transactional analysts, of course, also offer individual, couples, and family therapies. They commonly integrate relational and systems theory into TA when treating couples and families (Massey, 1989a, 1989b; Erskine et al., 1999). The fees for TA generally follow the going rate for other types of psychotherapy in an area.

Transactional analysis can be conducted as either a lengthy or a brief psychotherapy. Berne tended toward a lengthy treatment consisting of psychoeducation, individual therapy, and group therapy involving several years. Contemporary versions of TA favor briefer treatment combined with methods culled from other systems of psychotherapy (Tudor, 2002).

Transactional analysts hail from a full range of helping professions and countries. The International Transactional Analysis Association (ITAA) offers categories of membership that correspond to certification levels. TA has spread across the globe; in fact, it appears to be more popular in countries outside the United States.

Effectiveness of Transactional Analysis

A review of the literature yields only a small number of controlled studies on TA's effectiveness.

In their 1980 meta-analysis, Smith, Glass, and Miller located eight controlled studies investigating transactional analysis. The average effect size for TA was .67—slightly larger than the average effect size of .56 found for placebo treatments but slightly smaller than the average effect size of .85 for all psychotherapies. In their more recent meta-analysis on individual psychotherapy with adults, Grawe and associates (1998) located only four controlled studies covering 226 patients. They concluded that there was an insufficient number of treatment-to-control comparisons to reach any reliable statements about TA's effectiveness. Although some attention has been paid to child therapy in the TA literature (for example, Massey & Massey, 1989; Veevers, 1991), insufficient controlled research has been conducted on TA with children to make it into the meta-analyses (Weisz et al., 1987; Weisz, Weiss et al., 1995).

The emerging conclusions, then, are that transactional analysis has been consistently more effective than no treatment and usually more effective than placebo treatments in adult samples. Depending on the study and the interpretation of "differences," transactional analysis produces outcomes at best comparable to other forms of insight-oriented psychotherapy and at worst inferior to other forms of psychotherapy. A related conclusion is that transactional analysis has not been sufficiently evaluated in a large enough number of studies to reliably evaluate its relative efficacy.

Criticisms of Transactional Analysis

From a Behavioral Perspective

As an approach to theory and therapy construction, TA continues in the worst heritage of the clinical tradition. Concepts are carried over from clinical observations with disregard to testing their scientific validity. Theoretical postulates are stated in untestable terms. Berne (1972, p. 415) himself was aware of this when he wrote, "Experimental validation of script theory is not

possible with human beings." Is it possible with lower animals? Yet Berne and his followers (for example, Clarkson, 1991; Holland, 1973; Steiner, 1990) continue to write about script theory as if it were verified, let alone verifiable.

Like most insight-oriented psychotherapies, TA is presented as a universal treatment, appropriate for just about any problem the clinician might encounter. This specious universality is characteristic of therapies based on armchair philosophizing; specificity is characteristic of therapies based on scientific data. As psychosocial treatments become more scientific, we need to be able to specify which treatments work best with which problems under which conditions. TA may work best with hypothetical constraints such as scripts, games, and ego states, but what about concrete disorders such as anxiety, addictions, and depressions? To become scientifically respectable, TA must specify how constructs such as Parent, Child, and Adult can be experimentally tested. To become clinically acceptable, TA must specify with which problems it works best and under what conditions. Otherwise, TA remains just another in a long line of psychotherapies for all seasons and all reasons.

From a Psychoanalytic Perspective

Transactional analysis attempts to translate the fundamental concepts of ego, superego, and id into the commonsense concepts of Adult, Parent, and Child. In the translation, TA loses the basic driving force of the personality, the instinctual drives of the id. The Child in TA becomes a neutralized concept, the innocent child of common sense, lacking the overwhelming hostility or sexuality that accounts for the prevalence of self-destruction.

On one hand, TA would have us reject historical determinism and believe that people self-determine a loser's life through mistaken decisions at an early age. Their miserable lives are merely a mistake that can be readily reversed with a new decision. On the other hand, TA would have us believe that it is parents who transform children into frogs, which is a theory of historical

determinism. But if it is parents who destroy the OK-ness of children, what destructive driving force is there in the parents that would lead them to transform their own children from prized princes and princesses into despicable frogs? Somewhere along the line, a destructive force that sounds like the id rears its ugly head in spite of TA's repeated attempts to convince us that we are really OK. The truth of the matter is that something within us, either as children or as parents, is not OK, and we had better come to grips with that force, lest we go on reproducing lives of destruction and defeat.

From a Humanistic Perspective

Transactional analysis is faced with the Humpty Dumpty dilemma. Once you assume that human beings are broken into three separate parts, then all the king's horses and all the king's men will never put humanity back together again. Instead of the traditional dualism of Western thought, TA divides us into a tripartite personality that can never know the beauty of being whole. And it could get worse. If second-order structural analysis becomes established, the human personality will be fragmented even further, with 27 separate ego states currently the record (Steiner, 1974).

In an era when fragmentation and isolation due to modern role playing drive increasing numbers of human beings to seek treatment, how can we even think of using therapeutic terms such as games and scripts? TA strengthens contemporary fragmentation by reassuring us that personality does indeed come in separate parts. Rather than recognize the phenomena of Parent, Child, and Adult as the social roles they are, TA would have us believe that these roles are the fundamental reality of human personality. Once stuck with this assumption of fundamental fragmentation, we can never hope to realize the holism essential to health.

From a Cultural Perspective

Transactional analysts fail to go far enough. Yes, they have appropriately extended the clinical focus from intrapsychic conflicts to interpersonal patterns, but they stop short of the family system and the sociopolitical context. When they're boiled down, the presumed determinants of interpersonal problems are still situated within the individual rather than within cultural structures and socialization. If we really want to look at games people play, how about looking at "spouse abuse," "children in poverty," "underpaid women in the workforce," "blame the minorities," and "government for and by wealthy white men." Let's analyze and modify those scripts!

From an Integrative Perspective

Presenting a psychotherapy in common language has the decided advantage of allowing nonprofessionals to appreciate and use the theory on their own. The early popularity of TA indicated that people were taking advantage of its simple terms and trying to apply it to their lives. At the same time, formulating a theory of personality, psychopathology, and psychotherapy in the language of everyday life brings with it the risk of producing a system lacking depth. TA does indeed come through as a commonsense approach without the sophistication required to articulate the mysteries of the human condition. TA comes through as a theory too typically American in language to capture the breadth of human experience.

In fact, all too often TA sounds like a system of slick Madison Avenue slogans. "I'm OK—you're OK" sounds like an advertisement rating from an OK used-car lot. "Green stamps, red stamps, and brown stamps" imply that our deepest human feelings occur while waiting in a supermarket to collect bonus stamps. "Games people play" is a catch phrase more appropriate for reality television than for tortured human transactions.

Everyday language is best suited for articulating everyday events. If we are attempting to explain (and rectify) the best and the worst of human pathology, then everyday language leaves

us cold. If we are attempting to affirm our humanness, and the best we can say is that we are OK, then we condemn ourselves to a devitalized existence. "How did you like your date?" "Oh, he's OK." "How did you like the movie?" "It's OK." Affirming ourselves by stating that we are OK is about as strong a stance as saying that a person is interesting. Saying OK is barely a position of commitment, let alone a life position on which we should base our existence. The problem with TA language and theory is that they are too common and too cognitive, too free from the depth and the passion that make existence exciting.

A Transactional Analysis of Mrs. C

Mrs. C is locked into a mindless script that will result in madness and institutionalization unless an antidote is forthcoming. Her worst fear is that she has already gone mad. Her world threatens to reel out of control. In a desperate attempt to maintain structure in her life, Mrs. C routinizes whatever she can until her life is nothing but a repetitious series of compulsive rituals. With mindlessness lurking in the background, Mrs. C clings to her compulsions as if they represent sanity itself. She confuses structure with sanity, ritual with rationality.

The origins of Mrs. C's mindless script are found in her parental injunctions against thinking. "Shut up and do as I say" was her father's recurrent injunction against her attempts to speak or know her own mind. Her mother discounted Mrs. C's efforts to be reasonable about dirt, disease, or sexuality, until she was left with a mindless terror of these natural phenomena. With such oppressive parents, Mrs. C at some point made the critical decision in life that her parents knew better than she: They were right and she was wrong; they were OK and she was not OK.

From her loser's life position, Mrs. C decided on a lifetime variation of the "poor little me" script. She was the helpless child, the victim of awful forces such as disease and dirt, and

she was desperately in need of a rescuer. Cinderella stories were her favorite fantasies. With the exclusion of her rational Adult ego state, she felt incapable of salvaging her own life. Her life was dominated by her helpless Child, who was terrified of relatively harmless parts of the world, and by her Pig Parent, who demanded total cleanliness, sexual nonresponsiveness, and nonassertiveness.

Mrs. C's counterscript operated sufficiently for a while after her husband had rescued her from tyrannical parents. For several years she seemed to lose herself in the role of parent, having one child after another, leaving herself little time to think. But early in life she had selected a script that was destined to leave her mindless. Chaos was bound to overwhelm her. Five children and a sixth on the way, an epidemic of Asian flu, and a threatening case of pinworms were enough to produce chaotic feelings that confirmed what she had decided long ago—namely, that she was not OK. Mrs. C's helpless Child took over, and she began again to cry out to the adults around her to rescue her from her fate.

In the "poor little me" script, however, the star cannot allow any permanent rescue unless the script is analyzed and rewritten. Mrs. C's initial therapists probably responded to her dramatic pleas to be rescued. As she failed to respond, the therapists most likely began to feel victimized by Mrs. C's mindlessness and became persecutors who labeled the ungrateful Mrs. C as schizophrenic and suggested that she be hospitalized. Mr. C had also joined in the dramatic triangle as a rescuer who valiantly awoke at 5:00 A.M. to rescue Mrs. C from her morning shower. As Mrs. C failed to be rescued over time, Mr. C began to feel victimized by her relentless rituals until he, too, wanted to persecute her by having her institutionalized. Mrs. C's tragic life script was rapidly approaching the inevitable climax in which she would collapse into craziness. With obvious mindlessness, poor little Mrs. C would be entirely helpless and in need of constant parenting from others.

Mrs. C's mindless script included a series of self-defeating games. She played a heavy hand of "Ain't it Awful"—ain't the pinworms awful, ain't my washing awful, and ain't my life awful, among them. "Look how hard I tried," she would lament. "I washed, and washed, and washed, and I went to therapy for years, and I'm still a hopeless case." Her "wooden leg" game would keep others from asking too much of her. In one way or another, she would say, "I'm a helpless, obsessive-compulsive hand washer on my way to becoming a mindless schizophrenic, so don't expect me to be an adequate Adult, a warm wife, a caring mother, or a successful patient."

Mrs. C probably received most of her strokes from her family members and psychotherapists only when she was not OK. The hunger for recognition of six children could place a serious strain on the stroke economy of the C household. As with so many traditional wives and mothers, abundant strokes would come only when she was on the edge of being in desperate trouble. Look at the special attention and care Mrs. C received once she became a helpless neurotic. She could be sick with flu, pregnant, and caring for five other children and never receive much in the way of special attention. But Mrs. C had decided as a child that strokes would come freely if she adopted a helpless, not-OK position in life.

Mrs. C's self-destructive life course would not be moving so rapidly toward its ultimate end if Mr. C were not so willing to play his part so well. He is locked into a script that calls for a superhuman effort of heroic rescue until he finally sacrifices himself on the altar of self-righteous martyrdom. He's OK—she's not. "If It Weren't for Her" is a convincing game he plays to advance his self-martyred script. Without involving Mr. C in intensive TA, we can expect that he will continue, in subtle and not-so-subtle ways, to encourage Mrs. C along her mindless course in life. His is a joyless script that is perfectly matched to a spouse who has chosen a life of mindlessness.

If the Cs are to avoid self-destruction, intensive structural analysis must be directed at the total lack of Adult functioning in their lives. The therapist's Adult must hook Mrs. C's excluded Adult if treatment is to have a chance of succeeding. At the same time, Mr. C must be made aware that even his Nurturing Parent, who intends to help Mrs. C through her compulsions, is in fact detrimental to her because it stimulates her helpless Child. Mr. C must do all he can to cease and desist from any further rescue missions on his wife's behalf. She may threaten suicide or complain of dyscontrol, and yet he must not fall back into his pattern of rescuing his poor little wife. He should be encouraged to use his own Adult in times of stress to try to hook his wife's Adult to prevent her Child from becoming overwhelmed by irrational fears.

Mrs. C also needs permission to ask for strokes when she feels OK rather than having to act not OK in order to receive recognition from her family. The therapist must give special attention to Mrs. C's strengths and let her know that strokes will be forthcoming even if she improves and not only if she deteriorates. With feedback and interpretations, Mrs. C can be helped to become aware of how she to chose a mindless script early in life but that she need not continue on such a self-destructive course. Encouraging her to read books by Berne and Harris, for example, will encourage her to use her mind to help herself. Enrolling Mrs. C in a TA group can help her discover not only that can she use her mind to improve, but that she also has the rational ability to help others improve themselves.

If Mrs. C's Adult can be hooked and if she can become aware of her mindless script, then she has a chance to reverse the pathological direction of her life. If she and her husband can both become aware of how involved they have been in a dramatic rescuer-victim-persecutor triangle, then they can both realize that rescuing Mrs. C is about as helpful as giving heroin to an addict. Mrs. C must learn to reject all attempts from others to rescue her, even if those others are mental health professionals. Her strokes can come from discovering with difficulty that she can direct

her own life. She has to learn that, in spite of what her Pig Parents stated and in spite of what she decided early in life, she has the ability to be OK. She must decide that she will no longer be the helpless child. At the same time, she needs to be aware that regardless of what some mental health professionals might say, she is not a hopeless neurotic or an incurable psychotic. In the face of professional and parental pressures, Mrs. C must learn that she can still proudly affirm herself as being fundamentally OK.

Future Directions

After a public surge in the 1970s, transactional analysis has slowly faded as a prominent system of psychotherapy because of its arcane language and research inadequacy. Nonetheless, TA provided a strong impetus to interpersonal perspectives and is being supplanted by more scientific substitutes. The interpersonal variants of psychodynamic treatment and interpersonal psychotherapy (I.P.T.) are hot, but the prospects for TA are not.

The prospects for TA lie in its integration with other systems of psychotherapy. Transactional analysis is frequently combined with systems theory in couple/family treatment, redecision therapy fuses TA with Gestalt, and many transactional analysts find themselves associated with the existential/humanistic and relational camps (Clarkson, 1991; Hargaden & Sills, 2002). TA's future path is integrative psychotherapy (Erskine, 1997; Knapp, 1999; Integrative Psychotherapy, 1996).

Key Terms

Adapted Child

bibliotherapy

collecting stamps

complementary transaction

(a) con

crossed transaction

ego state

excitement hunger

executive

games (people play)

hook

I'm not OK—you're not OK

I'm not OK—you're OK

I'm OK—you're not OK

I'm OK—you're OK

"Kick Me"

life positions

life scripts

Little Professor

Natural Child

no-joy script

no-love script

no-mind script

Parent-Adult-Child (PAC)

payoff

persecutor

recognition hunger

redecision therapy

rescuer

ritual

role reversals

script rehearsal

stimulus hunger

stroking

structural analysis/diagnosis

structural problems

structure hunger

switch

transactional analysis (TA)

transactional stimulus

transactions

victim

wooden leg game

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Recommended Websites

International Transactional Analysis Association: www.itaa-net.org/

Society for Interpersonal Theory and Research (SATIR): www.vcu.edu/sitar/

United States of America Transactional Analysis Association: www.usataa.org/

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