# Transactional Analysis Journal

*Volume 9, Number 1* *January 1979*

## *Table of Contents*

THE ITAA 85
INSTRUCTIONS TO AUTHORS 86

**I. PERSPECTIVES OF PERSONALITY THEORY**

TA IS NOT A SECONDARY SYSTEMATIC FRAMEWORK — *Frank Hartman* 2
DEVELOPMENT OF A QUESTIONNAIRE TO MEASURE EGO STATES WITH SOME APPLICATIONS TO SOCIAL AND COMPARATIVE PSYCHIATRY — *N. Robert Heyer* 9
THE WILLING ADULT — *Jon K. Amundson, Thomas Alan Parry* 20
THE PIG PARENT — *Claude Steiner* 26
A REBUTTAL TO THE PIG PARENT — *John McNeel* 38

**II. THE PERNICIOUSNESS OF LABELS**

FROM BEING A STUTTERER TO BECOMING A PERSON WHO STUTTERS — *Michael Sugarman* 41
BEING HONEST — *Larry Burton* 45
DISCOUNTING THE DISABLED — *Elaine Belanger, Jerri Laube* 47

**III. RACKETS AND OTHER TREATMENT ISSUES**

THE RACKET SYSTEM — *Richard G. Erskine, Marilyn J. Zalcman* 51
HYPERACTIVITY AS PASSIVE BEHAVIOR — *Sally Ann Edwards* 60
A PRACTICAL METHOD TO ANALYSE PROJECTION — *Livio Tulio Pincherle* 63
TREATING PATHOLOGIES WITH THE PROBLEM DIAGRAM — *Wayne Hart* 64

**IV. STAGES OF COOPERATION**

CO-THERAPY VIEWED DEVELOPMENTALLY — *Ken Lessler, Bob Dick, Jim Whiteside* 67
MAKING MARRIAGE GROW — *Flo Bilelo* 74

**V. LETTERS TO THE EDITOR, INDEX AND OTHER**

LETTERS TO THE EDITOR 77
INDEX TO VOLUME 8, 1978 — *Cheryl McGahey* 78
ANOTHER SHOT IN THE OK CORRAL — *Jan Vanderburgh* 8
ERIC ON INTEGRITY 25
ADVICE FROM ERIC BERNE 44

# I. Perspectives of Personality Theory

## TA Is Not A Secondary Systematic Framework

*Frank Hartman*

**Summary**

TA is a primary theory of personality not a secondary theory capable of translating other primary theories. In support of this caveat, an example is given in which is described the systematic work of translating Berne's Trading Stamps into a set of existential emotions, using sets of concepts drawn from Freud and Berne as the tentative secondary theoretical concepts for the translation.

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In a recent article on the philosophical analysis of TA treatment styles published in *TAJ,* Barry Weinhold (1977) states:

> It is clear that TA offers a framework which can combine many different therapeutic approaches in a systematic way.

Since the majority of current therapeutic strategies, including TA, are meaningful only as applications of personality theory, it may be inferred that Weinhold believes that TA can provide a basis for integrating other theories of personality as well as other theories of psychotherapy. Similar beliefs have been held by other students of TA, the writer among them. Several years ago I began to work on the systematic problems of personality theory and selected TA as the basic framework for the integration. Initially, TA provided preliminary approximations of sets of concepts for systematic comparison, but as I proceeded further, I had to modify and clarify the TA concepts as well as the concepts of other theorists with which they were compared.

The purpose of systematic comparison is twofold: On the one hand, the systematist seeks to reduce concepts to stable and fundamental nuclei of meaning; on the other hand, one tries to enrich the meaning of the concepts through increasing the number of their relationships with other concepts. In performing this work of comparison, one concept is selected as a solute and several others as a solvent in which the solute is dissolved. The solvent consists of a matrix formed by the selected sets of concepts. The cells of the matrix are formed by the corresponding elements of the various sets. An element of the solute set of concepts is then placed in an appropriate cell of the solvent matrix, and the comparative work begins.

The choice of sets of concepts for solute and solvent is usually based on the systematist's intuitive feeling for conceptual relationships among the various theoretical materials he has available. Thus, the relationships among all the concepts in the solution are only approximations and must be clarified and modified in the comparative work. As a set of concepts becomes more fundamental in meaning and richer in its relationships with other sets of concepts, it becomes more stable and less susceptible to change in the comparison process. For an example of the changes, I use a conceptual set of Berne's as the solute and two sets of Freud's and one of Berne's as the solvent.

### The Use of Berne's Trading Stamps to Form an Existential Classification of Emotion

In my systematic work upon the problems of personality theory, I discovered that I needed a set of concepts to describe the emotional outcomes of events with respect to the existential relations between the Self and the Ground-of-Existence. Berne's Trading Stamps were chosen as a first approximation to existential emotions,

the solute which would then be placed in a solvent matrix of concepts for comparison. Berne, of course, did not introduce the Trading Stamps for the explicit purpose of an emotional classification. He was interested in a systematic problem of his own, the classification of Rackets according to their pay-offs. Berne (1972) introduced the Trading Stamps as follows:

> When Jeder is young, his parents teach him how to feel when things are difficult: most commonly angry, hurt, guilty, scared or inadequate; but sometimes stupid, baffled, surprised, righteous or triumphant. These feelings become rackets when Jeder learns to exploit them and play games in order to collect as many as possible of his favorite, partly because in the course of time his favorite feeling becomes sexualized or is a substitute for sexual feelings.

Since Berne was primarily interested in classifying Rackets with emphasis on their hysterical or sexual nature, he seemed to have been satisfied with their presentation in the above quotation and did not develop them any further in the remainder of his writing.

As a solvent to dissolve this solute, the writer chose a matrix consisting of two sets of Freud's concepts and one set of Berne's. These three sets of concepts represented emotions, developmental phases and existential positions or relationships. Since a matrix of comparison is formed by arranging the elements of the sets of concepts in apposition to one-another to form cells, the elements of the sets of concepts must be modified to produce a satisfying correspondence within the cells of the matrix, and problems of an excess or deficiency in the number of elements in conceptual set must be dealt with. The set of emotions for the present matrix consisted of pleasure, anger, anxiety and surprise. Surprise was immediately discarded from the matrix of comparison because it expresses incongruity, which is the loss of an existential position and thus has no association with an existential position in particular. The set of concepts for the developmental phases was the set of erogenous zones, oral, urethral, anal and genital. (Remember Berne's admonition to think sphincter.) Berne's existential or life positions, I + Y +, I − Y +, I − Y −, and I + Y − were chosen as the conceptual set of existential relations. I + Y + was immediately discarded because it is free of Trading Stamps.

The matrix of comparison now consisted of three emotions, three existential positions and four zonal phases. The answer to the problem of the surplus erogenous zone seemed obvious: combine the urethral and anal phases, a decision for which there was plenty of precedent among Freudian writers. The three emotions and the three existential positions were then arranged to correspond to the three zonal phases of development. Anger and I − Y + were assigned to the oral zone, anxiety and I − Y − to the urethral-anal zone, and pleasure an I + Y − to the genital zone. Various precedents from primary writers could be cited for these assignments. They are omitted here because our purpose is to examine the problems which these primary writers could not foresee because they occurred in a close systematic comparison of these sets of concepts which the primary writers never performed.

In the next phase of the systematic work, the Trading Stamps were fitted into the matrix of comparison. If a Trading Stamp could be meaningfully related to an emotion, a zonal phase and an existential position, it was considered satisfactory as an existential emotion. The first Stamp, *Anger,* quite obviously belonged in the matrix cell consisting of anger/oral/I − Y +. The emotion was identical with the name of the Stamp. The oral zone activities of biting and swallowing had an established relation to *Anger.* Perls could be cited for the authority that *Anger* is existentially Underdog or I − Y +.

The Trading Stamp, *Stupid,* which was considered to be a verbal form of *Anger* in which aggression is delivered by epithet, bitten off and spit out from the *Underdog position.* Since *Anger* was the primary existential emotion, *Stupid* was assigned secondary status as an alternative form of *Anger.*

The next Trading Stamps to be tried in the anger/oral/I – Y + cell were *Hurt* and *Righteous*. The fit seemed awkward and difficult. Berne has described the vocal tone of *Hurt* as whiny or pissy which would be urethral rather than oral in zone. Anger seemed insufficient as the emotion and I – Y + too weak as the existential position. Assigning *Hurt* to the anxiety/urethral-anal/I – Y – position did not seem correct either. Urethral was the right zone but anxiety seemed as insufficient as anger for the emotion, and I – Y –, the position of despair, seemed altogether inappropriate. Should *Hurt* and *Righteous* be discarded? My Little Professor felt that both were essential existential emotions. Therefore, I decided to try the radical step of making changes in the matrix of comparison.

I had solved the problem of too many zones for the number of emotions and existential positions by combining urethral and anal into a single zone. Now I tried the opposite approach of removing the urethral phase from its apposition to the anal, and of finding a new emotion and a new existential position to go with the urethral phase. The result would be a fourth cell in the matrix.

To get some insight into the nature of the new emotion and existential position, the writer compared the *Hurt* and *Righteous* Stamps with one another and with the urethral phase. When *Hurt* was compared to the Urethral phase, a hypothesis concerning the nature of the emotion emerged. The characteristic whiny or pissy tone of *Hurt* represents a blend of purposive anger and infantile helplessness, so that the new emotion could be designated anger-anxiety.

Next I considered the muscle tracts associated with the four sphincters, beginning with the mouth and ending with the genitals. The involvement of these muscle tracts in expressive action, including vocalization, is not discrete but continuous, so that all four sphincters are active in any expressive action, even though one is selected as a focus. I further surmised that the characteristics of all phases of development are continuously present and interact with one another so that the characteristics of any given developmental phase are a hybrid of all phases in which one phase is dominant. This *transition hypothesis* is *ad hoc*. There is some precedent in the writings of Freud, who regarded the transition from erogenous zone to ergenous zone as a shift of emphasis in which previously cathected zones remain active and influential, although the scope of their influence is reduced. However, the transition hypothesis goes beyond Freud's position in proposing that all zones are active at each phase of development and that the characteristics of each phase are a product of their interaction.

According to this transition hypothesis, the urethral phase contains characteristics of all four zones, is urethral in focus and is intermediate between the foci in the oral and anal zones. The emotion of anger is associated with the oral zone, and the emotion of anxiety is associated with the anal zone. The *Hurt* Stamp is urethral-oral and more angry than anxious. The *Righteous* Stamp is urethral-anal and more anxious than angry.

A new existential position was then designated to be an intermediary between the I – Y + and I – Y – positions. The character of this new existential position was taken from the characters of the *Hurt* and *Righteous* Stamps and the urethral zone. This whiny character may be described as expulsive, in the existential sense of opposition to the Other, and resentful, in the existential sense that the Other has reneged on an obligation to the Self or betrayed the trust that the Self bestows upon the Other in the I – Y + existential position. In the new existential position, the Other is no longer experienced as a solicitous omnipresence as it is in the I – Y + position. Since the Self still perceives its own power as very weak relative to the power of the Other, the Other is experienced as omnipotent but indifferent to the responsibilities of omnipotence. I cannot be plus because it is too weak. I cannot be minus, in the sense of the I – Y +, because Y has withdrawn its dominating presence, nor minus, in the sense of I – Y – position, because I still believes in the omnipotence of Y and in the possibility of Y's return to the responsibilities of omnipotence.

Therefore, the new existential position was designated I∈y?! (Literally, what do you mean, I am not a member of your set?! Figuratively, do you care so little about me that you have left me to a babysitter?!) The ? indicates the emotion of anxiety resulting from I's perception of exclusion or abandonment. The ! represents the emotion of anger and urethral resentment resulting from I's perception of Y's negligence. As the existential journey of the Self continues toward the anal phase, I's hopes for the return of Y to the position of solicitous omnipotence diminish so that Y?! becomes Y−. I then has neither confidence in its own strength nor hope for protection and comfort from Y, so that I's outlook becomes I−. All trust fails, and the existential positon becomes I−Y−, the position of despair.

When the *Hurt* and *Righteous* Stamps were placed in the new cell of the matrix of comparison and the transition hypothesis applied, I found my Little Professor still dissatisfied on two points. The first difficulty was that the gap between *Hurt* and *Righteous* seemed too wide. With *Hurt* placed close to the oral phase and *Righteous* near the anal phase, there was no existential attitude representing the center of urethral resentment. Since Berne's list of Trading Stamps did not contain any suggestions for the name of the missing existential emotion, I chose to designate it as *Revenge.*

The second difficulty concerned a contradiction between the writer's use of the *Righteous* Stamp as the name for the personal, misanthropic form of righteousness occupying the anger-anxiety/urethral/I∈Y?! cell and Berne's apparent usage—the social form of righteousness in which the Self takes its membership in a group, or in some sense of shared beliefs or values, as the basis of its opposition to other.

> So far, nothing has been said about "good" feelings such as righteousness, triumph, and joy. Righteous stamps are made of fool's gold, and will not pass as currency anywhere except in a fool's paradise. Triumph stamps glitter, but they are not collected by people of good taste because they are only gilt. (Berne, 1972)

The associations of *Righteous* given by Berne are "good," "triumph," "joy," and "gold," the social form of righteousness, which may be assigned to the pleasure/genital/I+Y− cell of the matrix. I decided to call this form of righteousness, *Social Righteousness* and to use *Personal Righteousness* to refer to the vindictive, urethral variety.

Now that the difficulties imposed by the creation of a new cell in the matrix seemed finally to have been resolved, I turned my attention to the matrix cell, anxiety/anal/I−Y−. A single Trading Stamp seemed appropriate to this cell—*Inadequacy.* If the transitional hypothesis is applied to this cell, (1) anxiety should retain some elements of anger or opposition, (2) anal should be transitional between urethral and genital and (3) the I−Y− existential position should evlolve from I∈Y?! and progress toward I+Y−. The following interpretation of *Inadequacy* results from this application: anxiety combines with a small portion of anger to create the emotional basis of the attitude of negativism. This attitude is anal in zone and follows a transition from urethral expulsive through anal expulsive, to anal retentive. In the course of this transition, urethral expulsive dogmatism passes into anal retentive legalism. This legalism will both regress to taboo and progress to constitutional rights in the genital phase which follows. During the transition from anal anxiety toward genital pleasure, *Inadequacy* becomes the Stamp collected by the strange, self-defeating yet narcissistic maneuvers of the Crazy Child. The despair of the I−Y− existential position results from the failure of I∈Y?! rebellion. The I−Y− crisis of alienation will be resolved when the genital phase brings social redemption and the I+Y− existential position. The Little Professor was satisfied with this interpretation, and I was relieved to find the solution process working smoothly again.

The last cell of the matrix contained the elements, pleasure/genital/I+Y−. The application of the transition hypothesis suggested (1) that pleasure contained a mixture of anger and anxiety, (2) that the genital phase was a consequence of the

urethral and anal phases and (3) that the I+Y− existential position succeeded and solved the I−Y− crisis of despair. The hypothetical inclusion of the emotions of anger and anxiety in pleasure and of urethral and anal characteristics in the genital phase is consistent with the character of the paranoid syndrome. The Little Fascist plays NIGYSOB from the I+Y− position. Furthermore, a Fascist is a member of a party. If the I+Y− position is interpreted as a position of social membership, the transition from I−Y− to I+Y− as the resolution of the crisis of personal alienation through social (including religious and philosophical sublimations) identification. A social interpretation of the I+Y− position is implied (1) by Berne (1972), through the introduction of the plural pronoun, *they*, into his discussion of the three-handed positions, (2) by Freud, through his characterization of the genital phase as Oedipal, and narcissistic in the sense that positive self regard is derived by introjecting the positive regard of others and (3) by Perls, through his interpretation of confluence as *We*.

Three Trading Stamps were assigned to the pleasure/genital/I+Y− cell of the matrix of comparison, *Social Righteousness*, the social attitude that Berne apparently intended for the *Righteous* Stamp, *Triumph* and *Guilty*. The interpretations of these Stamps as existential attitudes within the matrix of comparison according to the transition hypothesis are as follows: *Social Righteousness* is pleasurable, with overtones of anger and anxiety, and genital, with secondary but important anal and urethral characteristics. It is the existential attitude of the paranoid and the Fascist. It is a socialization of urethral *Revenge*. It is a transformation of urethral dogmatism into inherited and self-evident constitutional rights. *Triumph* is more pleasurable than *Social Righteousness*, with just enough anger and anxiety to turn gold into the fool's gold of Berne's apt phrase. It is the existential attitude of the narcissist. It converts the I+Y− position into the position of aggrandizement. *Guilty* is not very pleasurable and is heavily loaded on anger and anxiety. Anger and anxiety contaminate the pleasure because the guilty person has suffered a stain on his honor and a loss of his status through a violation of the sacred conditions of membership. *Guilty* is regressive toward the anal and urethral stages. It is I+Y− in the sense that Satan, as a fallen angel, is still above mortal men and Nolan, "the man without a country," was above the common prisoner.

Three of Berne's Trading Stamps were discarded, *Scared, Baffled* and *Surprised*. The existential emotion of *Scared* is better expressed by *Inadequate*, which gives an indication of the frightened person's existential position. *Baffled* and *Surprised* are forms of the emotion of surpise which was eliminated at the start of the analysis because it was not associated with an existential positon but rather with the lack of one, the feeling of incongruity between the Self and the phenomenological field. Thus, five of the Trading Stamps proved satisfactory as existential emotions, one *(Righteous)* was divided into two existential emotions, one *(Stupid)* was reduced to secondary status, three were discarded and one new existential attitude *(Revenge)* was added.

## Discussion

The thesis of this paper is not concerned with the changes that occurred in the Trading Stamps, but rather with those that occurred in the matrix of comparison. Why did three sets of basic concepts, drawn from the writings of two men of systematic genius, one a dedicated disciple of the other, require modifications, extensive to the point of the addition of a major *ad hoc* hypothesis? The writer suggests that the answer is the nature of their work. Both Berne and Freud were pioneering primary theorists. When they had broken a piece of land, they went on and left the work of a closer cultivation to others. Secondary theory, the farming of the broken land, requires a methodology different from that used by the primary theorists. The reader will remember that Berne (1972) advocated the use of conceptual grids or matrices for determining the internal consistency of the theoretical interpretation of clinical cases. In this primary work, the sets

| Dimension I | Dimension II | Dimension III | Cell Characteristic | Some Suggested Cell Correlates |
|---|---|---|---|---|
| Freudian Sphincter Stage | Primary or Focal Emotion | Existential Position | Existential Attitude | |
| Oral | Anger | I – Y + | Mad | Natural Child<br>Manic-Depressive Syndrome<br>Underdog Position |
| Urethral | Anger-Anxiety | I∈U?I | Hurt<br>Revenge<br>Personal Righteousness | Urethral Expulsion<br>Urethral Retention<br>Critical Parent<br>Topdog Position |
| Anal | Anxiety | I – Y – | Inadequate | Anal Expulsion<br>Anal Retention<br>Crazy Child<br>Schizophrenic Syndrome |
| Phallic | Pleasure | I + Y – | Guilty<br>Social Righteousness<br>Triumph | Adapted Child<br>Little Fascist<br>Paranoid Syndrome<br>Narcissism<br>Rackets<br>Hysterical Syndrome<br>Confluence |

Table 1
The Resultant Matrix

of concepts in the grid were assumed to possess an axiomatic critical authority over the diagnosis. This assumption must be abandoned in the work of the secondary theorist. There, the concepts in the matrix of comparison must be subjected to the same critical considerations as the set of concepts to which they are applied. The secondary theorist may hope to choose so well from the concepts of the primary theorists that his matrix of comparison will prove truly fundamental and remain unchanged in the process of solution. But this hope is seldom realized.

In his work on the interfacing of the concepts drawn from the primary theorists, the secondary theorist must make changes in the primary concepts in order to fit them together. The matrix of interlocking sets of concepts becomes the secondary theory. This secondary world diffes from the primary worlds from which it is derived. I still believe TA to be the best of all primary worlds for my purposes. Like Mr. Weinhold, I hoped that TA could also serve as a secondary world. It can't. All of my experience in systematic work supports this conclusion. The work on the Trading Stamps is presented only as a single illustration.

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# Another Shot in the OK Corral

*Jan Vanderburgh*

**Summary**

This modified version of Ernst's OK Corral is used to predict some of the client's decisions and contaminations about treatment. Optimal contracts can then be made.

Clients' scripts and basic decisions often affect the use they make of treatment—whether they choose to grow and change, to be "stuck," to limit or increase their options. One quick way for both client and therapist to predict the client's choices in treatment is to use an adaptation of Ernst's OK Corral, with the following sentence-completions in the four quadrants:

| | |
|---|---|
| I'm afraid you won't let me _____ | When I am finished with therapy, I will be _____ |
| (I−, U+) | (I+, U+) |
| The worst thing that could happen to me in group is _____ | No matter how hard you try, you can't make me _____ |
| (I−, U−) | (I+, U−) |

The "you" in each of these statements is the therapist. The statements are designed to elicit information about the client's decisions and contaminations about treatment. Client and therapist together can then proceed to make optimal contracts.

This modified OK Corral reveals something about a new client's attempts to live out portions of his or her script in treatment. When used as a written exercise, it poses little risk for clients who find it hard to talk in a group. I find it useful with new clients who have just switched therapists, and with slow-growing not-so-new clients.

Where the client is using transference, magical thinking, or other contaminations about the therapist or the group to avoid change, the three not-OK positions on the grid often provide a non-threatening way for the client to expose that part of his or her thinking process. The I+, U+ position statement helps in assessing the reality orientation of the treatment contract, and sometimes suggests changes.

As therapist, I use the clients' perceptions of what I am doing, and their fantasies about what I might do, in monitoring my own work and in choosing directions in which to request supervision.

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# Development of a Questionnaire to Measure Ego States with Some Applications to Social and Comparative Psychiatry

*N. Robert Heyer*

**Summary**

An objective questionnaire technique has been developed for measuring ego states using the Egogram model. Tests show the method has good reliability and validity characteristics. In a statewide survey of a sample of 1044 adults, significant differences were found in the amounts of Critical Parent, Nurturing Parent, Adult, Free Child and Adapted Child expressed by sex, age, education, and ethnic background. Studies of recovering alocholics and prison inmates also found significant ego state profile differences from the general population in directions consistent with TA theory. A study of the public's ego state perceptions of Jimmy Carter and Gerald Ford prior to the 1976 election showed significant influences on voting intention of the candidates' degrees of projected Nurturing Parent, Adult, and Free Child ego states. The questionnaire is applicable to clinical and social survey research, and can be used for diagnosis and treatment in the same manner that Egograms are used.

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Transactional analysis seeks to explain and predict human behavior in terms of structural and functional relationships between phenomenological constructs called "ego states." When Eric Berne proposed his new system two decades ago he termed it a "unified system of personal and social psychiatry" (Berne 1961, p. 11), and he envisioned extending the system into non-psychiatric fields such as industry, corrections, education, and politics (Berne 1972, p., xv).

Berne proposed the term "comparative psychiatry" for the study of psychiatric characteristics across groups, cultures, and nations (Berne 1961, p. 11). This paper describes the development of an objective technique for measuring ego states and related transactional analysis concepts that can be applied on an individual or a mass administration basis in cliniical and non-clinical settings. The instrument has utility for clinical diagnosis and treatment, for the therapy of organizations, for research on theoretical concepts, and for the study of psychological differences among social and cultural groups. A description of the method and some examples of these applications are contained in this paper.

## Theoretical Background

Berne's theory of personality views primary process energy as being mapped into "ego images" and "ego states" which are accessible to consciousness through intuition and direct observation. Bernian ego states are phenomenological entities that are derivatives of primal images and judgments (Berne 1955). They have a major influence on how people feel and behave in interpersonal relationships, Berne said, because "any two people in any kind of ongoing relationship behave *as though* they were acting in accordance with ego images and primal images..." (Berne 1957, italics in original).

As a working model of personality, ego state theory thus attempts to deal with all of the psycho-social activity that is experienced by individuals as manifest or latent "awareness." All expressions of ego states are assumed to be potentially

accessible to consciousness by the experiencing individual and/or by an observer. The theory further assumes that differential ego states cathexis is learned behavior that persists as an habitual response pattern, providing consistency of response to objects, persons, and situations. Psychic energy may shift among ego states from moment to moment in response to internal or external demands, but the psyche tends to return to homeostatic balance as represented by the established pattern which serves its existing state of "ego fixation." This tendency gives rise to the appearance of enduring character traits that are commonly termed "personality."

There is presently no unified view of "personality" among social psychologists, but they take a largely social view which stresses the effects on an individual of his/her environment (Sanford 1970). Bernian ego state theory, on the other hand, focuses on *intra*personal psychodynamics as these influence how people behave in social settings. There is no conflict between these two views; indeed, they appear to be necessary complements to understanding the whole range of human behavior. The transactional analysis personality model may now be able to bridge the gap that has separated personality studies based on the social influence approach from those based on the psychodynamic influence approach.

**Rationale for the Instrument**

Several attempts have been made to develop objective measures based on transactional analysis ego state theory, including Brennan and McClenaghan (1978), L'Abate (1978), Kramer (1978), Kuijt (1978), Franklin (1977), Sowder and Brown (1977), Graham (1976), Price (1975), McCarley (1975), Allen (1973), Daley (1073), and Thomson (1972). This paper reports on the findings of recent large-sample studies of the general population and of special groups conducted with the Heyer Ego State Profile questionnaire (1977).

The measuring instrument described here was designed around the Egogram concept developed by John M. Dusay (1972). The Egogram is a procedure for objectifying a person's ego state energy distribution in bar-chart form, and portrays five ego states: Critical Parent, Nurturing Parent, Adult, Free Child, and Adapted Child. Dusay recommends that Egograms be constructed with strong reliance on feelings and intuition, and he provides numerous examples of sensory cues and behavioral signs that can indicate to an observer which ego states are being displayed by the subject of an Egogram, or which the subject himself/herself can use to construct his/her own Egogram (Dusay 1977, pp. 17-32).

Dusay found high agreement —80 to 90 percent—among members when Egograms were being done in a group setting (Dusay 1977, p. 59). The author's own experience confirms that most clients can be trained to form consistent judgements of ego states. Dusay cautions, however, that distortions can occur in ego state perceptions when people are under pressure, when they use too much or too little Adult, or when they have a faulty understanding of the attributes of the various ego states (Dusay 1977, pp. 61-65).

The main strength of the Egogram technique is its use of subjective judgement to tap signs of the underlying ego image of a subject. This process has high validity, but it carries with it the drawback of lowered reliability, i.e., reproducability, when the technique is applied in any but well controlled clinical or social settings because of the inherent variability in the knowledge and emotional states of the persons performing the assessments. Consequently, there are important reasons for desiring to have an objective questionnaire instrument for measuring ego states, namely: it can be used by naive subjects without any special training; it can be administered in a variety of conditions with minimum risk of contamination from external distractions; and it provides a standard stimulus so that scores can be quantified, standardized, and compared across groups and between individuals.

Studies of clinical judgement have shown that when clinicians use psychological test

data they make better diagnostic predictions than they make on the basis of biographical and interview data alone (Wiggins 1973). Consequently, the use of an objective ego state measurement tool might measurably aid TA therapists in diagnosis and treatment. Another important use of an objective measuring instrument is in scientific research and experimentation to clarify and extend TA theory.

### Development of the Instrument

In preparation for developing the questionnaire items the literature of transactional analysis was scanned to identify the descriptive words and phrases that had been used to define the different ego states. A series of descriptive statements was formed for each of the five ego states in general use, with attention to including both positive and negative descriptions. A panel of judge was formed of persons attending an advanced treatment training seminar; they classified each item according to the ego state which they believed it represented. Sixteen items receiving high consensus ratings were used in a survey conducted among a cross-section of 1,044 California adults in September of 1976.

A fifty item Ego State Profile ("ESP") questionnaire was later developed and tested, and has been administered to more than 700 persons in a variety of settings, including government employee training programs, workshops and conferences, alcoholism outpatient treatment programs, a state prison, and others. The age span of subjects ranges from 18 to 70.

The reliability of the instrument as tested by Cronbach's Alpha (all possible split halves) shows coefficients of scale reliability for each of the five ego state measures ranging from .628 to .781. Temporal stability was assessed by means of two test-retest studies. In one, twenty-two government employees and TA conference attendees filled out repeat forms after a lapse of four to six weeks. These showed ego state index score correlations ranging from .490 to .819. A test-retest administration of the questionnaire to fifty-five San Quentin inmates over a twelve to fourteen week period showed somewhat lower correlations for the five ego state measures, but were still encouragingly high. Table 1 shows the reliability study data.

| Index | Internal consistency of items (Cronbach's Alpha) | Temporal stability of Indices (Pearson r) Test/retest Study 1 | Test/retest Study 2 |
|---|---|---|---|
| Critical Parent | .628 | .812 | .497 |
| Nurturing Parent | .667 | .490 | .364 |
| Adult | .741 | .819 | .379 |
| Free Child | .733 | .711 | .646 |
| Adapted Child | .781 | .698 | .601 |
| | (N = 537) | (N = 22) | (N = 55) |

Study 1: Government employees and attendees at a TA conference with 4-6 week interval.
Study 2: San Quentin inmates with 12-14 week interval.

Table 1
Reliability Studies of Ego State Profile Items and Indices

Validity studies involving correlations of Ego State Profiles with clinical judgements made by the Egogram method are under way. Informal checks indicate that there is a high degree of correspondence. A study of the correlation of ego state measurements with measures of related psychological attitudes finds relationships occurring in predicted directions. Three such comparisons are shown in Table 2. One is with a ten-item test of self-esteem (based on Rosenberg 1965); the second is with a six-item test of acceptance of others (from Fey 1955); and the third is with a ten-item dogmatism scale (adapated from Troldahl & Powell 1965, based on Rokeach 1960).

Table 2 shows that the Critical Parent index correlates positively with dogmatism, negatively with acceptance of others, and insignificantly with self-esteem. These relationships are in the directions that would be expected from the theoretical view that Critical Parent indicates a tendency to take an I + Y − existential position, and to have fixed opinions about many social values.

The Nurturing Parent index, on the other hand, shows positive correlations with both self-esteem and acceptance of others, and insignificant correlation with dogmatism. This accords with a conception of Nurturing Parent as being associated with an I+Y+ existential position, and with no evidence of dogmatism.

The Adult index is most highly correlated with self-esteem, and is also moderately associated with acceptance of others. There is no consistent relationship between Adult ego state and dogmatism. Since good Adult functioning is considered a prerequisite for psychological wellbeing, these correlations are in the expected direction; i.e., toward I+Y+ with no evidence of dogmatism.

Free Child is positively related to self-esteem and to acceptance of others, and is negatively correlated with dogmatism. This would be predicted on the basis that Free Child characteristics of joy, creativity and spontaneity are included in the defination of the I+ position and that Free Child is the antitheisis of dogmatism.

Adapted Child is negatively correlated with self-esteem and with acceptance of others, indicating a tendency toward I−Y− existential position when Adapted Child is high. AC is also quite strongly correlated with dogmatism, which corresponds with the observation that high AC often indicates overadaptation to oppressive Parent messages.

These patterns of relationships with other measures support the belief that the Ego State Profile questionnaire is measuring ego states as they are presently defined and used in TA practice. These findings also lend empirical support to the validity of the ego state concepts which TA theory has developed from clinical observation.

## Comparative Psychiatry Applications

The ESP questionnaire method of assessing ego states has been applied in several studies which fall under the rubric of "comparative psychiatry" as proposed by Berne (1961).

| Index | Self-esteem | Acceptance of others | Dogmatism |
|---|---|---|---|
| Critical Parent | .016* | −.249 | .213 |
| Nurturing Parent | .216 | .316 | −.071* |
| Adult | .378 | .165 | −.061* |
| Free Child | .278 | .168 | −.175 |
| Adapted Child | −.406 | −.361 | .322 |

(N=146)

* All correlations except those marked with asterisk are significant at p level of .02 or beyond.

Self-esteem: based on Rosenberg 1965.

Acceptance of others: taken from Fey 1955.

Dogmatism: adapted from Troldahl & Powell 1965, based on Rokeach 1960.

Table 2
Correlation of Ego State Indices with Measures of Self-esteem, Acceptance of others, and Dogmatism

### EGO STATES IN THE GENERAL POPULATION

A study was made among a statewide cross section of 1,044 California adults in September of 1976. A sixteen-item version of the ESP was administered as part of a long questionnaire covering a variety of political and social issues. Two analyses of these date have been made to date (Heyer 1977): one is an analysis of the five ego states in terms of their distribution in different demographic segments of the adult population; the second is a measurement of the perceived ego state profiles of four public figures.

Among the general population, Critical Parent is found to be consistently higher among men than it is among women, and it tends to decrease with age. It is not significantly different among people with differing educational levels, but it varies widely by ethnic group: Blacks have a very high CP index, Hispanics and Asians have the next highest, and Whites the lowest average CP index.

Nurturing Parent in the general adult population is significantly higher among women than among men, and tends to increase with age. Education makes little difference in NP, but Hispanics are

consistently higher than other ethnic groups are on Nurturing Parent.

Adult ego state attributes are acknowledged significantly more often among men than among women, and their prominence tends to increase with age, but not with educational level. Hispanics apparently place an extremely high value on expressing Adult characteristics, followed by Whites and Blacks. Asians are least likely to rate themselves as having high Adult attributes.

Free Child is more often expressed by men and by younger persons than by women or older persons. Free Child is highest among persons with one or two years of college and is lowest among those with less than high school educations and among those with graduate degrees. Blacks show more Free Child than Hispanics, Whites or Asians.

Adapted Child characteristics are only minimally different by sex or age; they tend to show up less among persons with more education, and Blacks show the least AC, while Asians express the most.

### EGO STATES AND POLITICAL IMAGES

The second analysis of data from the statewide cross-section survey was of the ego state characteristics attributed to major political figures. At the time of the survey, in September of 1976, the presidential campaign was under way and the public had already been exposed at length to the personalities of both Jimmy Carter and Gerald Ford. Another campaign was also under way in California for U.S. Senator, with John Tunney, the incumbent, running against S.I. Hayakawa. Both of these men had also had considerable exposure to the public. In the survey interview, each respondent was asked to rate each of the candidates on the sixteen items that had been previously established as definers of the five ego states. The candidate ratings

| | (n) | Critical Parent | Nurturing Parent | Adult | Free Child | Adapted Child |
|---|---|---|---|---|---|---|
| Total Adults | (1044) | 4.93 | 7.62 | 6.09 | 5.70 | 5.61 |
| Males | (460) | 5.28 | 7.33 | 6.41 | 5.87 | 5.48 |
| Females | (584) | 4.66 | 7.86 | 5.84 | 5.57 | 5.71 |
| 18—24 | (148) | 5.09 | 7.52 | 5.65 | 6.44 | 5.62 |
| 25—29 | (138) | 5.28 | 7.29 | 5.93 | 5.94 | 5.58 |
| 30—39 | (241) | 4.87 | 7.50 | 5.94 | 5.53 | 5.54 |
| 40—49 | (180) | 5.02 | 7.68 | 6.23 | 5.63 | 5.58 |
| 50—59 | (141) | 4.87 | 7.70 | 6.19 | 5.43 | 5.68 |
| 60 and older | (182) | 4.58 | 8.02 | 6.55 | 5.38 | 5.70 |
| Less than h.s. | (178) | 4.94 | 7.59 | 6.02 | 5.44 | 5.64 |
| High school grad | (300) | 4.86 | 7.75 | 5.86 | 5.69 | 5.70 |
| 1—2 years coll. | (278) | 4.95 | 7.68 | 6.34 | 5.90 | 5.61 |
| 3—4 yrs coll./Univ. | (177) | 4.92 | 7.48 | 6.17 | 5.72 | 5.51 |
| 5+ yrs Coll./Univ. | (109) | 5.01 | 7.46 | 6.04 | 5.54 | 5.37 |
| White | (817) | 4.84 | 7.62 | 6.05 | 5.63 | 5.62 |
| Black | (40) | 5.17 | 7.91 | 7.22 | 6.35 | 5.66 |
| Hispanic | (140) | 5.52 | 7.61 | 5.97 | 5.89 | 5.12 |
| Asian | (19) | 5.14 | 7.50 | 5.46 | 5.57 | 5.83 |

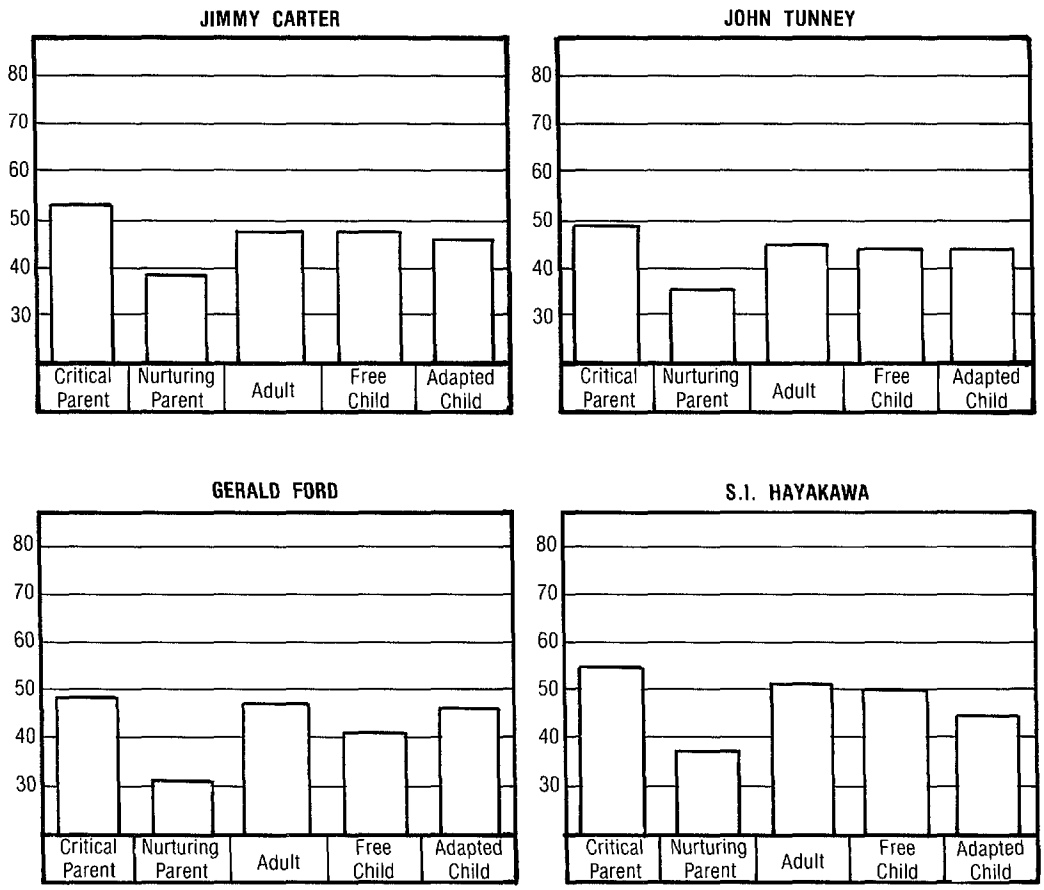
Numbers shown are raw means based on a ten point scale.

Table 3
Mean Ego State Scores of California Adult Cross-Section,
by Socio-Demographic Characteristics (September, 1976)

are arrayed in Egogram profile form in Figure 1.

A comparison of the profiles in Figure 1 reveals that virtually all of the candidates' ego states fall somewhat below the average self-rating given by the cross-section of the public on the ego state items. (Scores in Figure 1 have been standardized with 50 as the population self-rating norm.) This attenuation may be due in part to differing degrees of familiarity with the candidates, and it may also be due to a general tendency to rate other persons somewhat lower on items than one rates oneself. In any case, it will be observed that Carter's and Hayakawa's profiles are somewhat higher in general than Tunney's and Ford's are. This may have been a sign of latent vote support, since the men with the higher profiles eventually won vote majorities.

The profiles of Carter and Tunney also show a relatively flat pattern across both categories of Child and the Adult, while Hayakawa and Ford show marked differences in the Child categories. Hayakawa's Free Child, and Ford's Adapted Child, predominate in their profiles. On the Parent side, all candidates have fairly high Critical Parent, but Carter's and Hayakawa's are well above




N = 510
Bars are Standard Scores based on population self-rating norms. Mean of each index = 50.

Figure 1
Ego State Profile Indices of Political Candidates
(California, 1976)

the norm while Tunney and Ford fall slightly below the norm. Nurturing Parent is also higher for Carter and Hayakawa than it is for Tunney and Ford.

A more detailed analysis of these data (Heyer 1977) showed that the most influential ego states in accounting for expressed voting intention between Carter and Ford were differences in their images for Nurturing Parent, Adult, and Free Child ego states.

The profiles in Figure 1 and the voting behavior analysis suggest the generalization that to be successful, a candidate needs to demonstrate a strong Critical Parent, but at the same time he must also show more than an average amount of Nurturing Parent. He also needs to project a Free Child that approaches his Adult, and both of these must be seen as near the population norm (too high an Adult would convey coldness or lack of commitment; too much Free Child would suggest instability or frivolity). It is also a handicap if Adapted Child attributes dominate Free Child attributes.

**EGO STATES AND ALCOHOLISM**

Steiner has provided a comprehensive theoretical framework for understanding the psychodynamics of alcoholism (Steiner 1971), and from the clinical findings and therapeutic strategies proposed by Steiner and others, e.g., Goulding (1963), and Karpman (1965), it could be hypothesized that alcoholics would tend to show the following ego state characteristics: low Adult (Don't Think); low Free Child (Don't Be); elevated Adapted Child (gallows laugh, guilt, remorse); elevated Critical Parent (Drunk & Proud game); low Critical Parent (Lush, Wino games); and low Nurturing Parent (avoidance of intimacy, loneliness, preoccupation with self).

The Ego State Profile questionnaire was administered by John Crowley (1978) to a sample of 91 persons in alcoholism outpatient programs in the San Francisco Bay Area. The composite Ego State Profiles by sex and age are shown in Table 4. Here it will be seen that significant deviations are found in the directions that TA theory would lead one to expect. For example, alcoholic males and females, especially those under 40 years of age, had markedly lower than average Adult. Second, both males and females showed distinctly elevated Adapted Child. The evidence does not, however, support the hypothesis that alcoholics as a group have lower than normal Free Child. Nor do older men, or women alcoholics as a whole,show noticeably lower Nurturing Parent, although younger men do. Data presently available do not permit a comparison of the profiles of drinkers of the Lush type with those of the Drunk & Proud type, but if it were assumed that female drinkers tended to predominate in the Lush group and that males predominated in the D&P group, then the profile data in Table 4 show tendencies in the expected direction; i.e., male drinkers have higher CP (consonant with D&P), while women drinkers have average or below CP (consonant with Lush type).

**EGO STATES OF PRISON INMATES**

Transactional analysis has been in use as a treatment technique in prisons and correctional institutions for some time. (See Ernst & Collins, 1965, Ernst 1963, McCormick 1965, McCormick 1973, Adams 1974, Windes 1977). Prison populations display heightened forms of certain games and script issues (Windes 1977, Groder 1977), and as a consequence offer a good setting for testing a research instrument for measuring ego states. An opportunity was therefore sought and obtained to conduct a test of the Ego State Profile questionnaire in San Quentin State Prison.* In the spring of 1978, 90 inmantes who were taking part in an ongoing counseling program at the prison filled out an ESP questionnaire (55 of the inmates also filled out a second questionnaire after an interval of approximately 12 weeks to provide a reliability check; see Table 1).

*The research at San Quentin was made possible through the efforts of Jack D. Stocking, a counselor in the San Quentin Psychological Clinic. His assistance and collaboration are gratefully acknowledged.

| | (N) | Critical Parent | Nurturing Parent | Adult | Free Child | Adapted Child |
|---|---|---|---|---|---|---|
| Males: | | | | | | |
| 18—39 | (24) | 54 | 45 | 40 | 53 | 56 |
| 40+ | (30) | 54 | 49 | 45 | 52 | 58 |
| Females: | | | | | | |
| 18—39 | (16) | 46 | 50 | 40 | 50 | 55 |
| 40+ | (21) | 50 | 54 | 46 | 51 | 59 |

Numbers shown in table are Standard Scores based on general population norms. Standard Score mean = 50, standard deviation = 10.

Table 4
Ego State Profile Indices of Male and Female Alcoholics, by Age (from Crowley 1978)

The immediate purpose was to provide inmate counselees with Egograms, and feedback meetings were held. A second purpose was to collect a body of data on the ego state characteristics of a prison population to provide a basis for analysis of inmate characteristics, and to validate the instrument in that environment.

The TA literature about correctional institution game and script issues suggests that predictions of the following type about the ego state characteristics of a prison population would find general support:

Elevated Critical Parent (Be Strong, don't trust anyone, You're Not OK)
Elevated Free Child (Excitement, suspense, low impulse control)
Elevated Adapted Child (I'm Not OK, penitent social role, racketeering with treatment)
Low Adult (Don't think)
Low Nurturing Parent (Do your own time, mind your own business)

Since different types of criminals could be expected to show different levels of certain ego states, the inmate profiles obtained have been classified broadly by type of crime in Table 5. Because the sample sizes in this pilot study are rather small, only a few of the differences appearing in Table 5 are statistically significant with a high level of probability. Pending the acquisition of more data, these data are suggestive but not conclusive evidence of possible real differences. In Table 5 it will be seen that while the Critical Parent index for the inmate sample as a whole is 50, which is average for the general population, men who have committed homicide (any degree) and those who are in prison for drug traffic or sex perversion have higher Critical Parent than inmates who have committed crimes against property or non-lethal crimes against persons. Free Child seems to be elevated among those incarcerated for homicide and those who have committed assault or rape, while Adapted Child is elevated among those who have killed and those committing crimes against property, although none of these differences is great enough to be conclusively significant.

Both Adult and Nurturing Parent are clearly lower among the inmate population than these ego states are among the population at large (although it appears that murderers may not be significantly lower than average on these indices).

The ego state patterns found among a pilot study sample of San Quentin inmates show significant departures from average population norms with respect to Adult and Nurturing Parent in the direction that would be predicted on the basis of TA theory and experience. The elevations of other ego states that might also be expected to do not show up for the sample as a whole, but there appear to be differences by type of crime that will bear further

| Type of crime | (N) | Critical Parent | Nurturing Parent | Adult | Free Child | Adapted Child |
|---|---|---|---|---|---|---|
| Crime against property (1) | (31) | 47 | 44 | 45 | 51 | 54 |
| Crime against person (2) | (23) | 48 | 43 | 42 | 54 | 51 |
| Homicide (3) | (24) | 53 | 48 | 47 | 54 | 54 |
| Other (4) | (12) | 54 | 43 | 45 | 48 | 40 |
| Total | (90) | 50 | 44 | 45 | 52 | 51 |

(1) Theft, burglary, auto theft
(2) Assault, rape, kidnap
(3) Murder in any degree
(4) Drug sales, sex perversion

Numbers shown are Standard Scores based on general population norms. Standard Score mean = 50, Standard Deviation = 10.

Table 5
Ego State Profile Indices of San Quentin Inmates

investigation with larger samples. Additional studies are now under way among prison inmates, and a more detailed analysis of these data is in progress.

### Other Applications

The ego state questionnaire method described in this paper is adaptable to large-scale social survey questionnaires, and could be used as a component on surveys to measure the psychological characteristics of members of population cross-sections, together with their political and social issue attitudes and behaviors. This would markedly increase the utility of social surveys for public policy and for social theory building by portraying psychological factors in addition to the social attitudes, behaviors, and demographic characteristics customarily obtained in such surveys. The social findings of these surveys would in turn provide fruitful data for testing and elaborating transactional analysis theories of scripts, games and related social psychiatry issues.

In schools, the questionnaire could be used as a basis for student counseling and for teaching self-awareness and self-development concepts. In business and government organizations, the questionnaire could be used as an adjunct to training programs to develop personal relations skills, as an element in a battery of aptitude tests, for team-building and leadership programs, and for counseling and individual self-development.

For social-psychological and clinical research, the Ego State Profile measure of personality characteristics could be used as an explanatory or mediating variable in a study of other concepts, or it could itself be used as the criterion variable in a study of the effects of treatment or other influences on the psychological states of individuals.

The questionnaire could be used by therapists and counselors for diagnosis and treatment planning, for enhancing client learning and involvement, and for assessing client changes over time. In clinics, the questionnaire could be used for early screening and assignment, for treatment and educational programs, and to provide objective assessments of individuals and groups over time. Physicians could use the ego state questionnaire for diagnosing possible psychological components of medical conditions for which psycho-therapeutic treatment may be indicated.

(The complete questionnaire consists of 50 items presented in mixed order. Below are examples of items defining each of the five ego states.)

Please answer each item by choosing one of these answer categories that best fits how you see yourself. No one is the same all of the time, but rate yourself the way you are **most of the time** in everyday life situations. Answer each one quickly. Your first reaction will be your best answer.

| This fits me ... | |
|---|---|
| EXTREMELY WELL | = 5 |
| QUITE WELL | = 4 |
| SOMEWHAT | = 3 |
| SLIGHTLY | = 2 |
| NOT AT ALL | = 1 |

**Critical Parent**
Tradition and custom are very important to me
I am a tough and critical taskmaster
I feel it is my duty to use my knowledge and strength to protect other less strong people

**Nurturing Parent**
Taking care of the needs of others is one of my great satisfactions in life
People in trouble often ask me for advice and help
Whenever someone needs help I will come to their rescue if I possibly can

**Adult**
I analyze the facts before making a decision
I am well informed, I get the facts about things
I am good at describing things accurately and clearly to other people

**Free Child**
I am an exciting, lively person
I am very spontaneous, I'm a free spirit
I am very curious, I like to explore new things

**Adapted Child**
I often feel anxious and fearful
I feel it's important to strive to be as nearly perfect as possible in everything I do
I feel helpless and incapable of dealing with many situations

Figure 2
Examples of Ego State Profile Questionnaire Items

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# The Willing Adult

*Jon K. Amundson*
*Thomas Alan Parry*

**Summary**

As part of the current revival of interest in the experiential and integrative possibilities of the Adult ego state the work of Otto Rank is examined. Particular attention is paid to his concept of *will* as the directing dimension of the personality. Each ego state may be understood as organizing and integrating itself for an appropriate expression of its Will. The goal of personal autonomy is reached in the Integrated Adult which, in this paper is described as the Autonomous Will of the Willing Adult. The Willing Adult directs the responsiveness of the Child, and responsibility of the Parent by means of the receptivity of the Experiencing Adult and the activity of the Analytical Adult.

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Transactional analysis grew from its infancy in the late 1950's into childhood in the 1960's, a decade in which the cultural Child was also much favored. Accordingly, many people took the TA Natural Child to their hearts. TA has grown into its adulthood in the more sober 1970's, a time which correspondingly values the cultural Adult. Experience, equanimity and thoughtfulness are increasingly appreciated. For these the Adult is needed to be sure, but an Adult that is more than a computer, one that also has the vitality and appeal of the Child and the wisdom and responsibility of the Parent.

Such an Adult is beginning to take form. This hitherto sober and almost impersonal ego state is therefore being looked at afresh for signs of the capacity to experience feelings and to appreciate values. From the beginning Berne himself had said that the Adult had such qualities, potentially as Childlike charm, and Parent-like responsibility, to go with its objective data-processing ability (1961, p. 195). As long ago as 1971 James and Jongeward (1971) had discussed the Integrated Adult as a supraordinate agency of the personality, involved in the proces of awareness, the appreciation of the natural world, the harmonizing of the body, social perception and human encounter. More recently, Gillespie (1976) has written of the paradoxically charming yet impersonal, sincere yet detached, committed yet objective qualities of the Adult. Steiner (1974) has discussed the Adult as the willful observer and appraiser of Child/Parent interaction and its responsibiity for the execution of appropriate expression or restraint. Campbell (1977) has introduced the concept of 'the Experiencing Adult' which can be cathected by entering a state of relaxed openness. The Experiencing Adult has the capacity to experience events directly and spontaneously without analytical data-processing. Parry (1978) sees the relationship between the Experiencing and the Analytical Adult as providing the 'open space' in which the Transcendent Self is free to emerge. James and Savary (1977, p. 24), in turn, describe the Self in terms of an 'inner core' which releases the inter- and intrapsychic flow of energy between the ego states. They propose that the inner core is capable of transforming the personality and of making self-change possible.

Each of these recent developments shares with the others the desire to elucidate the mechanism within the Adult ego state that assimilates the most positive aspects of the Parent and the Child. It is the 'inte-

grated' Adult with its capacity to process data from within and without, and to relate in a courageous way with the world, that leads to the concept of the 'willing' Adult and the work of Otto Rank.

**Otto Rank and The will**

After a long period of neglect Otto Rank has begun to emerge once again as one of the most fascinating and creative of the early pioneers of psychoanalysis. He is still best remembered for his concept of the *birth trauma* as the origin of all neurosis. In many ways Rank preceded Berne who, in turn, brought to fruition many of Rank's proposals. Rank's central rediscovery of *will* was applied in the effort to restore to the patient a sense of access to and autonomy regarding his own psyche. Thus, like Berne, Rank restored consciousness to a place of honor and potency over the unconscious. In his emphasis on the birth trauma Rank was, like Berne, looking for the 'infected splinter,' the single clue to understand how the person prevented himself or herself* from living a 'willed,' that is to say autonomous life.

*"I understand by will," said Rank, "a positive guiding organization and integration of the self which utilizes creatively, as well as inhibits and controls the instinctual drives."* (Rank, 1968, p. 111). Much that is understood as will involves the operation of what is described in TA as the Adult ego state. Such choosing, relating, and goal-directed actvitiy also involves the operation of the TA concept of *decision*. In turn, the capacity to decide in a centered, goal-directed way provides the foundation and the legitimacy of the therapeutic contract. In other words, the instant therapist and patient make a contract the will of the patient is manifested; the first step in the cure has taken place. Finally, the addition of the concept of will to TA will make it possible for us to understand how the Adult does what Berne hoped it "ideally" might do: assimilate and integrate the most positive aspects of the Parent and Child into itself (1961, p. 195).

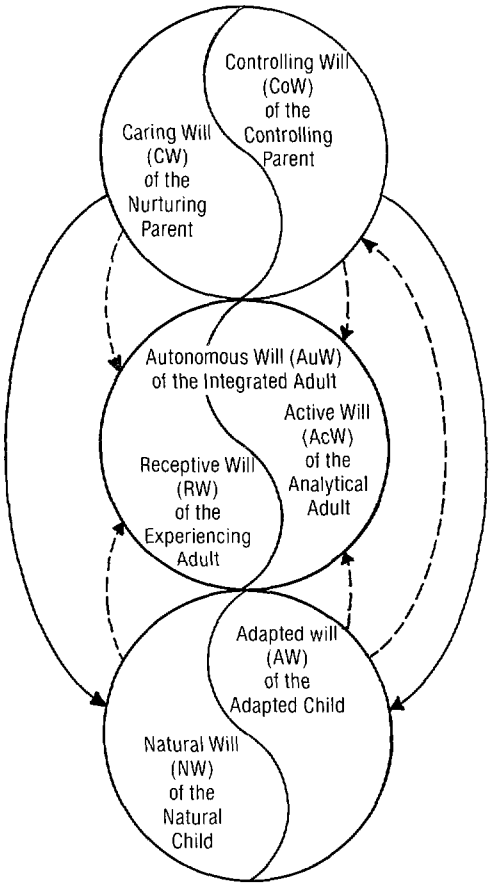
**The Will of the Child**

In the beginning, the infant, ($C_1$), experiences impulses and tensions which merely seek relief. Gradually, as certain impulses recur and resolve themselves into identifiable desires, the organism begins to desire or wish their satisfaction. Desire is simply the urge toward whatever seems likely to bring about the reduction of tension. Nevertheless, it is desire and its frustration that gives rise to the realization that the one who experiences desire is separate from the object of desire. It is the experience of deficiency, frustration and tension that leads to the energizing of resources that gives rise to consciousness and the commencement of a Will toward the gratification of what began as a desire. Rank termed this expression of a Will toward tension-reduction the *counter-will.*

The counter-will marks the commencement of the second stage of development, the emergence of the Adult in the Child, ($A_1$). Virtually all of its activities, thoughts, feelings, and fantasies inescapably occur in relation to others. The degree of Permission the child receives at this time from her parent to express her own Will in simply being herself, etc., influences the basic life decision she will make. What she is given Permission to express and develop is what we will call the *Natural Will.* (See Diagram on next page.)

To the extent, however, that unconditional Permission is withheld, the child will make a decision concerning the *degree* and *characteristic form of expression* her Will can safely make to survive psychologically. Such an early life decision will tend to fix the child's self-expression at the level of counter-will. The counter-will is the antithesis of an autonomous Will for it can only be expressed in reaction to or symbiosis with the Will of another. We shall term this counter-will form of expression the *Adapted Will.* It is characterized by lurching alternations between compliance and rebelliousness. (See Diagram) Rebelliousness itself shares qualities of both the

*In order to write in a nonsexist manner and yet avoid the literary awkwardness of interminable 'his or her's' we will attempt to give equal sexual space by alternating the gender on an approximately equal basis.




Natural Will, i.e., the inherent drive for the experience and expression of a sense of autonomy which will not be denied, and the Adapted Will which, in its anxiety over parental abandonment, not only adapts to the parental Will, but henceforth defines its own expression in terms of the Will of another that it must always have to react against. Thus is the original life decision confirmed again and again, and the basis for the life script and the games which advance the script laid down. Games may therefore be understood as transactions which enlist the expression of the Will of another for a person to be able to counter in a manner that confirms the life decision. Meanwhile, there is an important but insufficiently recognized way that the Will to Health, the rebelliousness of the Natural Will stands ready to act at all times to maintain the autonomy of the person.

The life decision, fixing self-expression to a 'Will-in-reaction' rather than a 'Will-of-one's-own,' incorporates the parental counter-will, that aspect of the parent's Adapted Child called the Spook Parent, ($P_1$) (Parry, 1978). The latter expresses itself in hypnotic-like attributions, and ominous warnings or injunctions that define the limits beyond which the child dare not express her Will. Once incorporated, the Spook Parent needs only a look, a gesture, a tone of voice or a turn of phrase to be evoked, hence to scare or depress the person into the expression of her Adapted Will.

The Natural Will, on the other hand, acts constantly to undermine the stereotyped and compulsive operation of the Adapted Will through what Rank called a 'compulsion-to-be-free-from-compulsion.' Let us call this expression of the Natural Child the Trickster or Imp. Like Hermes of ancient Greek myth, or Coyote of Native American lore, the Trickster asserts itself to sabotage the compliant inclinations of the Adapted Will, thereby retaining for the person an element of autonomy which rebels against the scare tactics of the Spook Parent. In its Adapted expression the Trickster is generally known as the Rebellious Child. Its activity is evidence of what Rank calls the Will-to-health, the Natural Will coming to the aid of the Adapted Will. It is always present but the more compliant the person acts the more the Trickster operates in a Schlemiel-like manner. It is well, therefore, always to take note of its activity as a warning that an unhealthy excess of Adapted Will is being expressed, and that the Natural Will is being suffocated and is drawing attention to itself by the most unmistakable means available. The Trickster is available to us as that part of ourselves that brings disorder, reversal, and foolishness to our "best laid plans" and most rigid orthodoxies. He prevents the Adapted Will from surrendering the freedom that the Natural Will must and will have to keep things alive, and never entirely predictable.

**The Will of the Parent**

One is able to grow beyond a victimized subjection to others in his Adapted Will as he builds his Parent ego state. Its verbalized directions are readily understood as the child is more clearly able to see the advantages such understanding gives him. He is able to feel more potent, less helpless and frightened of arbitrary authority. He *willingly* subordinates himself to this internal *Controlling Will.* Whenever the control or limitation of the activity of the self or of another is deemed important according to the value system of the person the Parent acts by virtue of a centering decision of the Controlling Will which organizes and integrates that ego state for the most appropriate course of action for the situation. But if the Parent does not act with a Will, so to speak, its actions are likely to be merely conditioned responses to others thereby resulting in game or script activity.

As one gains a greater sense of security and stability through the operation and direction of the Controlling Will he finds himself developing the freedom to be more relaxed, open and, finally, caring towards others. This nurturing function of the Parent is organized, integrated and directed through the *Caring Will.* (See Diagram) The decisional character of the Controlling and Caring functions of the Parent Will differs from that of the Adapted Will even though, we suggest, it initially grew out of the latter. The Parent Will has been more willingly assimilated, hence the person is able to direct its expression consciously, giving it more of a centered, integrated focus than is possible with the essentially defensive and unconscious *willfulness* of the Adapted Will. Because the latter develops out of survival-oriented reactions to nonverbal messages that contradict simultaneous verbal messages (the double-bind or Corner) the Adapted Will is predominantly a divided Will, however compulsive its expression.

**The Adult Will**

The capacity of the Parent Will to direct the Parent ego state with conscious intention is a function of the more or less simultaneous emergence of the Adult. The Adult seems likely to be the primary instrument of consciousness: critical or focused consciousness arising from the Analytical Adult; diffuse or direct awareness from the Experiencing Adult (Kuijt, 1978; Parry, 1978). The Parent Will tends to enlist the focal consciusness of the Analytical Adult to form what Parry (1978) call the Responsible Self, while the Child Will enlists the direct, panoramic awareness of the Experiencing Adult to form the Responsive Self (Parry, 1978).* The Adult itself emerges out of the Natural Will with its self-affirmation and Will to be free, just as the Parent emered out of the willingless of the Adapted Will to subordinate itself to an internalized Controlling Will. It is only with the development of the Adult ego state that we are able to free ourselves with awareness from the stage of what Rank calls *subordination* to the Will of others. The analytical resources of the Adult enables us to bracket off inappropriate Child feelings and Parent prejudices in order to respond objectively to problems that are best dealt with pragmatically. When working on a technical problem, or in seeking the best interests of the overall situation, the conscious act of centering and directing the conceptual resources of the Analytical Adult enables the person to act autonomously in the face of the pressures and wishes of others. The organization, integration and intentional direction of the Analytical Adult is the work of the *Active Will.* (See Diagram)

It is the Active Will which articulates the therapeutic contract through its capacity to identify, define, and set goals. The very act of establishing and refining a contract requires that we pay attention to our habitual patterns of transacting. This

*Responsible is meant to refer to the capacity and willingness of the Self to *answer* articulately for its actions of nurturing, controlling and problem-solving. Responsive is used to refer to the capacity and willingness to answer for itself not so much with words as with receptivity in its naturalness, its adaptations and its information-gathering.

action, in turn, has the effect of tuning us in to the experiencing dimension of the Adult. It is the autonomy made possible by the exercise of the Active Will that creates the sense of inner space which facilitates the emergence of the *Receptive Will* of the Experiencing Adult. (See Diagram) The sense of inner space enables us to relax into a receptive or fully responsive relation to what is happening. We experience that we can trust the spontaneous organizing and integrating activity of the organism, and our own capacity to respond with spontaneous intelligence or intuition to the tasks and challenges before us. We are able to experience ourselves and the world directly. Our bodyknowing with its sensory apparatus is able to participate in events and turn them into experiences. Bodyknowing combines with intuitive intelligence to integrate diverse experiences into lively and meaningful patterns. Those issues that do not immediately fit into the integrated and assimilated patterns are filtered out for focused and definitional treatment by the Analytical Adult. The awakening of the person to the capacity of the unified bodymind for spontaneous intelligence that requires no monitoring, no reporting back to a conceptual censor, represents a radical breakthrough to a fully trusting, open yet centered way of experiencing. It is the capacity to let go and let be. Yet there is a Receptive Willing that takes in this quality of responsiveness which brings Castaneda's term "impeccable" to mind, for it involves both an opening and a centering of the person who is expressing trust in the capacity of what is within her to be able to deal with what is without.

Once we have awakened to the resources of the Experiencing Adult using its Receptive Will we have the capacity to integrate the total resources of the three ego states in the Integrated Adult through the Analytical and Experiencing modes. The latter deals with events directly, while the Analytical function of the Adult derives its priorities from the Parent. Thus the Integrated Adult organizes and integrates itself as the Willing Adult. (See Diagram)

The Willing Adult shows us persons who are in harmony with themselves and the world around them. However short or long the experience, they have been granted a sense of ultimate significance in their being. It is not only, in such moments that they know that they are OK and others are OK too, but that even that division is only conventional. All is OK. OKness is.

## Conclusion

Our introduction of Rank's notion of Will into TA is a logical extension of the central role that decision plays in this approach. We have discussed Will throughout this paper as an ordering and integrating force within us, operating to direct the various levels of ego state expression. As such, Will also has a balancing function between impulse and inhibition in the regulation of ego state expression. When we fail, however, to act with a Will we become spectators at our own performance, victims of habit, of games, of a life script. Will enables us to assume direction and autonomy over these by the centered regulation of ego state expression. Moreover, though Will involves intention it is more than simply a conscious intention to act thus and so. Indeed, Will both precedes and transcends consciousness. *Will is the fundamental operating principle of the psyche.* The proper activity of psychotherapy and of transactional analysis specifically, is to enable us to become *aware* of the ordering and integrating activity of Will, and to provide direction and assume responsibility for it.

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## Eric On Integrity

Integrity depends on clear data-processing of internal dialogues by the uncontaminated Adult, and clear insight into the subversive nature of those social institutions that impair authentic encounters between individuals. Hence strengthening the Adult promotes integrity.

*—Principles of Group Treatment, p. 306*

# The Pig Parent

*Claude Steiner*

**Summary**

History and definition of the Pig Parent is given. Strategies for recognizing, fighting, and defeating its influence are discussed.

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History: The concept of the Parent has gone through three "generations." The first Parental ego stage was conceived of by Eric Berne shortly after he set apart the Child ego state from a "grownup" ego state which he further divided into two separate ego states. He saw the Adult as a rational, computer-like affair, and the Parent as a replica of the person's parents. Thus, when a person is in a Parental ego state, "the executive may be taken over by the complete ego state of an outside individual as perceived." A person in the Child or Adult ego state is energized by stimulation coming from within while the person in the Parental ego state behaves under the influence of an external person, who operates *in loco parentis*. This is why the Parent is also called the exteropsyche.

So much for the first generation of parental concepts.

The early Parent ego state was drawn as a circle, one of three, which dominated the personality. In *Transactional Analysis in Psychotherapy,* (1964) Berne further analyzed the Parent in terms of the influences from the mother and the father and the four grandparents. Since the Parent is an incorporation of a whole other human being, there will be within that incorporation three sections, a Parent, Adult and a Child. Since there are typically two parents, a person's Parent ego state includes, potentially, six sections: mother's Parent, Adult and Child and father's Parent, Adult and Child. Then, of course, mother's Parent and father's Parent include potentially two grandparents each and so on *ad infinitum*. The important thing to realize here is that each of these Parental substructures was never intended to represent anything but influences, certainly not separate ego states. Thus, in Chapter 17 he speaks of Mr. Troy's Parent ego state which is blended from a tough attitude toward children (from grandfather) and (from father's Adult and Child respectively) prejudice about women and promiscuity. Although Eric paid very little further attention to the subdivision of the Parent ego state, he did become quite interested in the further subdivision of the Child.

He observed that children exhibited three ego states, a Parent, Adult and Child, which he assumed would later in life become the Child ego state of the grownup ($C_2$). Based on this assumption, he divided the Child in grownups into three separate ego states. These were not influences as in the second order structural analysis of the Parent but actual, separate ego states. He called the Child in the Child ($C_1$) the prince, princess, or Natural Child. The Adult in the Child ($A_1$) he called the Little Professor. And the Parent in the Child ($P_1$) which he saw as responsible for obedient, subservient behavior, he called the Adapted Child. As this mode reminded him of the behavior of chimps and mice after experimenters stimulated their brians with electrodes, he also called the Adapted Child the electrode. This same ego state was eventually also called the witch or ogre.

Thus, early on in the development of the theory, Eric established a precedent for thinking of two kinds of parental ego states. The Parent proper ($P_2$) was a fairly good replica of a living human being, and the Parent in the Child ($P_1$) was magical, primitive, powerful and electrifying. This latter

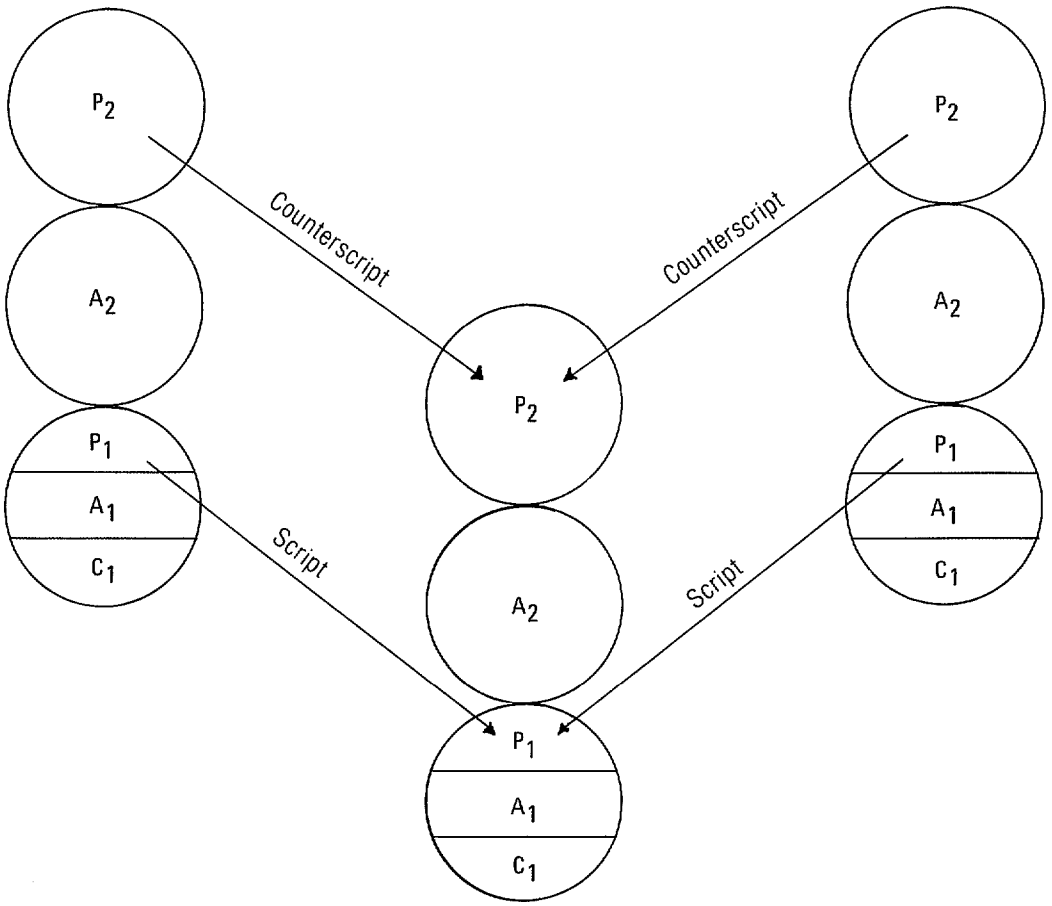


Figure 1
Script Matrix

Parent resided in the eventual Child of the grownup, and was responsible for adaptation and obedient, automatic behavior.

Eric's early naming of the Parent in the Child as the Adapted Child has caused a great deal of confusion and controversy since. I have maintained this nomenclature and call the Parent in the Child the electrode, the witch mother, the ogre, or the Adapted Child as well as the Pig Parent. In retrospect, he probably should have called it, for the sake of accuracy, the "adapted (to the parent) ego state in the Child" rather than the Adapted Child. The question is whether the Adapted Child is a Parent or a Child ego state. I maintain that it is a Parental ego state, an exteropsychic rather than archeopsychic structure. The Adapted Child is an aspect of the Child which has molded itself to the parent.

The third group of Parent concepts developed as a logical consequence of the discovery of the script matrix. When I first drew the script matrix to clarify some matters in script analysis, we were wondering how scripts were transmitted down through the generations. We knew that the transmission had to do with the Parent ego state, since we had accepted that both the Child and the Adult ego state were internally generated and operated autonomously, whereas the Parent ego state was the repository of the history and culture of past ages. Initially we assumed that scripts were

transmitted from Parent to Parent. But this did not account for the fact that children often did not seem to do what their parents wanted them to do, even though, according to script theory, children did exactly what their parents wanted them to do and did so not only when they were under parental influence, but for the rest of their lives. It was then that I clearly saw that there were two often contradictory streams of information flowing from parent to offspring. One was the overt pronouncements which were seldom listened to, and which I called the counterscript. The second was the covert, earlier, intense parental messages which actually determined the person's life script. It seemed clear to me that the counterscript messages were being transmitted from Parent to Parent, while the script messages were transmitted from the Parent in the Child ego state of the parent and received by the Parent in the Child of the offspring ($P_1$ in $C_2$ to $P_1$ in $C_2$). (See Figure 1.) (Steiner, 1979).

The two categories of generational messages divided parental behavior into two distinct and separate entities, each one an ego state in it's own right. The differences between the two are profound. For instance, the communication channel of the counterscript message is verbal and climaxes in adolescence while the nonverbal script messages begin at birth. The methods used by the Parent to enforce counterscript injunctions or drivers (as they were aptly renamed by Kahler and Capers) are vague and not very impressive or effective, whereas the sanctions for the script injunctions are very concrete, usually quite immediate, and at times extraordinarily brutal.

Essentially, the two Parent ego states are different because while both are perceived as introjects of an external human being, they are introjected at different times of a person's life. The electrode Parent ego state is incorporated at the most vulnerable time in human development when the child is young and at the parent's mercy. Thus, if the parent is at significantly early times controlling, harsh, selfish or unloving, the $P_1$ will be controlling, harsh, selfish or unloving. The parents' behavior will often be heard as an unloving voice in the head. This is the witch, the ogre, the electrode or Pig Parent. Later in life the offspring will observe his parents in a different light. The same father who privately beats the child is also a public person who at times speaks of values such as fatherly love and truthfulness. These values (as opposed to behavior) learned from his own parents will be adopted by the offspring and will become his Parent ego state. One major difference which I have observed between the two Parents is that the $P_2$ Parent is civilized, benevolent, imbued with the judeo-christian attitudes of love and understanding which govern the relationships between people. On the other hand, the script Parent in the Child ($P_1$) is not bound by such temperance. It seems to be historically more barbaric and punitive. It is as if, in the two Parents within the person, one met two distinct periods of history, two trends of authority. The counterscript Parent is one of much more advanced moral quality than the script Parent.

**Origin of the Name Pig Parent**

In the late 1960's I realized that the script Parent of very self-destructively-scripted people was particularly punitive and cruel. Simultaneously my colleagues and I were observing the forces of "law and order" bashing in the heads of young people who were fighting against the war in Viet Nam. We saw a similarity between the behavior of some policemen and the script Parent, which we were calling the witch mother, the ogre or the electrode. It was Hogie Wyckoff's (1975) idea to call the script Parent the Pig, a name that stuck over the years.

The name Pig Parent was chosen because it was topical, and it aptly personified a ubiquitous concept. In my nationwide lectures I would tentatively and cautiously introduce the Pig Parent, with the assumption that only those who were anti-war activists in the East or West Coast would understand and appreciate the label. But I found the term and concept of the Pig

Parent was acceptable to many across the country. The Pig Parent, I explained to people, was an externally originated part of our personality which was entirely antagonistic to our OKness. Unless we follow the restrictive, death dealing injunctions which it wants to impose on us, it will call us not OK, bad, stupid, ugly, crazy or sick. It will try to obliterate our psychic as well as physical being. It may even want us dead. When we are under the influence of the Pig Parent, we hear its voice in our head. Eric Berne had noticed, as had Freud and other students of human nature before him, that these crude, cruel, sadistic, destructive messgaes could literally be heard by people as human voices.

The concept of the Pig Parent has received very mixed reception. In the practical arena of group psychotherapy it has proven to be extremely useful. My own experience with other new concepts in TA and Radical Psychiatry over the last decade, is that some have a strong initial appeal to me and got considerable use for a while and then eventually fell away to become historical curiosities to be talked about on occasion. As an example, the concept of fairy tales or the script check lists or the various distinctions between harmartic and other types of scripts, have all enjoyed a relatively brief period of high use and interest and then have fallen into disuse. Even my mention of ego states and games has declined in its frequent use in groups. One of the concepts that has remained extremely persistent is the concept of the Pig Parent, not necessarily due to any preference or insistence on my part but because people using the concept like it, find it useful and continue to use it.

Why, then, is the concept of the Pig Parent so persistent? I believe it reflects an extremely real aspect of human difficulty. When we are unhappy we invariably can point to negative words and images about ourselves which intrude into our consciousness. These negative external influences can be called the Pig Parent tape. It comes to us like a cassette recording which feeds us negative misinformation and commands. Staying with the cassette metaphor, the Pig Parent can be turned down, turned off, rerecorded, or ejected. The work of psychotherapy is frequently concerned with the detection of, isolation from and struggle against Pig messages. The ultimate aim is to disown them by the recognition of their external sources.

In psychotherapy, we have found that we can isolate Pig Parent statements from other Parental statements, and from Adult, critical statements. We further found that when we disallowed all Pig Parent behavior in groups, we established an atmosphere of trust and cooperation which helped get rid of people's Pig Parents. Eventually we concluded that "pigging" is a form of behavior which is totally counterproductive in cooperative human affiars. We fight against it in our everyday relationships and work, as well as in group treatment. The establishment of the Pig Parent as undesirable leads to the distinction between it and the Critical Adult, which is basically dispassionate, scientific and desirable.

**Objections to the Term**

Before going on to the rest of this paper, I want to briefly respond to three forms of criticism about the Pig Parent that have arisen over the years.

1. *The word Pig is offensive.* Yes, there are some people who think that pigs are no different than any other animal and don't deserve to be singled out. Some people even specifically love pigs. Even if we agree that wild pigs and even domesticated pigs are, to a certain extent, disagreeable animals, it doesn't justify our use of that particular animal in this particular way. We have thought of calling the Pig Parent the "enemy," the "devil," the "other," and in fact any of those names would be quite appropriate. But for some reason we have not been able to find an alternative name which has had as much appeal as the Pig Parent. In fact, we in Radical Psychiatry have a standing offer of a price for a new word which deals with the above objections. Other critics dislike what they see as a contradiction. "You believe that 'pigging' (in your own words) is wrong. Yet

you insult a part of people's personality, (their Critical Parent) by calling it a Pig." Again, there is validity to this argument. Perhaps a more neutral term would be more fair though we would not like to convey any tolerance of that part of the personality we call the Pig.

2. *The critical parent has positive aspects as well as negative aspects.* It has been believed through the generations that children (and therapy clients) need to be disciplined by a power larger than theirs, so they may grow up to be well functioning adults. This point has considerable currency in our culture and there is no point in arguing for or against it except on the basis of evidence. For myself, having had a hand in raising my and other people's children by excluding the critical Parent, there is positive convincing personal evidence that it works. Further, the approach is successful in my work as well, and I find a great deal of support from people whenever I speak of this view.

However, let me clarify what it is that we are in fact saying when we claim that the best approach to childrearing would completely exclude any form of Pig Parent input. In order to do this, controlling criticism (Parent) and constructive criticism (Adult) statements need to be distinguished from each other.

Controlling parental criticism comes in various forms, often as some sort of an intimidating insult, either crude or subtle, which linguistically has the form of an adjective. Statements like, "you are bad, stupid, ugly, crazy or sick" are intended to invalidate the experience and behavior of the other person and to bring them around to the parentally desired behavior.

Many subtle statements are also basically coercive in intent. For instance, a therapist might say to a client, "the reason why you are not getting better is because you refuse to face reality." This statement is really a sophisticated way of saying, "the reason why you are not getting better is because you are crazy. Other adjectives like "irresponsible, overly emotional, sensitive or insensitive, passive or aggressive or passive/aggressive" invalidate the person's view of the world and attempt to change it in a forcible way. That is, they are coercive in intent.

Another type of critical statement comes from the Adult, rational, problem solving faculty of the person. For instance, when a problem arises in a group sooner or later someone will think that he understands a process better than someone else. For instance, a number of people are standing around a fireplace and a more experienced person views a novice's attempt at fire-building. He may say: "You're doing that wrong."

Though that statement is not very well put, it doesn't necessarily reflect a Parent point of view. A better statement would be: "The way you are putting the paper and the wood in the fireplace is not likely to result in a good fire." That statement could be an Adult statement, even though it sounds parental. Let's say that it is intended as an attempt to convey information rather than to control the fire builder's behavior.

The important thing to be remembered here is that Critical Parent statements are an attempt to control. The contention that we make is that critical coercive statements are not only unnecessary in human relationships but are, in fact, harmful and will bring negative results, especially in child rearing and psychotherapy.

This philosohical point of view follows from the basic assumptions of transactional analysis, which hold that people have a tendency to health and OKness, so that the ideal situation for growth is one that allows a person the freedom of choice and autonomy to follow their own internal choices free from external control. Constructive criticism from the Adult widens the choices by adding information, while coercive criticism from the Parent narrows them.

3. *The Pig Parent concept evades responsibility.* The third main objection to the Pig Parent is that it incorrectly externalizes the responsibility for a person's self created difficulties. This objection is a logical extension of what can be called the "idiotic" theory. Wilkse (1977) points out that the

greek word *idiotes* means a separate private person. The notion that we are separate from each other, each one responsible for our own actions and experiences is very much in vogue in the human potential movement today. The theory of the Pig Parent's external origin strikes at the core of the idiotic theory because it holds that we are not completely responsible for our actions since we are under the powerful influence of the Pig which is continually externally supported.

**The Pig Parent**

Having given the history and the basic objections to the concept of the Pig Parent, let me now deal with the main topic of this paper, namely how to diagnose and dispose of that oppressive internalized ego state which contributes to so much human unhappiness.

The Pig Parent is a reality in everyone's life. However, the extent to which this reality is perceived and understood by people varies greatly. The Pig Parent can be, in one person's consciousness, simply a dark, evil, looming influence, settling over the mind like a suffocating blanket which turns everything dismal without warning. Or, to another, the Pig Parent is a nagging, insistent voice. To some, the Pig Parent appears as a rational sounding, sedate and moderate, occasional statement which undercuts every important effort in a person's life. The Pig can operate in the form of nightmares and daydreams, physical pains or white-hot flashes of fear.

No matter what particular form the Pig Parent takes, it is essential to its survival and effectiveness that it not be challenged by the victim of its abuse. That is to say, the Pig Parent continues to operate because the person is willing to countenance it and to accept it as a valid part of the world. Thus the recognition that it is an arbitrary set of messages that has been internalized is crucial. As long as it is listened to, believed and followed, the Pig Parent has power.

To eliminate Pig Parent's power, it is essential in therapy that the following several steps are consecutively followed: First, locate the Pig Parent. What form does it take? What are its specific statements? What feelings does it prey on? Guilt? Shame? Fear? Low Self-esteem? Second, how does the person remove his own support of the Pig Parent, so that it returns to its external form; an oppressive influence which needs to be struggled against. Third, what specific techniques are effective to counteract the Pig Parent's influence?

The three steps outlined above will be specifically explored below.

1. *Stalking the Pig Parent.* The demystification of the way the Pig Parent operates is analogous to peeling an onion. Pig messages are layered one upon the other. As we become aware of and begin to discard one layer, another layer comes into evidence. Some people begin work on a totally unpeeled onion, while others have already discarded a number of layers. In any case, starting from the most mystified Pig Parent, I will describe several layers that a person might have to work through.

The first and most obscure layer of the Pig Parent is one in which its effect on the person's consciousness is a negative emotion of some sort. The emotion can be a very subtle feeling of impending doom, or a sudden fright, or a terrifying fear. Or it can be a persistent hatred, a creeping doubt, or dread. Or it can be a claustrophobic feeling or extreme disapproval of another or the self. The experience is often one that does not seem to be attached to anything in particular. The person learns that the feeling can engulf him anytime. Often, whenever the person is feeling good the fear that a negative emotion will make its appearance is usually an omen which brings on the Pig: "Things are going to well, it must end soon;" "Whenever I feel this good I inevitably feel bad later."

The person might suddenly realize that she's had a whole week of careless, happy days, and will suddenly be overcome with anxiety. This is merely the first stage of the Pig's blitz. The next stage of the Pig attack is the familiar feeling of fear, dread, doubt, which is the specific, favorite of that person's Pig. Each Pig Parent has its own specific messages and its own specific

techniques. In fact, each Pig Parent is just like a complex, real person, with strengths and weaknesses, tricks and strategies of its own.

An intense, brief Pig attack can spoil a person's day or can start slow and build up to a fierce pitch, which then subsides. A Pig attack can take a minute, a day, a week, or even longer, depending on the power of the Pig Parent. The Pig can be there everyday upon waking up or upon falling asleep.

After having identified the feeling, the next step is to recognize that behind that emotional experience there is always a cause for its onset. This cause may be a verbal statement, or an image, or a series of images. There is always some sort of mental activity which causes the feelings.

For instance, one person had sudden attacks of inexplicable anxiety. After focusing on the mental events prior to the attack she realized they always were preceded by wordless fantasy. It was merely an image of her standing in front of a large crowd of people who were jeering, pointing at her, laughing and throwing stones as she stood terrified, wondering what she had done wrong. A man's Pig approached him through a sudden fear of death which was simply a feeling of lying in a coffin with his eyes closed and being led somewhere, probably to his grave. Other preverbal Pig attacks can be fantasies of being killed, raped, of failing miserably, starving to death, being hated by everyone around, or getting cancer or some other dread disease.

In any case, the first defense against such a Pig attack is to make that pre-conscious fantasy clearly conscious.

Having done that, the next step is to verbalize the Pig attack. In my experience, it is always possible to find the verbal messages which underscore the Pig's activity. The sentence that is attached to the fantasy might be "You are going to die," or "Everybody hates you," or "You'll get a heart attack," or You'll never succeed," or "You are rotten and no good."

During the next stage of the battle it is useful for the person to get a small notebook to keep a Pig-attack diary of sorts. Each Pig attack, or bad feeling, even if he isn't sure he's being pigged, is recorded along with, if possible, the fantasy and the verbal content. This way the person starts to become conscious of the magnitude of the Pig's offensive. Some people find that when the Pig strikes, it totally blanks out every other mental activity for seconds, minutes or hours. Some people feel totally overwhelmed and others only feel a slight annoyance. In any case, the documentation of the Pig's activities and messages is important.

People who are quite willing to keep a record of their negative feelings may or may not be willing to accept that these experiences represent Pig attacks; namely that they are false ideas, introduced into consciousness by an external source of the past which has now been internalized. People who have Pig attacks have a tendency to be wililng to assume that the predictions and statements of the Pig should be considered valid. "I *may* get cancer. All the people in my family have." Or, "I *may* fail. I have failed all my life so far." Or, "I *am* no good. I have ruined three marriages and my children all are in trouble." Or, "I *am* stupid. I can't even balance my checkbook." These are all examples of the way in which people will actually take sides with their Pig and defend their Pig Parent's point of view. This brings us to the third state in the battle against the Pig, namely, making conscious the external origin of the Pig Parent.

2. *Separating the self from the Pig.* When the fantasies and words associated witht he Pig Parent are located, it is essential to reemphasize the external source of *all* the negative messages. Often the most difficult part of the struggle is to make clear that the Pig is always wrong.

In order to do this, it is necessary to further distinguish Pig Parent messages from critical Adult messages. The critical messages coming from the Adult, such as: "If you do this this way it won't work," or "There is a good chance that you will not get this job," or "If you continue to smoke as you are you are likely to get cancer" are not really negative messages about

ourselves, but are statements of probabilities which are associated with negative outcomes, and are not Pig Parent messages.

At this point, Pig Parent thoughts should be seen, first of all, as lies, and secondly as alient, externally-introduced thoughts. It is as if the individual has an earphone implanted in his skull connected to a cassette player. An unseen hand slips a Pig Parent tape into it, turns it one, and turns up the volume.

If we assume that every human being is OK, beautiful, smart, health-seeking, and good, then we can also assume that the opposite (she is not OK, bad, stupid, etc.) is a falsehood to be rejected.

The question whether human beings are by nature good or bad has been argued for centuries. What are our propensities? Do we, if left alone, tend to be hateful, destructive thieves? Or are we basically honest, loving and constructive? Arguments have been made for both views, as well as for the middle, namely that we are neither, and potentially, both.

To choose one of these views is really a matter of preference. I believe there is evidence that we are basically positive beings. True, at any one time it seems that we can see evidence for either point of view, but over the last 100 centuries the recorded history of human kind shows a progressive, if faltering, climb away from destruction, theft and murder, which reveals our positive bent.

In any case, our choice in Radical Psychiatry and Transactional Analysis is to embrace the view that people are basically good. This choice was put in words by Eric Berne when he said that the first and universal existential position held by people about people is "I'm OK, You're OK." Our view implies that the nasty, demeaning things we say about ourselves (and about other people) are falsehoods to be rejected.

One of the most effective ways of showing the basic falsehood of Pig statements is that they are usually blatantly opportunistic. For instance, one classic form of Pig harassment is "You are a failure. You never do anything." One woman who was plagued by this type of statement also reported that whenever she succeeded in something, she would tell herself, "You are trying too hard, most people could do this with no effort at all." When I pointed out that she could not win no matter what she did she said, "That's right! Come to think of it, when things come real easy, my Pig says 'That doesn't count, it was too easy."

The Pig's opportunism shows itself in the rationalizations that it conjures to justify the alcoholic's drinking. Whether happy, unhappy, upset or bored, alone or in company, all situations are occasion for a drink.

Another favorite paradox the Pig likes to use is illustrated by the following example: John reported extreme feelings of incompetency and stupidity, reinforced by constant voices in his head saying: "You dumb bastard, you're retarded, how can you be so stupid?" A group member commented, "That's your Pig," and John answered, "I know, and I feel real stupid for having such a heavy Pig."

Pig Parent statements are often confused with, but can be easily distinguished from negative feelings of rejection and hate, emanating from the natural Child. This rejection or hatred is directly outwardly against external frustrations. Only when those negative expressions are turned around and addressed back to the person do they become Pig Parent statements. In fact, it is a prime Pig Parent strategy to turn our legitimate anger against others into feelings of self-hatred and alienation. I will later explain how the same Pig Parent that plagues us will also have extremely harsh opinions about others. This causes further alienation.

During this phase it is very hard for a person under the influence of the Pig to see her separateness from it. After all, she has believed the Pig's statements for years. Moreover, there is no real evidence the therapist can muster to disprove these statements. Everyone fails sooner or later, everyone makes mistakes, everyone commits occasional evil acts, and so when a person hears his Pig say "You are evil," or "You are wrong," or, "You'll never succeed," it is hard to see that this is a Pig

Parent strategy rather than a true statement. The therapist has to continually point out the difference between an objective impassionate statement of negative expectation, such as probability, and an intense, accusatory, damning, emotional attack on the OKness of the person, which is characteristic of the Pig Parent.

Sometimes people will hotly argue in defense of their own Pig Parent. It needs to be pointed out at this time that his insistence in maintaining and defending the Pig Parent position is in itself part of the Pig Parent's hold on his consciousness. In time, the therapist may need to point out that this is an unfair situation, one in which the lone therapist is fighting both the client and the client's Pig Parent.

This process can take weeks, sometimes months, to accomplish, and the therapist needs to be patient and should under no circumstances overextend herself to the point of being irritated in the struggle. She needs to simply point out repeatedly and whenever relevant that the person is having a Pig attack and is again siding with his Pig Parent against himself.

The therapist should remember that in a therapeutic contract which involves cooperation (therefore no Rescues), the therapist should never do more than half the work, it is essential that the client do her part by actively fighting along side the therapist against the Pig. When the client sides with her Pig, she is essentially taking a Victim role. If the therapist indulges in the Rescue role in that situation, he will eventually have to Persecute her. As a consequence, this process has to be engaged in slowly, patiently, and always making sure that the client is taking equal involvement and responsibility in the struggle. Once this particular portion of the work is completed, namely, once the person fully recognizes the emotional fantasy and verbal content of the Pig Parent, and that the Pig Parent is an external influence which can be separated from the self and fought effectively, we come to the third stage of the struggle, which is the development of the specific moves which are effective in defeating the Pig Parent.

3. *Techniques.*

*Exposure.* In group therapy with eight people listening, the act of stating openly what the Pig Parent says has a tremendously cleansing effect. It's as if the Pig Parent is a creature which can only live in the murky shadows of our minds. As we turn the rocks under which the Pig Parent lives and expose it to the group's perceptions, it tends to shrink and die away almost by itself. Very often this approach is sufficient to defeat the Pig Parent, but in other cases, even if a person clearly understands what is going on, there will be continued Pig attacks.

*Confrontation.* Each Pig attack must be analyzed in detail and specific confrontations must be developed. For instance, a person's Pig Parent may constantly repeat its accusations. This Pig Parent is not one you can easily turn a deaf ear to. Instead, it might be more effective to turn and face it squarely and calmly say "Get out of here, fuck off, if I ever see you again I'm going to kill you." On the other hand, that approach may not work with a brutal, blood-thirsty Pig which can only be defeated by pumping oneself up to a large size and beating it to the ground with a club. Each Pig Parent has its particular source of power and it is necessary to match power with power.

*Nurturing.* The Nurturing Parent is the natural enemy of the Pig. When being attacked by the Pig it is often every effective to get nurturing either from oneself or from another person.

In this connection it is important to be able to distinguish Nurturing (You are OK) statements from Pig (You are not OK) statements. Usually the difference is obvious.

Example:
N.: "I love you"
P.: "I hate you"
N.: "You are beautiful"
P.: "You are ugly"
N.: "Go on you can do it"
P.: "It'll never work"
N.: "Go ahead, enjoy yourself"
P.: "You don't deserve it"

So far so good, but at times what appears to be a nurturing statement is contaminated with a Pig message.

Examples:

"You are very pretty for someone who is as old as you"

"You are my favorite child" (Competitive, puts other children down)

"I don't hate you" (Any negative word in the statement is suspect of being Pig originated) And even, given a certain tone a sentence like "Go ahead, enjoy yourself" can have a Pig undercurrent.

The best way to decide whather a certain nurturing statement is void of Pig is to subject it to the scrutiny of the group. If no one in the group objects it is probably "true blue nurturing."

Asking (and getting) or giving oneself nurturing strokes is a potent Pig antidote. Strokes can be written down and hung in a prominent place such as the bedroom or kitchen where they can easily be seen or they can be recorded and kept near to be played back when needed.

*Pig Collusions.* Insulating oneself from people who collude with or agree with the Pig Parent statement is another important technique. Often this involves a separation from relatives who hold the same opinions which are the original source of the Pig Parent or friends who were chosen in the past because they shared what later turned out to be Pig points of view.

Relating to someone who shares our Pig opinons can lead to *collusions* in which two or more people develop blind spots for certain piggy points of view which they all hold. Scapegoating is an example of a Pig collusion. Racism and other forms of prejudice such as sexism are mass pig collusions. It is necessary to avoid such collusions to effectively fight the Pig. This can be done by mutual agreements to be critical of each other's Pig-originated statements and attitudes. However, sometimes other people aren't willing to make such agreements, especially if they don't agree that the statements and opinions in question are objectionable. Then it may be necessary to avoid contact with such people, especially as long as one is vulnerable to the Pig.

Pig collusions are very important to detect and avoid since some people's pig attacks are exclusively the result of their contact with others whose Pig agrees with and stimulates their own.

In one example a man, after months of work on Pig attacks that seemed to come on just before the group meeting on Mondays, realized that he had a standing telephone date with his parents on Sunday evenings. He hated the calls but was locked into them, and felt he could not get out of them. His parents always talked to him in veiled critical tones by asking questions about his work and relationships. These questions came from their Pig and stimulated a Pig attack on him. ("You'll never amount to anything," "You'll never be loved.") When he realized that, he decided not to call them for a month during which he was free of Pig attacks.

Eventually he reopened communication with them, but this time with an understanding of what he was and wasn't willing to accept in his conversations with them. In fact, he was able to educate them about the Pig and they stopped "laying their Pig on him" and presumably on each other and themselves as well.

Pig collusions can come from anyone but tend to come from people who would like to control us and are angry at us because they can't, such as certain kinds of parents, spouses or lovers, employers, teachers, preachers, and politicians. For instance, drinking people are often annoyed at those who have quit and are liable to use all sorts of subtle and sometimes crude maneuvers to get them off the wagon.

This stage of the work is an intense period of analysis of the Pig's tactics and techniques and the counter tactics and techniques which serve to neutralize it.

My experience has been that after some of this work we hit on the effective method which almost suddenly vanishes the Pig out of existence. When the specific approach that works is found, the person needs to use it every time the Pig rears its ugly head, which it will. The person needs to practice, to be alert to renewed Pig attacks, which, incidentally, will become more subtle as it

tries to find new avenues around effective defenses. Yet, the point in the struggle when an effective strategy is found is clearly marked by a sudden release form the great anxieties caused by intense Pig attacks, so that the person is now in a whole new phase of well being and feelings of OKness, even though Pig attacks may continue at a much lower level of intensity and with less frequency.

These feelings of well being come from having developed techniques against Pig attacks which demonstrate that the Pig is wrong, that it is really not part of us, and that we can stop it from dominating our lives.

Sometimes a person will come to group after a week of unsuccessful struggle, and despondently describe their powerlessness when confronting the Pig. Nothing seems to work; the Pig has dominated their lives constantly for days. What to do?

It is important, at this point, to become very specific about the time, place and details of the Pig attacks, and the strategies used to fight it. When did it happen? Where did it happen? What was the beginning of it? How did it proceed? And especially, what was done to stop the Pig? In doing this one finds what techniques are unsuccessful in fighting the Pig. The techniques need to be analyzed in order to understand the reason for their lack of success. Other techniques need to be developed, to replace those that didn't work. If turning a deaf ear to the Pig didn't work, perhaps calling someone up and getting nurturing strokes will. If that doesn't work, maybe the strokes that are needed are physical, and one needs to get a massage or run around the block. If massage or running around the block don't work, maybe one needs to stage a shouting match with the Pig. If a shouting match doesn't work, then perhaps one can develop finely tuned arguments to defeat it. If having a list of strokes written by the group doesn't work, perhaps it didn't because the list was kept under the pillow instead of hanging next to the bed, and if arguing against the Pig didn't work, perhaps it was done in a pleading rather than angry tone of voice. Eventually a technique that works will be found if the person, the therapist and the group keep at it.

*The "Blemish" Pig.* One very difficult kind of Pig attack is one in which it is not the person herself who is the target of the Pig Parent, but others in her circle. This kind of Pig specializes in making everybody else not OK. The Pig says, "Any club that would have you as a member is not worth belonging to." In this very devious approach, the Pig first completely invalidates everyone in the person's social circle, and then, having once done that, invalidates the person for being in it.

Exposing one's Pig when it is attacking other people, is a special problem which requires careful handling. In such cases, as in all others, the person is asked to expose their Pig in group, but when exposing this type of Pig, I follow a careful procedure designed to protect the people involved, as follows: (1) Don't expose the Pig unless the therapist is present. (2) Before exposing the Pig, announce your intention to do so, and turn to the person that your Pig is attacking and say something like: "Sally, I want to expose my Pig about you, to you. Are you willing to hear it?" (3) Now Sally needs to check how she feels and if she is ready to accept what could collude with her own Pig about herself. (4) If Sally is willing, the Pig is exposed: "I don't like or believe what I'm going to say, but my Pig says about you that you are ugly (stupid), (bad), (crazy), (sick)." Very often a Pig statement of this sort will not particularly affect the recipient, who will be able to brush it off. On occasion, it can be very difficult to take. In that case the situation can be an occasion for Sally to work on her own Pig, who says she is ugly too. The only thing that needs to be remembered about the exposure of this kind of insidious Pig is that it is delicate work, and needs to be done more carefully than exposing the Pig when it doesn't involve anyone in the group.

*Permission.* Permission is the process whereby a potent therapist helps the person ignore the Pig Parent's injunctions and attributions. It is mentioned last only because it is an indirect way of fighting the

Pig Parent—by ignoring it. But it is the most basic device against the Pig and was the very first technique I developed (Steiner, 1966) even before I realized the connection between script messages and the cruel voices in the head we now call the Pig Parent. Effective permission requires Protection as Crossman (1966) pointed out. In fact it is virtually impossible to fight the Pig without the protection and support of one (or preferably more) trusted allies.

Fighting the Pig Parent is at the core of script analysis. Of course, there are other important tasks to be accomplished. Reinvesting the Child with spontaneity, awareness and intimacy, developing intuition, strengthening the Adult and Nurturing Parent, developing a support subculture in which strokes and constructive criticism are freely given, improving food and health habits are all important as well. But defeating and rendering the Pig powerless paves the way for script changes; it is the revolution that affords us the peaceful conditions of freedom.

*Claude Steiner, author of* Games Alcoholics Play *and* Scripts People Live, *lives and works in Berkeley and Ukiah, Calif.*

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# A Rebuttal to the Pig Parent

*John McNeel*

I'm reminded of the early written exam for Clinical Membership in ITAA in which there was this question, "Give an example of a possible response from each ego state to the following adult statement, 'Let's get down to work.' " The problem I experienced with that question then and still do is I believe that statement came from Parent and not from Adult. I experience much of the same conflict with Dr. Steiner's paper on the Pig Parent. I alternately agree with one line only to strongly disagree with the next. My problem is separating the wheat from the chaff. The seductive quality of the article is that one must either agree with the whole or be heard as on the side of repressive political and parental messages. Dr. Steiner approached me three years ago when I was running for the Board and asked me one question, "Would you be willing to support the ITAA in going all the way to the Supreme Court if necessary in order to do away with all licensing laws?" I said, "No." He said, "Then, I won't vote for you," and walked away. It seemed to me in that interchange that I had been classified and typed. I know that he knew nothing about my other political interests as they related to the ITAA. I face the same concern in criticizing this well written and often illuminating article. I wonder as I list my disagreements with some aspects of the article whether it will be remembered that I have stated that I agree with certain aspects of it. Or, if a duality of right versus wrong will exist.

What I agree with most strongly in this paper is the dream that Steiner and I both share for humankind. The dream that people will no longer hurt, kill or oppress one another. That people will know about their OKness. That children like my son Matthew will have an opportunity to grow up in a world where he receives the kind of good parenting he needs in order to have good boundaries, a clear sense of self, and the ability to move through the world unburdened by psychological garbage. That he will have a strong sense of values, and will know about his OKness and the OKness of everyone in the world. I find myself caught up so strongly at times with Steiner's world view that I hesitate to debate certain aspects of his article with him.

However, I do choose to debate him because I believe that some of his conceptualizations actually hinder the process of change which he wishes to bring about. Substantially I appreciate and agree with Steiner's description of the three generations of the development of the Parent ego state. From there I begin to disagree on smaller non-substantial issues. He seems to write from an unknown data base when he reports the decline of script checklists and the practical functionality of the concept of Pig Parent in "the arena of group psychotherapy." His contention that the use of any diagnostic labelling or use of adjectives to describe behavior are in and of themselves invalidating and coercive. This presents a duality of good and bad with no consideration for appropriateness or inappropriateness.

However, as I examined my own differences with his article I chose to speak to two issues in a substantial way rather than pick at lesser differences of opinion. I see myself differing in two major areas with Steiner: the concept of responsibility and the process of change.

**Responsibility**

In his 1976 article on Socially Responsible Therapy (which I believe to be one of his best articles) Steiner describes the duality that he sees between two points of view that he characterized as blamelessness and

total responsibility. In this he pointed up the absurdity of believing that people are either totally responsible for everything that has happened in their lives or totally blameless. He also states that he is often characterized as being in the blameless group by people who, perforce, belong to the total responsibility group. I wish to write of my concern about how the concept of Pig Parent as described in his article can rob people of their needed sense of responsibility in resolving their problems. I would resent very much being characterized as an extreme total responsibility person as I am sure Steiner would resent being characterized as a total blameless person. As someone who has worked in correctional settings for the past seven years and who co-runs a TA treatment community in San Mateo County at the Sheriff's Honor Camp, I would be naive in the extreme not to be aware of mitigating societal pressures on the people I treat in that institution. I would also be naive not to know of how the very environment in the jail mitigates against their change rather than in favor of it. So, we speak here not of extremes but about disagreements in the middle ground.

The issue for me has to do with imagery and conceptualization. I believe that children are helpless in many respects. If a child is born to abusive parents, that child certainly had nothing to do with his or her own birthing into that family. I believe that there is a difference between childhood and adulthood. I think that concepts of helplessness that apply to childhood do not necessarily apply to a grown up. One of the images used throughout Steiner's article is that of a passive person. Indeed, the passive tense of verbs is used throughout in relation to the Pig Parent and the conceptions are those of childhood. A small child is not responsible for being struck out of the blue for no reason. A grown adult can recreate scenes in his head. However, he does it. According to Steiner, he is attacked as if from outside. He refers to the person being "attacked." There is no sense of control. What is created over and over is an argument for experiencing people as being in the Victim position. There is a duality created in which the person has a bad part and a good part which are locked in struggle. The "good part" is extended sympathy for being the victim of the bad part and no appreciable separation is made between past and present. There is no sense of, "Yes, I was mistreated then," and "now I mistreat myself," which is a condition over which I have control and options for dealing with. The sense is rather, "I was just attacked." Having created that imagery, Steiner then suggests a mode of treatment which I believe will help a person stay in a stuck place rather than moving to one of resolution.

**The Process of Change**

Steiner proposes a task which I believe to be impossible—namely to separate oneself from an introject. He writes: "...the Pig Parent is external to us; an introject that is capable of being excluded from our consciousness." There is an invitation to engage in a struggle against an "outside force." [my quotes] The struggle is described as long and hard and can only end when one "excludes the outside force." [my quotes] In impasse theory this is like an ongoing attempt to resolve a second degree impasse at the first degree impasse level. Also, in order to engage in the struggle is to not finish the developmental issue of separation. To fight with a parental projection is to stay attached to that parental image under the guise of seeking separation.

Another issue involved is that of intentionality. It is never made clear that parents' intentionality is often different from the messages their actions entail. It is misleading to liken parents with police in Chicago in 1968. Many of them may have intended to hurt. Few parents intend to hurt. In the concept of the Pig Parent there is no mechanism offered whereby one can own what one has internalized, feel separate from what has become part and parcel of oneself, and forgive those who gave it.

I believe that there is a very important step in psychotherapy where one needs to feel his own righteous anger at the mistreatment he received. However, the process needs to move further than that stage. As Steiner describes the Pig Parent and his

treatment approach, the conceptualization is one of conquering a bad part rather than separation and letting go. The Pig Parent concept does not allow the client to understand that a parent's hurtfulness came from their own hurt.

At one point he says that he could just as well have named the Pig Parent the Devil. It is not appropriate to call a part of oneself the Devil. That creates a duality that can never be bridged, which can never be resolved. It gives someone in the past evil intentionality. He creates a rationale for a never ending struggle.

**An Alternative**

I would like to make a bid for the prize which Steiner has offered. I believe that an alternative label to the term "Pig Parent" would be the "hurtful parent." Using that term one could move away from a concept of intentionality on the part of the parent and helplessness on the part of the client. That would establish a means of helping people understand the truly punitive messages they received from their parents without presenting to them the image of a lifetime of struggle in an attempt to do the impossible, namely, exclude and introjected part of themselves. It would not induce in people the feeling of being victim with their only recourse being struggle. Change comes about when one knows that anger is not necessary to establish an artificial boundary as opposed to the option of not listening anymore. In all my years of personal therapy I know of no negative parental message which I have forgotten or excluded. I know of many to which I no longer listen. I know my parents were neither all good nor all bad. I know I choose to keep the good and let the bad be left in the past. I asked David Steere in 1969 is he thought he could raise his then young son Andrew free of any negative script messages since he had such an extensive knowledge of TA. He told an anecdote of himself and his son in which he basically said no. Then he said, "I just hope I have the God given sense to step out of his way when the time comes so he can be himself." I hope to do the same for my son Matthew. Not perfect. Not a pig. Someone at whom he will undoubtedly be angry at in order to complete the process of claiming his birthright—the opportunity to go through life knowing he is a separate autonomous human being. And after the anger and the separation...perhaps we'll be friends.

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# II. The Perniciousness of Labels

## From Being a Stutterer to Becoming a Person Who Stutters

*Michael Sugarman*

**Summary**

The author details his recognition and confrontation of his stuttering, and how the tools of transactional analysis helped him to shed the negative aspects of his earlier life script.

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For twenty two of my twenty five years I allowed myself to be controlled by a script. My script was stuttering. Stuttering was an obstacle for me to be myself. I stuttered: I became anxious; I became fearful; I worried about what listeners would think of me. I struggled to push words out and when I couldn't I felt frustrated and became more afraid to speak. The racket feelings were helplessness, shame, and guilt. When the words finally came, I questioned whether I said what I meant or just chose words for fluency.

The stuttering grew and grew and slowly I became a stutterer. I learned to play "games." I learned how to disguise and hide my stuttering or avoided talking entirely. I became an expert at discounting myself. I substituted easy words for difficult ones, gave short answers, didn't speak unless it was absolutely necessary, avoided people, avoided my feelings, avoided other people's feelings, avoided situations I perceived to be threatening, talked fast, laughed, talked in a low voice — the list is endless.

It is estimated that there are approximately 2.7 million Americans who stutter. I speculate that everyday is filled with fear, anxiety, and self-denial for those individuals.

I never told anyone that I stuttered. I didn't want to admit to anyone that I was different because I stuttered. Yet this is precisely what I needed to do in order to begin to come to grips with my stuttering. I had to make decisions. Owning my stuttering script was the first step toward changing.

I never thought of any options to my life. I allowed my stuttering script to control me for such a long time that I thought there were no options in my life. Speech therapy the third time around was a rewarding experience. I unlocked myself. I searched my soul to discover who I was and then recreated myself. My greatest fear was to feel "rejected." Then I realized I wasn't sharing myself with others in order to avoid any possibility of feeling rejected. What I appeared to be wasn't me but a person who adapted to the stuttering script.

In addition to admitting to having a problem, I became cognizant of the symbiotic relationship of being a person who stutters versus a stutterer. I evaluated the "injunctions." I "stroked" myself each time I recognized and dissolved the "game."

I allowed myself the option to change my script as a stutterer to become a person who may stutter. The symbiotic relationship became a "position" where I was OK and my stuttering was Not OK. I began to do what I wanted to do. I participated in interactions. I said words I feared. In the past I had allowed my "alley dialogue" to predict that I would be rejected if I was myself. My "alley dialogue" reminded me of how my script allowed me to fear being myself. The message was, "Stop! Think about what you are saying, Michael." "Slow down I can't understand you" or "You are not making sense."

In speech therapy I finally confronted my script. I talked about how other children

mimicked me; how I was afraid to say hamburger and ordered cheeseburgers for sixteen years of my life; developed ulcers in the third and seventh grades; entered speech therapy in grammar school; was placed in a low reading group. A thought that ran through my mind was, "I once knew a stutterer who died in the gutter because he couldn't utter." I felt depressed, I didn't like myself. The list of racket feelings is long and negative. I was twenty one years old.

For one and a half years I concentrated on dealing with stuttering and myself. I confronted myself as a stutterer; I battled with who I was; I practiced with a tape recorder. I talked about myself. I discovered who I am and what I wanted to do. I was in the University of California at Santa Barbara at that time. In order to actively learn about myself, I participated in classes that involved speaking and counseling. My pastime was to talk about myself as a person who stuttered. I ritualistically took the option to be myself and take control of my script. I lost my fear of interacting with others!

My speech therapist identified my body language for me when I stuttered: eyes blinkin, head jerking, muscle tension, neck fastened tightly to my shoulders, repeating words and sounds and mouth held open . . . waiting. This was me, I accepted that and realized I wanted to "give up" stuttering. I continued to practice with the tape recorder to learn more about myself. I talked about my thoughts and feelings with and without stuttering, and then listened to me.

With the speech therapist I became aware of when and how I stuttered. I became conscious of myself. I knew when I was playing a "game" with myself and another person. With my tape recorder I could say "Oh, taperecorder these words used to make me run away. Today tell me when I stutter and how. You allow me to hear myself stutter. Yes, good friend I am happy that we are working together."

The following is a process that I went through to realize that I am OK and so is the other person. I want to note that the model is cyclical, that one can be in depression and still be in a grieving stage:

*Recognition:* My mother used to say to me, "Stop! Think before you speak." Whenever I engaged in a conversation with my parents they said, "Slow down. You talk too fast." "A child's first sense of conscience develops very slowly from interaction with the environment, particularly with parent figures." (James and Jongeward, 1977).

*Denial:* "I am no different than anyone else." This was my Natural Child talking to me.

*Experiencing Pain:* My classmates made fun of me; mimicked my speech; laughed at me when I spoke and teased me. A yellow speech card was placed in front of my elementary school classes telling everyone that on Wednesday I was to attend speech class. I was labelled as being different, by the yellow speech card. I began "collecting stamps." I was fearful to interact because I felt if I did I would stutter and people would make fun of me. Everytime when someone laughed, I thought they were laughing at me. Each time I spoke and saw someone give a negative non-verbal cue, I became afraid to speak. I became suspicious and fearful of how others would react to me.

*Internalization:* Through "collecting stamps" I allowed stuttering to be my script. I didn't want to say anything. I was afraid of any social contacts, interactions

and class activities. I feared everytime I opened my mouth I would stutter. My little professor introduced new methods of interaction. I allowed my stuttering script to be my identity. I continued to perpetrate the script by avoiding myself. I discounted myself and learned "safer" methods of interacting: short answers, head nodding, smiling, and a lot of one word interactions.

*Anxiety/Guilt:* "Why do I stutter? Why can't I be like everyone else? Nobody talks like this." I heard my judgmental parent. I wasn't meeting society's standards. My Parent was telling me to perform in expected normal patterns: "The Parent ego state tends to be filled with opinions about religion, politics, traditions, sexual roles, expectations, life style, child rearing, proper dress, proper speech and the facets of cultural and family scripts." (James and Jongeward, 1977).

*Depression:* "I am not fulfilling my expected role. I wish I were dead. I can't do anything." I became a contaminated Adult by both Parent and Child states. "If only I could just move through life and not open my mouth." I didn't want to speak my thoughts or feelings. I began dropping in and out of college. I didn't know what I wanted. I hid myself from people. I hated living and nothing seemed to be going well for me. I wanted to commit suicide. I was uncertain about what/who I was.

*Coming Out/Grieving:* I began working with a school psychologist. For the first three hour sessions my little professor chatted with the therapist. During the fourth session I said, "I stutter." "Where can I go for help?" According to Berne, "In the long run the patient must undertake the task of living in a world in which there is no Santa Claus. He is then faced with the existential problem of necessity; freedom of choice; and absurdity; all of which were previously evaded in some measure of living with the illusion of his script." (James and Jongeward, 1977). For the next three hours my Natural Child talked about my past; ie., my mom telling me to "shush," blocking for a full minute on the word "appliction" when I went for a job; and two little girls mimicking me. My Adult made a contract to go into speech therapy.

*Continuing Grieving/Therapist:* I had worked with three speech pathologists by the time I was twenty-one years old. I had never made a contract with myself to learn who I was. My contract with the speech therapist was for me to disclose who I was and for the speech therapist to report when and how I stuttered. My Nurturing Parent allowed me to discover myself. I talked about me. The speech therapist told me when and how I stuttered. I talked about how I allowed my stuttering script to control me. I talked of those experiences that binded me to be a stutterer. For a year and a half I confronted myself; allowed me to be me; and witnessed the process of my stuttering behavior changing as I grieved.

*Death:* I allowed myself to "give up" my script. After becoming clinically fluent, I was told that there exists a 90% regression rate to stutter six months following therapy. My incomplete Parent felt helpless without my stuttering script. Three years have passed and my script remains dead. My incomplete Parent feared losing a part of me. I reaffirmed the contract to be myself. I am no longer shackled to the pattern of my script. My Adult welcomes interaction and social occasions and personal disclosures. I talk about who I am. My little professor became less active. My "alley dialogue" ceased. My script was grieved on all levels.

*Separation:* "If I stutter - so what!" It doesn't matter if I stutter or not. My Adult was telling my Natural Child. "I am OK." I allowed myself to separate my symbiotic relationship. My Adult told my Natural Child that stuttering occurs when I am not fulfilling my contract to be myself. I am now a person who may stutter.

*Realization:* "I feel good about myself." I no longer feel the need to tell my Natural Child it is OK to be myself. My contract renews itself. I am OK and I accept others as OK. I am growing as are others. If I stutter I make a contract to be myself in that situation. I may stutter. My script no longer controls me.

My stuttering is treatable. It is only a problem if I allow it to be one. I wanted to

change and made a contract to be myself. I am continuing to make new contracts with myself. I don't want any of my years back. I don't feel cheated. I enjoy life now.

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## Advice From Eric Berne

A good policy is not to use any label in clinical work. A surgeon need not tell the patient he needs "an operation" (which is only a label); he can simply tell him what he proposes to do: "You'll have to have your appendix out," or "You should have it removed." A group therapist can similarly use verbs instead of nouns: "I think you should go into a group," instead of "I think you should have group therapy (or group treatment)."

*—Principles of Group Treatment, p. 86*

# Being Honest

*Larry Burton*

**Summary**

The purpose of this paper is to demonstrate how a word, honesty, can be symbolized and used in a manner that does not reflect honesty in action. Dishonesty is perceived as tricky and muddled as opposed to straightness of speech and action which comes across clear and concise. Honesty and openness are very important and healthy ingredients in any relationship, yet "honesty" can be carried to the point of justifying harmful behavior. Honesty is a dynamic, growing, alive process, not static—as in an attitude of honesty at all costs or honesty without responsibility.

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Unhealthy consequences may result when parents demand that honesty become one of the most important motivations of life for the child. This individual may become limited in his/her ability to effectively solve problems. How many times have such statements as "I will not punish you if you will only tell the truth," "Honesty is the best policy," "Tell the truth and everything will work out ok," "Let's be honest with each other," and "I was just being honest to myself," been used? Such cultural statements tend to stroke the idea that "being honest" is all that is necessary to solve most problems—just spit it out and everything else will fall into place.

Honesty is an important ingredient in problem solving; listening, seeing, feeling, owning responsibility, and then taking appropriate actions are also necessary. When honesty is given more weight in the personality an imbalance will occur. This imbalance is that "being honest" is considered to be a cure-all and other options, or even the recognition of other options, may be discounted. "Being honest" can be used in a variety of ways. The author sees three types of actions that may result from wanting to show the world, (mommy and daddy), just how devoted to "honesty" he/she really is.

First, a person will look for situations which have a hint of dishonesty, and believe that exposure is necessary. What happens is that the dishonesty is revealed but the problem is not solved. The person assumes the position of I'm OK-You're Not OK. Uproar and Blemish may well occur, and strong drama strokes are exchanged.

Several examples are: A couple dines and discusses an upcoming vacation. The wife tells the husband she doesn't want to cook on the vacation and that she needs some rest. The husband explodes and confronts her with being dishonest all along about wanting to go on this trip. He tells her she should know how much he hates being lied to and that he is not sure that he can trust her again.

Another example on a larger scale are radical groups who at times have been into the business of exposing societal lies and institutional dishonesty and then using this as an excuse to escalate acting out rather than problem solving.

The second type of behavior involves a person who makes "unaware" mistakes and then finds the mistakes and stands up and lets everyone know just how honest he/she really is. This person could get many strokes for "being honest," yet the problem remains that he/she would be committed to "unaware" mistake for part of his/her stroke economy. This can become a pasttime for some people in a group setting. An example of this is "Look what I have revealed—see how honest I am." Another example is: for the fifth consecutive week in group, Amy has come in telling

everyone how she has caught herself overeating and waits to be stroked for what she has reported.

People into this second type of behavior will sometimes get kicks for their "honesty." They will let someone know when a mistake has been made and wait for the negative stroke. The person will then act confused by the kick, feeling angry, sad, or scared and make some reply about not understanding the kick because he/she had just been so "honest." An example of this is when a spouse tells the other spouse, with no preparation, that he/she has had an affair. The person would then become confused when he/she was kicked and reply, "I was just being honest, I could have kept it to myself and never told you."

A third type of action a person may take in "being honest" is to use his/her personal values as an excuse for dropping out of a system. This person would say the system was at fault. Therefore it was not his/her responsibility that he/she had to leave. An example of this position is a person who lacks only six hours completing a college degree. The person is talented but dislikes the educational system and sees it as repressive and irrelevant. He/she quits school and blames the institution and the system for his/her failure to complete the degree requirements. Very good jobs are available to the person if he/she would only finish the degree, but the person declares that "Honesty to oneself is more important than money, security, and happiness." This person remains angry and struggles, unwilling to get on with it.

An indicator of the position just described in that resentment builds and is carried on for long periods of time. This is quite different from someone who was following their own belief system and has decided on an issue in the Adult, using the Parent to protect the Child. A person doing this recognizes the consequences of the action, and after accepting them and dealing with the feelings, moves into an I'm OK—You're OK position.

A person into "being honest" is not likely to be using his/her Adult. This lack of Adult is a prime indicator that honesty is being used as a ploy. "Being honest" indicates discounts on several levels. The person is discounting himself/herself by believing that he/she must be honest no matter how he/she or others are affected. The problem will also be discounted when honesty becomes the important issue and solving the problem takes secondary importance. The person will not process data in the Adult. Energy is not put into reaching an appropriate solution, but rather into getting a pay-off.

Honesty is a very fundamental component to living a full, healthy, productive, and joyous life and as has happened to other concepts, there is misuse and abuse. Cultural scripting has enveloped this word with sacredness. This allows people to turn off their awareness as to how they can con themselves and others with "honesty." Confronting these cons can assist people to move into more straightness of speech and actons which will lead to a clearer and more joyous life.

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# Discounting The Disabled

*Elaine Belanger*
*Jerri Laube*

**Summary**

Common discounts of disabled persons are explored. Historically, the disabled person has been seen as: (1) the sub-human organism; (2) an object of pity; (3) the holy innocent; and (4) an object of ridicule. The authors suggest a reactive cycle which perpetuates the discounting process and relegates the disabled person to a Not OK position.

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**Introduction**

Beyond all the direct and obvious consequences of a disability (disfigurement, reduced functioning, increased dependency, pain), one of the most limiting aspects results from attitudinal barriers. As noted by Rusalem and Maliken, (1966), quite commonly, rejection and avoidance behaviors restrict the disabled person in his opportunities to become self-actualized. These imposed restrictions compound the disabled person's feelings of despair, helplessness, and social isolation.

In transactional analysis terms, a healthy individual is one who is able to energize (cathect) the ego state of his choice, based on an appraisal of the situation, and respond appropriately. In an unhealthy person, one ego state may override the natural selection and responses of the others, producing inappropriate reactions in interpersonal relationships. As noted by Steiner (1974), this "over-riding" action frequently occurs when the response to a stimulus is not addressed to the ego state that was the source of the stimulus, and is emitted instead from another ego state to which the source addressed itself.

In this paper, three discounting modes of reacting to disabled persons will be examined: (1) the viewpoint of the misinformed Adults. (2) the viewpoint of the Child contaminated Adult. (3) the Critical Parent. The implications of such transactions upon the self-esteem and freedom of the disabled person, and upon society at large will be considered.

Disability is a term having two levels of meaning: (1) the actual physical condition creating stress, changes, and limitations in a person's ability to participate fully in life, and (2) the social meaning, or reaction to the disabled person which defines and perceives him as deviant (significantly different from others in some important aspect) or not OK.

Both levels have negative connotations and are value judgments associated with the concept of stigma. When viewed as deviant, the disabled person is subject to strong expectancies. In addition, these promote behaviors that are powerful self-fulfilling prophecies: those persons perceived as deviant will behave as deviant, as observed by Wolfensberger (1972).

Historically, and unfortunately at present, there are several prejudicial attitudes manifested toward disabled persons. Briefly, these include:

(1) The Sub-Human Organism. Based on the denial of full human status, disabled persons may be treated as animal-like creatures, especially when the disabling conditions include loss of limb, disfigurement, or retardation. Dehumanization equals devaluation. Frequently, this attitude is not consciously known to the perceiver; a strong repression is at work to maintain ego-strength and high self-regard.

(2) An Object of Pity. Based on the notion that disability is the result of some misfortune outside the person's realm of responsibility, disabled individuals are thus accorded "special" treatment. While heavily steeped in reactions of compassion and tolerant charity, there is usually incorporated a great lack of respect for the person. The person is expected to react gratefully for special treatment accorded him, even though this may effectively set him apart from the general population (thus effectively stigmatizing him).

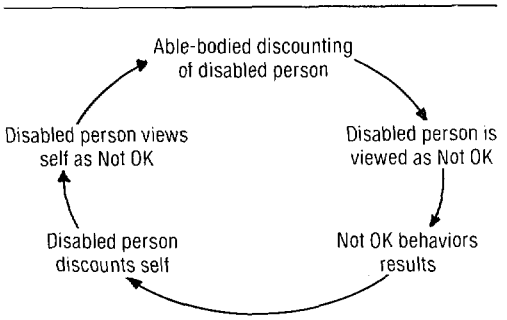
(3) The Holy Innocent. Based on a religious role, the disabled person is seen as saintly, holy, endowed with saint-like powers, and incapable of evil. This view can be regarded as the opposite of attitude number one discussed above, the sub-human organism, but produces the same effect, i.e., a stigmatizing existence, separation from the main of a select group of individuals due to differences.

(4) An Object of Ridicule. A disabled person, in this view, is assigned the role of a "light" entertainer, someone who is so unimportant, as to be considered ridiculous, or at best, one who deserves not to be taken seriously. Often the person's physical characteristics are joked about, and he is assigned the role of the "village idiot."

In noting these attitudes toward disabled persons, several common factors emerge. These are as follows:

> (1) disability, when regarded as stigmatizing, precludes healthy interaction with others; (2) disability is severly socially limiting in terms of preventing personal growth by confining the person in restricted roles, and (3) discounting behaviors toward disability can be viewed as psychologically protective devices on the part of the able-bodied.

In addition to the discounting from others, the disabled person's discounting toward himself is significant in assumption of the Not OK position. Personal responses may stimulate reactions in others as well as be affected by others, thus setting up reaction cycle which is perpetuated in this fashion:




As described by Schiff (1970), discounting occurs in four levels of severity: existence, significance, change possibilities, and personal abilities. Three types of discounts occur within these levels; namely, stimuli, problems, and/or options. Thus, the disabled person may be discounted as simply not existing; as, for example, when no curb cuts are made in a school parking lot, although several handicapped students use it. Or, the disabled person is discounted as not being very significant, as, for example, when public meetings are held in inaccessible gathering spots. Also, the disabled may be discounted as existing in an unimprovable situation: an individual notes that "Mary does have a regrettable physical disability, but nothing can really help her." Or, the disabled person may be discounted by the able-bodied individual who has the attitude that he is lacking in the personal ability necessary to help or change the situation that exists for the disabled.

In reacting to disabled persons, three ways of discounting may occur. These are as follows:

#### DISCOUNTING FROM THE CONTAMINATED ADULT

The able-bodied person views himself as unable to process the reality data open to him. He is afraid of the disabled person ('there but for the grace of God, go I?') and responds by retreating to his Child ego state. He efficiently rejects what is fear-producing. He regards the disabled person as a sub-human organism, incapable of feelings and competencies, devoid of human qualities. Thus, he is able to explain and

justify feelings of revulsion, as well as effectively block any efforts at resolving his own unsettled fears through prolonged irrational, willful prejudice. The able-bodied believes he is inadequate to effect a mature attitude and adjustment toward disability and varieties of dysfunction. He uses child-like logic in enforcing his irrational beliefs, such as segregating all mentally retarded by such views as: "They're happier with others of their own kind."

This manner of discounting is destructive to disabled persons because it imposes severe restrictions on them to move freely within culture and it denies them full human status.

**DISCOUNTING FROM THE NOT OK PARENT**

Here, the able-bodied person views the disabled as an object of pity, incapable of intellectual reasoning, constantly in need of supervision and guidance, even when unsolicited. They regard the disabled as "suffering" from an "illness," or as sick children in need of constant care for which they will be eternally grateful. Often Not OK Parents are found among the ranks of charitable benevolents, giving compassion as if it were a duty. Frequently, their brand of charity is a sour one; any efforts on the part of the disabled recipient toward independence is resented as inappropriate behavior. They may, also, perceive all disableds as being alike; thus, they shout at a blind person, for instance, presuming one disabling condition overlaps another.

The dominant Not OK Parent, by demonstrating over-concern and solicitation toward the welfare of disabled persons gains social rewards and reinforcements. His actions are regularly interpreted as compassionate and benevolent—all qualities that are socially recognized and valued. However, the Not OK Parent prevents his Adult from emerging, and thus, from realistically assessing the abilities and worth of each disabled person. He does not authentically encounter the *person,* but rather, sees only the disability.

**DISCOUNTING FROM THE MISINFORMED ADULT**

In this mode, the able-bodied person processes existing data and acknowledges that disabling conditions produce problems for the person and society, including himself. In addition, he recognizes that these problems are significant ones, but because the data is inadequate, concludes that they are insoluble. His response that follows then is to relegate the disabled person to the Not OK position and to treat he or she as an object of dread, pity and menace. Discounting from the misinformed Adult, he will cling to old treatment methods as best, will support outdated facilities as adequate, and will regard mainstreaming as unworkable and too costly.

This mode of discounting is especially harmful because it limits the options of disabled persons, and perpetuates the continuance of old blunders and bad policies since "these people can't be helped really or improved much." Deviant persons are cast to the fringes of society to save such misinformed Adults from unnecessary unpleasantness.

In conclusion, able-bodied persons often employ discounting in their interactions with disabled persons. Such communications are immensely unsatisfying and dehumanizing for the disabled person. The position of "I'm OK—You're OK" for the handicapped is effectively curtailed, or at best, diminished. Discounting the disabled evolves from long-established, ingrained attitudes, especially the view that disability equals deviancy and Not OKness and thus needs to be eliminated.

When attempting an Adult-to-Adult transaction, the disabled person may have to willfully resist the tendency or desire, to play out the deviancy role often expected, as noted by Berne, (1972). His self-view, imposed on him by others, may force the conclusion that he is, indeed, unworthy, unhuman, and Not OK.

It is our belief that the disabled person is an OK person who happens to have a particular handicap. It is hoped that this article has raised the level of consciousness in respect to the discounting behaviors toward the disabled.

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# III. Rackets and Other Treatment Issues

## The Racket System:*
### A Model For Racket Analysis

*Richard G. Erskine*
*Marilyn J. Zalcman*

**Summary**

To resolve some discrepancies in rackets theory and its place within TA theory and treatment, this article proposes the addition of Racket Analysis and explains how the Racket System is a model for identifying and dealing with racket-related phenomena. The Racket System is self-reinforcing and distorted, based on script, and consists of Script Beliefs and Feelings, Rackety Displays, and Reinforcing Memories.

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When Eric Berne (1964) introduced the terms *racket* and *trading stamps,* he noted that his article was "only a bare outline, an introduction to what is...at the clinical level a highly elaborated subject." Berne (1966, pp. 308-309; 1970, pp. 157-158; 1971, pp. 137-147) later gave expanded descriptions of how people use rackets and trading stamps in games and script. He did not, however, fit the concepts of rackets and trading stamps into the general theoretical framework.

Other TA authors have delineated the psychological development of rackets and their operation in social transactions. Currently, the literature on rackets and trading stamps presents the reader with contradictions which reflect the widely varying conceptualizations of several authors. The systematic theoretical development of rackets still remains far behind clinical usage.

The inconsistencies are immediately evident when one compares the definitions of a *racket:* (a) feelings used to manipulate or exploit others (Berne, 1964; Steiner, 1971, p. 16; Goulding, 1972, p. 116); (b) feelings experienced as payoffs in games and the reason for playing games (Berne, 1964; Steiner, 1971, p. 16); (c) feelings substituted for suppressed or prohibited feelings (English, 1971); (d) feelings which are outside the context of here and now (Goulding, 1972, p. 116); (e) transactional events or behavioral sequences, e.g. "racketeering" (Ernst, 1973; English, 1976); (f) the basic existential position (Steiner, 1971, p. 13); and (g) an underlying exploitative design for experiencing unpleasant feelings (Holloway, 1973, VI). Thus, in TA theory, rackets are like the diverse descriptions of an elephant given by four blind men positioned at the elephant's trunk, leg, side, and tail. Each one experiences only a part of the elephant and does not conceptualize the whole elephant. While TA authors identify the phenomena they are describing as rackets, they seem to be describing different or related aspects of the same phenomena and arrive at very different conclusions about exactly what is a racket.

In our experience, the different approaches to rackets are all valid and quite applicable to clinical situations; however, several phenomena observed are not adequately explained by existing theories: (1) Individuals frequently use a variety of feelings to engage in rackety manipulation rather than a single "favorite feeling." (2) For some individuals there appears to be a hierarchy of substitute feelings rather

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than a direct substitution of one feeling for another. For example, in the process of dealing with scared feelings a client may switch to angry feelings, only to discover that it was sad feelings which were most strongly suppressed in childhood. (3) Whereas rackets have been primarily limited to feelings, "thinking rackets" are sometimes observed. For example, guilt, inadequacy and confusion rackets would be more accurately described as "thinking rackets" accompanied by feelings and physical responses. (4) Equating rackets and trading stamps as the same "favorite feeling" does not always apply. This is especially true for clients experiencing depression. In many instances depressed clients use sad feelings as a manipulative racket and save angry feelings as their trading stamps to justify suicide or a trip to the hospital.

An additional problem is that rackets have not been sufficiently integrated with other concepts in TA theory. In addition to its definition as a separate construct, rackets have been classified as types of transactions (Steiner, 1971, p. 16; Ernst, 1973; English, 1976) and as internal games (Berne, 1970, p. 163; Goulding, 1976). And while rackets have been related to games, especially game payoffs (Berne, 1964; Steiner, 1971, p. 16), rackets and games have not been clearly differentiated (Karpman and D'Angelo, 1976; English, Erskine, M. Goulding, Karpman, Mellor, Zalcman, 1976).

Furthermore, the interrelationships which exist between rackets and scripts lack specific theoretical clarity. While identified as an element in the early decision (Holloway, 1973, IV) and related operationally to scripting, rackets and their specific relationships to scripting and elements of the script have not been explained.

In this article we propose two advances in TA theory:

1. The addition of Racket Analysis to the four major divisions of TA theory and phases of treatment; and

2. The use of the Racket System as a model for identifying, explaining, and dealing with the phenomena related to rackets and trading stamps.

## Racket Analysis

Structural analysis, transactional analysis proper, game analysis and script analysis were developed to constitute a complete system of theory sufficient for describing all human behavior and dynamics relevant to social psychiatry (Berne, 1961, p. 11).

Limiting consideration to ego states, transactions, games and script* omits the intrapsychic or intrapersonal processes involved in human behavior. In our opinions, these four areas alone do not meet the requirements for a complete system of TA theory and therapy. To effect change at a script level is highly unlikely without focusing on the intrapsychic processes in TA treatment; furthermore, much of the therapeutic work of TA clinicians does not fit into any of the established four categories, particularly when the therapeutic emphasis is on decontamination and deconfusion.

As a major division of TA theory racket analysis will precede script analysis and will include analysis of:

1. the intrapsychic (intrapersonal) processes of thinking, feeling and physical responses which occur as intervening variables in social transactions and through which individuals structure their perceptions and interpretations of experience; and

2. the behavioral phenomena which are directly related to these intrapsychic processes and which may occur as separate events or as a part of transactional sequences.

This definition of Racket Analysis includes both the intrapsychic processes and associated behaviors related to script and provides theoretical grounding for research

*In his Terminological Grid, Berne (1971, pp. 409-413) limited transactional terms to ego states, transactions, games and script.

and clinical practice.* As an area of TA theory Racket Analysis would include phenomena which: (a) may be explained in terms of ego states;** (b) may occur in the absence of social transactions (and, therefore, not a method of structuring time); (c) are not transactions, games or scripts but may influence or be operating as a part of these phenomena; and (d) can be related to structural analysis, transactional analysis proper, game analysis and script analysis. As a phase of TA treatment Racket Analysis would include the identification of these phenomena and the therapeutic operations designed to effect changes in them.

## The Racket System

### THEORETICAL CONSTRUCTS AND DEFINITIONS

The *Racket System* is defined as a *self-reinforcing, distorted system of feelings, thoughts and actions maintained by script-bound individuals.* The Racket System has three interrelated and interdependent components: the *Script Beliefs and Feelings,* the *Rackety Displays* and the *Reinforcing Memories.*

The Script Beliefs and Feelings are all the Parent and Child contaminations of the Adult based upon and supporting script decisions.*** They begin developing when a child is under pressure either from parental programming (injunctions, counterinjunctions, attributions) or environmental trauma and his/her expression of feelings does not result in needs being met. The child's suppression of feelings and concomitant failure to satisfy needs produce an incomplete emotional experience. If closure (a completed or dynamic Gestalt) does not occur the contained energy goes into either a physiological or cognitive attempt at closure (a secondary or fixed Gestalt). Through the process of cognitive mediation, the child attempts to make sense of the experiences and produces fixed Gestalten—survival conclusions or script decisions, which remain as the Core Script Beliefs**** or the basic decisions about self, others, and the quality of life (personal destiny). These Core Script Beliefs are usually expressed in concrete terms consistent with the thinking levels of which young children are capable (Piaget, 1952). Once adopted, the Core Script Beliefs influence what experiences are attended to, how they are interpreted and whether or not they are regarded as significant by the individual. The child then begins to add *Supporting Script Beliefs* which reaffirm and elaborate upon the Core Script Beliefs.

Years later when the person experiences feelings similar to those felt at the time of script decision, the Script Beliefs may be stimulated. Or, when the person is actively believing a Script Belief, the old feelings may be stimulated. As long as the Script Beliefs and Feelings remain contaminations of the Adult, they are not available for updating with new information and experiences. For example, if the script decision included the belief, "I'm unlovable," and the feeling present at the time was sadness, there will be a continual recycling of the Script Belief ("I'm unlovable") and Feeling (sadness) on the intrapsychic level, which reinforces and maintains the script. And, when this intrapsychic process occurs, the person is likely to engage in *Rackety Displays.*

*That is, results of studies, such as the left-brain, right-brain research (Sample, 1975) describing how neurological development and processes influence perception and interpretation of experience, would be as appropriate for consideration in Racket Analysis as clinical studies describing how individuals distort experiences to maintain, elaborate upon and advance the script.

**This meets requirements Berne sets forth as necessary for TA theory.

***The term Script Beliefs is used to describe contamination of the Adult which results from script and, therefore, is not the same as frame of reference (Schiff, *et. al.,* 1975, p. 49) which includes all the ideas about self, others and the world.

****For the sake of clarity we are describing the early script decision or survival conclusion and the adoption of Core Script Beliefs as though they occur at a particular time in a child's life. It is important to keep in mind that these may occur over a period of time and may be the result of fantasy as well as of an actual occurrence. Script Beliefs are synonomous with script decisions or survival conclusions except that the latter two refer to what the child may have decided in 1945 and Script Beliefs refer to how the person is maintaining those decisions or conclusions as beliefs and associated feelings in 1978.

The Rackety Displays consist of all the overt and internal behaviors which are manifestations of the Script Beliefs/Feelings. Included are the *observable behaviors* such as words, sentence patterns, tones of voice, displays of emotion, gestures and body movements a person makes which are a direct result of the intrapsychic process. A person may either act the way defined by the Script Beliefs, i.e., saying "I don't know" when believing "I'm stupid" or attempt to defend against the Script Beliefs, i.e., being very quiet and nice when believing "I'm bad." During childhood a whole range of behaviors is tested (English, 1971, 1972; Holloway, 1973, IV) to elicit strokes while maintaining compatibility with the Script Beliefs. The child experiments to find which behaviors will elicit responses in others that will confirm what (s)he is believing. Parents and other significant figures also influence the child's choice of behaviors through instructions ("Boys don't cry"); prohibitions (Don't you ever do that again"); stroking (You're so cute when you pout"); attributions ("He's the toughest kid in the neighborhood"); and modeling (Dad's temper tantrum always get's everyone's attention). The child's interpretations of the outcomes of his/her own or others' behaviors result from symbolic and egocentric thinking (Piaget, 1952) in which magical powers may be attached to certain behaviors with the expectation that engaging in them will either ward off or fulfill the Script Belief. Eventually, the child settles on a specific group of behaviors including displays of emotion and uses them repeatedly and especially in situations which may challenge the Script Beliefs. These behaviors may be labeled Rackety Displays since they are repetitive and stylized and are a manifestation of the Script Beliefs/Feelings. In adolescence and in adulthood individuals may continue to use the Rackety Displays learned in early childhood. They may, also, decrease or increase their repertoire of behavior after contact with the world outside the family.

An individual may have a body reaction to the intrapsychic process in addition to or in place of the overt behaviors. These *reported internal experiences* are the behaviors which are not readily observable but on which the person can give a self-report, such as fluttering in the stomach, changes in perceived body temperature, increased muscular tension, headaches, colitis and all the somatic responses to the Script Beliefs/Feelings. These internal behaviors are a manifestation of the Script Beliefs/Feelings and also maintain the script.

Rackety Displays also include *fantasies* in which the individual imagines behavior, both his/her own or someone else's, which lend support to the Script Beliefs. During the time of script decision a child may symbolize behavior (Piaget, 1951) to either confirm or deny his/her experience. In the absence of one's own overt or somatic behavior, or when no other person is present, an individual may fantasize or hallucinate behaviors of himself or others which are syntonic with Script Beliefs. These fantasied behaviors function as effectively in reinforcing Script Beliefs/Feelings and, in some instances, even more effectively than the overt behaviors.

Each of the various ways of engaging in Rackety Displays can result in the collection of *Reinforcing Memories.* Reinforcing Memories are the recall of selected events during the person's lifetime. They are a collection of emotional memories of transactions, either real or imagined; recall of internal bodily experiences; or the retained remnants of fantasy, dreams or hallucinations. Each memory has an emotional or feeling component associated with the experience. In some instances people may forget the factual aspects of an event but will retain the emotional components of the memory. Berne (1964) terms this feeling component, "trading stamps."

Reinforcing Memories serve as feedback to the Script Beliefs. Each Reinforcing Memory has the capacity either to reinforce or to negate the Script Beliefs. Since Script Beliefs function as a contamination of the Adult only those memories which support the Script Belief are readily accepted and are used as reinforcement of the beliefs. Those memories which negate the Script Beliefs are often rejected or forgotten since

they would challenge the prejudice and serve to decontaminate the Adult. They may also be distorted through fantasy to create script-syntonic memories which serve to support the Script Beliefs. For example, a person may have a Script Belief, "No one likes me" and when the therapist says to the person, "I like you," (s)he may attempt to maintain the belief and associated feeling of sadness by saying, "You didn't really mean it because you didn't say it with much feeling."*

When memories which are syntonic with Script Beliefs are recalled, they serve to reinforce and strengthen the Script Beliefs which then stimulate the feelings present at the time of script decision. Those feelings in turn stimulate the Script Belief and the intrapsychic process serves to reinforce continually the contamination. When a memory is dystonic with a specific Script Belief the person may, instead of distorting the memory, simply negate it by switching to another Script Belief. In the example above the person distorted the memory of "I like you" by saying that the therapist's statement lacked feeling; the person could also switch to another Script Belief, "People cannot be trusted." In switching, the memory which challenges the Script Belief is negated and the person continues to be sad, thinking remains contaminated and is in script.

### CASE EXAMPLE OF A RACKET SYSTEM

The following example of the Racket System illustrates how the client maintained script through Script Beliefs/Feelings, Rackety Displays and Reinforcing Memories.

Beginning with the birth of her first sibling Louise made a decision, based on the care her sick sibling received and her being "pushed off," that she was not important. At this time her mother was under great emotional pressure and was psychologically unavailable while father was frequently away. The early decision, "I'm not important" was reinforced with each successive sibling and in every traumatic home situation where, being oldest, Louise's needs were ignored. Louise reported in therapy that she often experienced her parents' non-verbal attitude as an injunction, "Don't be important." At an early age the client discovered that one solution to the problem of not being important was to take care of others—siblings and parents—which would make it possible for some of her needs to be met.

In adult life this decision was observable in her choice of a helping profession. Her general demeanor was quiet and with-

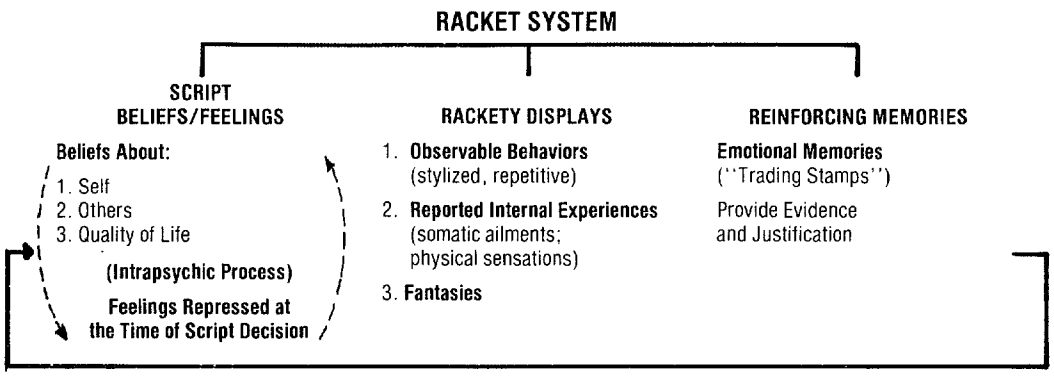


Figure 1
The Racket System

*Grossly misinterpreted or fantasized experiences are sometimes called "counterfeit strokes" and are seen as distortions of the intended stroke (James and Jongeward, 1971; Bruce and Erskine, 1974).

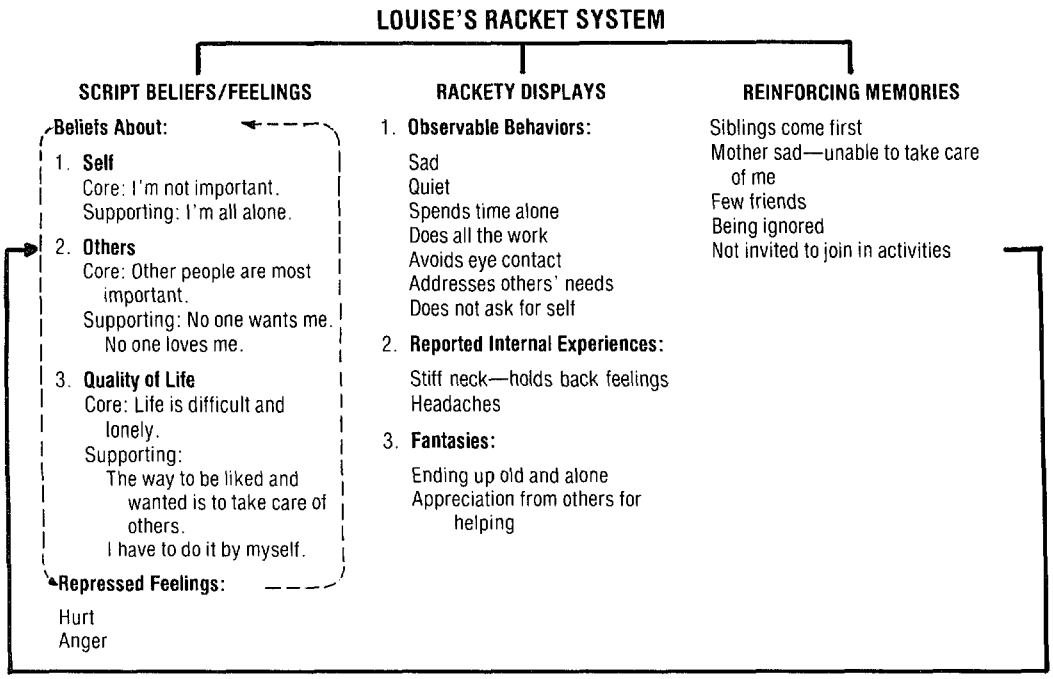


Figure 2
Louise's Racket System

drawn, deferring to others. The social response from others was that she was ignored and often did not get what she wanted, thereby reinforcing her belief that she was not important, was unwanted and that others were more important. Her affective behavior was one of sadness, leading to periods of depression and/or severe headaches.

Her fantasy life often centered around the counterscript decision that if she were good enough to someone else they would love her and take care of her. To support this decision she also occasionally fantasized ending up alone, poor, and unloved.

The course of treatment involved (1) re-experiencing a series of old traumas where the original and reinforcing decisions were made and making new decisions about self, others, and the quality of life; (2) expressing the underlying anger at not being taken care of; (3) beginning to identify and ask for needs to be met; (4) behaving in a more sociable manner to experience positive responses from people; (5) changing fantasies from being alone to being loved for being joyful, spontaneous and intimate; and (6) massage work on neck muscles where inhibition of self was reflected.

## CLINICAL THERAPEUTIC INTERVENTIONS USING THE RACKET SYSTEM

Another common example is the person who has a belief about self, "I'm helpless" and about others, "No one can understand me." Behaviorally the person will often act helpless or confused, say "I don't know," sigh and shrug his/her shoulders. This presents a double bind for the therapist. If the therapist helps, the memory of the helping therapist will be used as evidence to prove "I'm helpless;" if the therapist suggests that the person is not helpless and can do it him/herself then the belief that "No one understands me" is reinforced. We have found it quite effective to draw the Racket System (See Fig. 3) for the client pointing out that we do understand—in

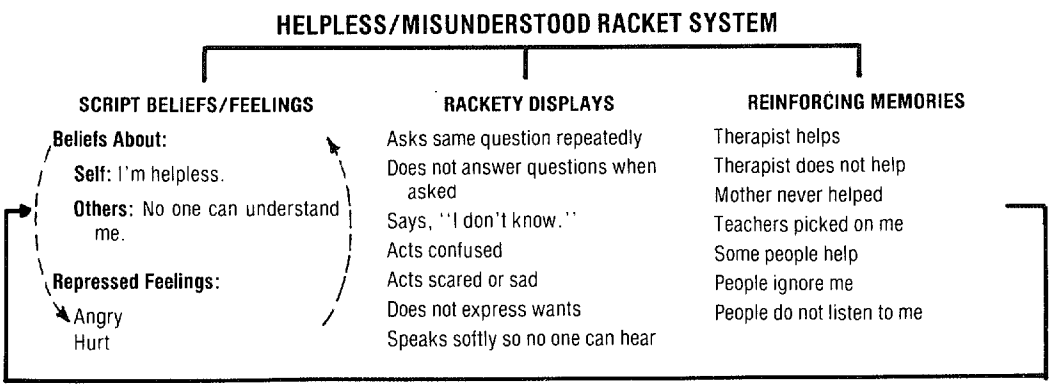


Figure 3
Helpless/Misunderstood Racket System

fact we understand that *they* believe that no one understands them and that they are helpless. Once the Racket System is drawn out the person may act helpless and seem not to know what is on the board. At that point we record the request for help under the Observable Behavior and tell the client that we are risking reinforcing "I'm helpless" but will do so this time to explain. Each subsequent request for help is listed in writing along with switches to supporting beliefs. The process often elicits a strong emotional reaction which can be used to disconnect the rubberband (Erskine, 1974) to the Script Feeling.

Any therapeutic intervention which interrupts the flow in the Racket System will be an effective step in the person's changing their Racket System and therefore their script. Contracts which focus on changing the overt behavior in the Rackety Display will result in different social responses from other people and hence a change in the Reinforcing Memories. It is possible for someone to change his/her overt behaviors and still maintain the Racket System by imagining script-related behavior and collecting Reinforcing Memories as a result of fantasy. For some clients it is important, therefore, for the therapist to check if the script is being lived out in fantasy; this is most often apparent in dreams.

In Louise's case the stiff neck and headaches produced memory traces that reinforced the belief, "Life is difficult." In therapy the somatic level of the Rackety Display can be dealt with through techniques designed to change the body or physiological level of script. Such approaches may include deep muscle massage, biofeedback, bioenergetics, meditation and yoga, or physical exercise such as expressive dancing.

Reinforcing Memories will no longer have an effective role in maintaining the system when people live in the "here and now" and do not dwell on old memories or fantasied memories of events that are yet to come, that is, when they let go of all of their trading stamps. A specific therapeutic intervention may invovle the confrontation of discrepancies between what the client remembers and what actually occurred and the meaning of what occurred.

The Script Beliefs themselves can be challenged directly through various decontamination operations (Berne, 1966, pp. 233-247). Based on how the client describes him/herself we will often hypothesize what the Script Beliefs might be, write them on the board and then check if the hypothesized beliefs are operational for the person, particularly in stressful situations. A direct question, "Is this belief

really true in your life today?" frequently produces the insight that he/she is operating from old perceptions or misconceptions and has been living life based on Script Beliefs that originated in early childhood. For some clients the only thing needed at this point is an invitation to drop the Script Beliefs and to live with an awareness of all the possible options which are available.

Where trauma has played a significant part in forming the script, clients have made major changes in their Racket Systems when the therapeutic work has been focused on the unexpressed affect which was present and suppressed at the moment of script decision. The release of repressed emotion through cathecting to an early age, Gestalt work, or the expression of primal feelings often leads to a redecision and disconnecting the rubberband. The therapeutic focus may then become cognitive and/or behavioral as the person decides to change his/her Script Beliefs. The Racket System concepts may be taught to clients so they have a conceptual tool for understanding how they have maintained script, and contracts for new behavior may be negotiated to support their decision to change their beliefs about self, others and the quality of life.

However the therapist decides to intervene—at the level of Script Beliefs, the repressed Script Feelings, the various Rackety Displays, or the Reinforcing Memories—any change which stops the flow in the Racket System can stop the script. The more aspects of the Racket System upon which the therapist focuses, thereby dealing with the behavioral, cognitive and affective levels, the greater the probability that the client will maintain a script-free life.

## Conclusion

As a whole, the Racket System is maintained through selective awareness and perceptions which are based upon the requirements of the script and involve discounting as a mechanism. The Racket System operates only when a peson is living in script and may be viewed as a cross-section of the script. That is, the Racket System in operation is a demonstration of how the person is supporting and carrying out the script decisions in day-to-day life. The Script Beliefs provide a distorted framework for viewing self, others and quality of life. Since these are paired Parent and Child contaminations of the Adult, the views are not available for updating and any contradictory information will be ignored. Rackety Displays are stimulated by the Script Beliefs and are designed to confirm or get others to confirm the contaminations and to avoid or reexperience the Script Feelings. In order to engage in a Rackety Display individuals must discount other options and frequently will maintain that their behavior is the "natural" or "only" way they can respond. When used in social transactions Rackety Displays are likely to produce Reinforcing Memories, especially as game payoffs. Reinforcing Memories, in turn, are governed by and contribute to the reinforcement of the Script Beliefs and Rackety Displays, as well as the elaboration and advancement of the script. Thus, the Racket System is distorted and self-reinforcing through the operation of its three interrelated and interdependent subsystems: Script Beliefs/Feelings, Rackety Displays and Reinforcing Memories.

The Racket System has been proposed here as a theoretical and clinical model for Racket Analysis. It specifies those phenomena appropriately fitting in this area of TA theory and therapy and offers criteria for selecting therapeutic interventions. The diverse definitions and descriptions of rackets and trading stamps in TA literature have been integrated in the Racket System. Discrepancies noted between theory and clinical observations have been taken into account. The Racket System is also offered as a framework for further theoretical developments in Racket Analysis, for the integration of other psychotherapy concepts, and for research.

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# Hyperactivity As Passive Behavior

*Sally Ann Edwards*

**Summary**

Hyperactivity is presented as passive behavior indicative of a chronic unresolved problem. Whether the problem is physiological, neurological and/or social/emotional in origin, the child adopts passive behavior in the form of agitation. Such behavior becomes an integral part of the child's problem-solving structure throughout his development and is supported by the social system in which he lives. A case history illustrates how transactional analysis is used within an inter-disciplinary approach to deal with the passivity and solve the problem(s).

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Identified in 1902, hyperactive behavior in children has since been characterized by a high level of inappropriate, uncontrollable activity. The children are described as restless, irritable, bothersome, destructive, clumsy and aggressive. These behaviors are accompanied by minor perceptual motor difficulty and problems in cognitive functioning. (Ross & Ross, 1976, p. 11.)

What causes these behaviors? Practitioners have postulated multiple causes. Initially it was seen as resulting from brain damage (Still, 1902). When histories could not adequately support this view, minimal brain dysfunction was postulated (Strauss, 1947).

Since 1965, practitioners have identified a wide range of medical and social/emotional origins for hyperactivity: food additives (Feingold, 1973), allergic tension fatique syndrome (Speer, 1975, pp. 88-94), lead poisoning (David, Clark, Voeller, 1972), radiation stress (Ott, 1974), other medical problems such as chronic undiagnosed infections (Mira & Reece, 1977), mother/child interaction (Bettelheim, 1973), and direct or observational learning (Ross & Ross, 1976, pp. 78-81).

Hyperactivity is no longer viewed as a brain damage syndrome but as a complex spectrum of behavior with both medical and behavioral involvement (Ross & Ross, 1976, pp. 19-22).

Transactional analysis offers a new frame of reference for understanding and treating hyperactivity and provides insight into why there are so many etiologies, none of which are comprehensive.*

In their article "Passivity," Schiff and Schiff (1971) identified that an individual whose problem is consistently discounted will eventually stop being active about solving the problem and engage in passive behavior in an effort to transfer the problem to the environment in hopes that the discomfort experienced there will result in someone else doing something about the problem.

When observed in a variety of settings the hyperactive child will exhibit all of the passive behaviors.

*Doing Nothing:* The child stares into space and exerts no energy for the task at hand.

*Overadaptation:* The child trys to do what he has been told without comprehending the meaning of what he is to do.

*Agitation:* The child exhibits continual motion and restless fidgets.

*Incapacitation/Violence:* Temper tantrums and destructive, aggressive behavior.

Agitation and incapacitation/violence are the passive behaviors most likely to be defined by family and school as a problem

*Thanks to Carol Anne Reece, M.D., who has worked closely with the author in the theoretical development of this material.

because they generate such discomfort to others. Doing nothing and overadaptation are more likely to go unnoticed.

When viewed from this frame of reference the "hyper" behaviors are indicative of an unsolved problem that the child now completely discounts.

The nature of the problem (physiological, neurological and/or social/emotional in origin) is not revealed by the passive behavior. I have found that long term problems contain a social/emotional component because the passivity is taken for granted by all. The longer the problem has been discounted the more severe the deficit in social/emotional development.

**Implications For Treatment**

There is a problem. The "hyper" behavior itself is not the problem, but a symptom of the hidden problems. Usually there will be a complex network of problems that range from neurological, medical, developmental, emotional and social. Each discounted problem must be identified and treated. *This means that treatment of hyperactivity needs to be an inter-disciplinary process.* Much work will need to be done with the family system to deal effectively with passivity as a problem-solving stance.

**Stage One: Problem Identification**

The first stage of treatment is thorough detective work to identify the problem(s). This will of necessity be an inter-disciplinary event. A thorough pediatric evaluation is essential to identify or rule out neurological or physiological problems. These problems may be subtle and will require following every Little Professor hunch. To fully rule out neurological and physiological problems often requires the involvement of other medical specialists such as allergists, neurologists, audiologists.

A complete developmental history and family assessment will also show how and when the problem was set up, how the discounting and passivity began and what developmental stages may have been affected adversely (See Chapters 5-10, Babcock & Keepers, 1975, for social/emotional tasks for each stage of development). How does the current family system supports the passive behavior? This requires assessment of time structure, stroking, transactional and scripting patterns (See Edwards, 1975, for material to use in a family assessment).

As learning difficulties begin with discounting at an early stage of development a comprehensive educational evaluation is also important. Specific cognitive ($A_1$ and $A_2$) difficulties also need to be identified.

**Stage Two: Solving the Problem**

After identification, treatment needs to be initiated to resolve each problem along with the accompanying social and emotional issues.

If a medical problem has been identified, it must be treated. If a learning problem has been identified, educational programs need to be developed and initiated to remediate them. If developmental needs have gone unmet, the environment and social system must be changed through family therapy and parent education. The social and emotional issues arising at home and at school and the passive problem-solving stance will also need to be addressed.

This will involve working with the family system to change the time structure, stroking, transactional and script patterns that have supported the discounting and non-problem-sovling behavior.

The most common issues include: Preference for negative rather than positive strokes; time and space structure; limits; permissions to feel; expectation and demand to think and solve problems; forcing the issue of asking; Adult reasons and "how to's" for behavior; cause and effect; incorporation of Parent ($P_1$ for 3-6 and older, $P_2$ for 6-12 years and older).

**Case History**

Toni, a ten year old boy, had been diagnosed as hyperactive when he was four years old. The problem identification stage revealed that Toni had many previously undiagnosed allergies. His mother had over-protected him from birth. Wanting to be the "perfect" mother, she had anticipated his every need and by the time he was two years old she was "overwhelmed" by

his "temper" which she "couldn't handle." His father saw Toni's high level of activity, temper and school problems as a sign of a "real boy." The father had acted this way himself as a child and thought his wife should swat Toni more often as his mother had done. Educational evaluation revealed minor perceptual motor difficulties and learning difficulties such as difficulty following instructions, concentrating, selecting appropriate stimuli and organizing thoughts.

Treatment began immediately to desensitize Toni to his many allergies. Family therapy identified and reversed the negative stroking patterns. Parents resolved basic script issues of parental inadequacy. Once mother gave up her "Don't Think" injunction, she was able to set limits, expect Toni to think, and deal potently with his anger. When father recognized and resolved his own "Not OK" life position and injunction not to trust, he could support his wife and the school in their expectations for his son. Toni needed and got permission from his parents and the therapist to feel and to think about his feelings to solve problems. He began to identify his feelings and to think about consequences of his behavior and cue himself to the teacher's expectations by anticipating what would happen ($A_2$ and $P_1$). Finally he began to define what kind of person he wanted to be and model his behavior after this idea ($P_2$). The school set up a special minimum stimulation environment where Toni could begin to organize stimuli ($A_1$) and correct his early learning deficits.

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# A Practical Method to Analyse Projection

*Livio Tulio Pincherle*

**Summary**

The author used a technique to demonstrate the mechanics of projection which could be discussed with the patient.

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Pearls states that projection is the inverse of introjection.

While introjection is the tendency to responsabilize oneself for something which is part of the environment, projection is to responsabilize the environment for that which originates "one's self."

*"Others make me feel bad."* This is false. This belief is only part of the Racket System.

Frequently he/she projects his/her CP on others and his/her AC feels uneasy.

If we want to make sure that this mechanism of projection has been used we can propose the following exercise.

*He-she is/The emotion I feel/I am/With whom/Whatever I decide/*

We then ask the patient which behavior he considered inadequate or disturbing in that person and we write it down on column 1.

To make this explanation simple, let us study the following case.

*Barbara complains that her roommate Louise is:*

1. Sarcastic
2. Dominating
3. Aggressive
4. Not very intelligent
5. Does not solve her own problems
6. Has an unpleasant voice

Next we go to column 2 and ask:

*"Which emotion do you feel?"*

If that emotion is clearly a substitute feeling, such as depression or anxiety, it is most probable that a projection is going on. However, if she refers merely to a superficial annoyance, it's probable that no projection is going on.

In case the patient answers:

*"The emotion I feel is:"*

1. Anxiety
2. Depression
3. Depression
4. Annoyance
5. Anxiety
6. Annoyance

We then ask:

1) *"Who are you being sarcastic to?"* Answer: To my mother.

b) *"Who are you trying to dominate and Aggress?"* Answer: My mother.

c) *"Do you think your I.Q. is low?"* Answer: No.

d) *"Which are the problems that can't seem to be solved by you?"* Answer: I can't decide whether I stay or leave home.

e) *"Do you use an annoying voice?"* Answer: No.

After having discussed the matter in the "OK-OK" position using A-A transactions when possible, we propose a change of self and we accept contracts.

Nevertheless, we must state that this must not be done during the first sitting, but after the study and analysis of the Life-Script, so as to let the patient deal with his/her own injunctions (introjections) and his/her counter script messages.

Quite often this simple exercise gives us a large range of information which can easily be analysed in a therapeutical relationship.

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# Treating Pathologies With The Problem Diagram

*Wayne Hart*

**Summary**

The problem diagram helps facilitate change by modifying the individual's energy flow. Pathologies and treatment are also discussed.

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The first article on problem diagram stressed it's usefulness in helping clients to identify their problem (1975). It shifts the client's attention away from the interactional conflict between self and other, and toward intrapersonal issues characterized by the concept of script. This paper takes a closer look at that portion of the problem diagram which represents the client. The client is represented by a circle divided into three parts. Each part characterizes a kind of behavior. One part represents thinking, the secod part rerpesents feeling, and the third part represents overt actions. Using this three part diagram, this paper will speak to three issues: energy flow during transactional experiences, pathologies, and treatment. (See diagram 1.)

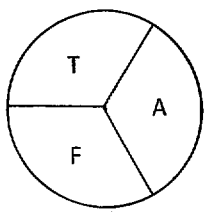


Diagram 1

**Energy Flow**

People receive stimulation from "events." An event is composed of the physical setting and the actions of people. Events trigger thinking, feeling, and acting behaviors. Except in the case of reflexive reactions, the three behaviors an individual makes in response to an event follow a consistent sequence. The first behavior in the sequence is thinking. In effect, an individual thinks about the event or codes it in some way. S/he makes the event meaningful by adding some interpretive content to the raw experience of the event.

The first behavior of coding the event determines the nature of the second behavior which is feeling. The feeling behavior is a function of what the individual thinks about the event. For example, some persons will see the event of a presidential election and feel good about the outcome; others seeing the same outcome will feel bad. The difference in feeling is a function of the meaning a person attaches to objective event—results of an election.

The thoughts and feelings that a person has motivate his/her overt actions (the third behavior). Based on one's script, each person acts idiosynchratically upon his/her thoughts and feelings. In the example of an election, if an individual thinks that the results mean doom for the country (behavior 1) s/he might feel depressed (behavior 2) and withdraw and eat excessively (behavior 3).

The sequence cannot be stopped, and a step in the sequence cannot be skipped. The thinking step can occur at an unconscious or preconscious level. In such an event, conscious thinking is blocked, leading to the impression that the thinking step was skipped all together. This is not the case, however. Some interpretive cognition must preceed the other steps in the sequence.

Similarly, feelings can be blocked at the consciousness level. They are internalized. As in the case of blocked thoughts, the

blocking of feelings can lead to the erroneous impression that the feeling step was skipped. Another occurrence which leads to the impression that the feeling step was skipped is that of unremarkable states of comfort, peace, or security.

Finally, overt actions may not be visible, leading to the impression that they are skipped. The person may inhibit action. The restraining of an action, however, is itself an action. It is my position that neuromuscular activity accompanies every thought-feeling sequence.

The stimuli for an individual's thinking can come from events or from him/herself. A person's overt actions may stimulate a response from the setting (not filling the car with gas resulting in the car stopping somewhere on a deserted road). Or, overt actions may stimulate a response from other people (a transaction). Finally, the individual may observe his/her own overt actions and experience them as a stimulus.

Diagram 2 represents this counter clockwise flow of energy. As we talk about pathology in the next section it is important that the reader remember the step by step sequence of behaviors in reaction to events.

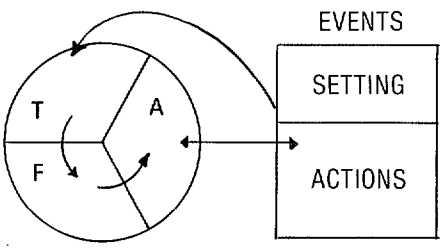


Diagram 2

## Pathologies

I associate most pathology with the thinking section of the diagram. Pathological issues that involve this area include contamination, exclusion, lax and labile ego boundaries, lesions and internal dialogs. Pathological states of these five types, at the first step of the energy flow, spawn inappropriate feelings in the second step of energy flow.

When the individual reacts to an event with a contamination, the resultant feelings will both support the contamination and justify the overt actions which follow. Because the person is functioning on a false belief, his/her feelings will be inappropriate to the reality situation.

An exclusion cuts off or limits the individual's capacity for properly coding events. The exclusion prevents two ego states from relating to the event. Therefore, inappropriate feelings and actions are likely to follow. When an exclusion is broken down new contaminations frequently may interfere with appropriate reality centered coding of events.

The problems of lax ego boundaries and lability of cathexis are characterized by the individual not being able to maintain the appropriate ego state in response to an event for a long enough period of time to experience a reality centered coding.

In the case of lesions an exaggerated coding results from an archaic damage.

Finally, internal dialogs act as distractions from the reality event. Coding conforms more to that learned in historic parenting experiences than it does to the reality of the event.

## Problems At Other Steps

I associate social control (Functional) issues with processes in the feeling and acting zones of the diagram. Isues of stroke economy (Steiner, 1971), position on the Karpman Drama Triangle (Karpman, 1968), rackets, games, and payoffs are associated with problems at the feeling step. Treatment issues of this step center around what the individual does internally with his/her feelings.

The action step of the sequence can also be the main site of problems. Even when pathological thinking states have been rectified and feelings are not being racketed or escalated or used in some gamey fashion, actions may still be inappropriate—perhaps out of habit or lack of awareness of options.

## Treatment

The process of cure follows the same counter clockwise direction as energy flow.

Following the correction of a pathological state at the thinking step, new coding or awareness is available. However, the old habitual ways of feeling may still linger. Work is then centered around associating a new feeling with the new awareness. With improved perception and affect the third step, appropriate action, is undertaken.

In treatment, this sequence need not necessarily be followed. As Berne pointed out in *T.A. and Psychotherapy,* the client's social control may need attention first (1961). This may involve an initial intervention of teaching more appropriate actions to stop a hamarctic or fatal pattern. For example, consider the client coming to counseling for alcoholism and wife beating. He would need to change the actions of drinking and wife beating through contracts and learning of options for dealing with the racket feelings that he builds up. This first step would be followed by work on the pathologies in the thinking area. Treatment would then, continuing in the counter clockwise direction, realign his feelings and finally his actions. At some point the work done in the initial social control phase would then be reinforced by, and become consistent with, the work done in the more time consuming sequence which follows the energy flow pattern.

Treatment may also begin at the feeling step. A therapist may use bodywork techniques to release feelings. For example, a client may experience deep feelings of grief that were previously blocked. Being aware of the feelings and of his/her own overt expression of the feeling (crying) the client's thinking about self must change. A contamination, "It's not O.K. to cry," may then be realigned by the new awareness, "I'm crying (Adult), and it must be O.K. because my therapist is supporting me (child), so it must be O.K. to cry (Parent)." This new thought or attitude toward crying would then support further discharge of the feelings of grief. Each step in the sequence reinforces the former steps.

## Conclusion

The basic premise of using the problem diagram in facilitating change is to modify energy flow. The theoretical structure for this is that the energy flow starts with the coding that an individual places upon any experience. The person then feels, based on what sense s/he makes of his/her experience. Based on his/her feeling the person acts in some way. Problem Diagram theory goes on to state that for change, and not just progress, treatment must ultimately deal with changing the scripty patterns of energy flow. In other words, the way a person thinks about reality must be changed, then feelings can be brought in line with the new awareness. Finally, new actions can be learned that complement the clear perception of life and the realigned feelings. It must be emphasized, however, that it is possible and perhaps very desirable to teach new actions as options for social control from the very start of therapy. As the energy flow is being modified to a healthier state the individual is already learning skills and techniques that will be useful and more meaningful near in the future as well as in the immediate life experience.

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# IV. Stages of Cooperation

## Co-Therapy Viewed Developmentally*

*Ken Lessler*
*Bob Dick*
*Jim Whiteside*

**Summary**

Co-therapy is observed to be an extensively used service model which, while having supporters, was strongly criticized by Berne and others. The writers propose a four-stage model of the developing co-therapy relationship, based upon their clinical and supervisory experience. Using this model, the criticisms of co-therapy are evaluated and major interpersonal, intrapersonal, and technical foci, energy distributions, and the use of supervision are discussed at each stage of the developing relationship.

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In spite of Berne's (1966) pejorative references to co-therapy, the use of two therapists to lead marathons and treatment groups is frequently modeled and encouraged in TA circles. In *Principles of Group Therapy* (1966), Berne points sharply to the complicating and clouding of interaction patterns and dynamic processes created by the addition of a second therapist. Berne criticizes the two-therapist team as an opportunity for the therapists to evade personal responsibility by alleviating their insecurities and to evade clinical responsibility for the patients by missing sessions. Berne furthers his position by stating that co-therapy teams with two equal therapists rarely exist. If two therapists are used, one would more often be correctly called "assistant therapist."

Berne is not alone in his criticism of co-therapy. MacLennan (1965) and Slavson (1960) refer to the general complication of the transference. Block (1961), Gans (1962), MacLennan (1965), and Rosenbaum (1971) suggest that rivalry and counter-transference reactions are unnecessarily stimulated by the addition of a second therapist. Others point to the complexity of the resistance patterns (Pine, Todd, & Boenheim, 1963; Yalom, 1975) that can be generated and the harmful effects of the disharmony that can occur between the therapists (Lundin & Aronov, 1952). In addition to the above criticisms, which relate to the overall effectiveness of therapy, Rosenbaum (1971) and MacLennan (1965) suggest that a co-therapy relationship is a poor arena for training. Finally, Gans (1962) points out that two therapists working together will see fewer people than if they worked separately, thus criticizing the two-therapist team as a poor use of mental health resources.

There is little experimental data to support the foregoing criticisms. Some writers are positive about the efficacy of co-therapy, but they also fail to support their contentions with experimental data. Proponents point to increased objectivity (Demarest & Teicher, 1954; Mintz, 1963, 1965; Yalom, 1975), increased range of responses (Hulse, 1956), facilitation of the family atmosphere, increased capacity for limit-setting and support for the patients (Block, 1961; Kassoff, 1958), and modeling of healthy interpersonal relationships. In addition, the co-therapy yea-sayers (Block, 1961; Solomon, Loeffler, & Frank, 1953) see value in personal gains for the therapists in relieving the emotional burden (Heilfron, 1969), remedying professional isolation, and encouraging

*The authors extend their thanks to Les Kadis and Ruth McClendon for reading this paper and for their many constructive suggestions.

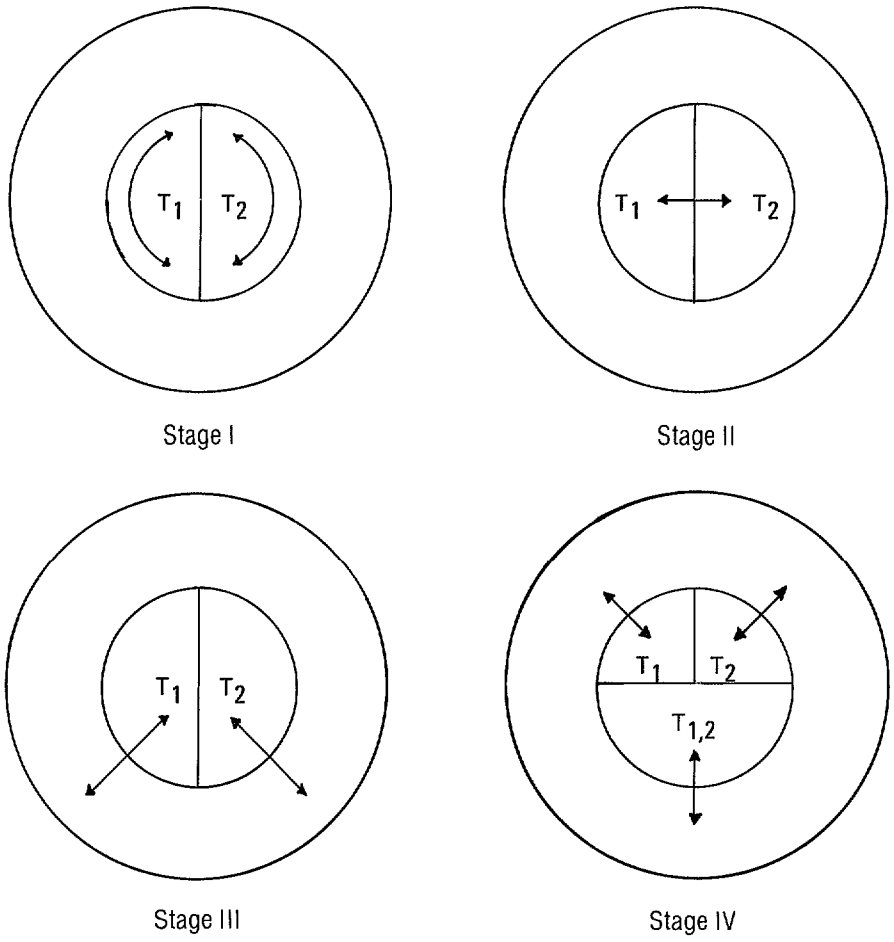


Figure 1
Primary energy flow at each stage of the development of co-therapy relationships.
The outer ring represents the Member (patient) Region, and
the inner circle represents the Leadership (co-therapists) Region.

personal growth of the therapist (Benjamin, 1972; Davis & Lohr, 1971; McGee & Schuman, 1970). The co-therapy supporters also see co-therapy as an excellent training experience.

Many writers do see what appears to be two sides of a coin. Davis and Lohr (1971) point out how various combinations of therapist characteristics may be facilitative and/or detrimental to the therapy process. For example, they observed that therapists with similar backgrounds may respect each other and exchange ideas but may also have significant blind spots.

Although attitudes toward co-therapy are increasingly positive, the discrepant views remain. In our own experience with each other and in our supervisory work, the value of co-therapy seems to change over time with the same team or with different teams. A developmental perspective made sense of these apparently divergent data. We have found that co-therapy is best evaluated by attending to

developmental stages and, more importantly, this perspective provides a guide to supervision of the co-therapist team. In this paper we describe a developmental perspective on the co-therapy relationship, review the criticisms of co-therapy at each stage, and suggest training implications for team development. The model presented is based on our clinical and supervisory observations and is open to replication and refinement from other clinicians.

Four stages useful in conceptualizing the development of a co-therapy team are suggested: formation, development, stabilization, and refreshment. Figure 1 uses Berne's (1963) dynamic diagrams to indicate the major energy flow in each stage of the development of the co-therapy team.

Using a cue from a footnote in Berne's *Principles* (1966), Table 1 suggests a co-therapy mathematics. Each stage is discussed below in relation to the dynamics diagram and the co-therapy "math."

**Stage I: Formation**

In the beginning of a co-therapy relationship, primary energy is focused on the therapists' experience of self. The dynamics are illustrated in Figure 1. This conceptualization of the early stage of co-therapy is consistent with Berne's expectancy that the therapists bring to the meetings intrapersonal propensities which would dominate the early (Stage I) relationships. A provisional group imago with the concomitant Adult expectations and Child distortions (Berne, 1963) provides the initial matrix for the flow of interpersonal energy. The arena of the interpersonal and professional dance is primarily intrapsychic and includes feelings concerning self-worth and OKness and is often expressed as antagonism, jealousy, or over-adaptation. In Stage I, co-therapists may arrange some unpleasant interactions in their efforts to fight out neurotic struggles around OKness, compete for patient strokes, or struggle with their own fears of incompetence.

Add to the intrapersonal and interpersonal energies the contextual factors of formal and informal structures such as the organizational setting, differences in professional background and theoretical notions, and it is easily understood that the primary energy flow is not to the patients but internally and between therapists. The result is that the two therapists functioning together do not bring as much to the treatment of patients as they would if they were functioning alone. In fact, their total functioning is diminished by the team. Stage I is described mathematically below.

If we conceive of the quality of therapy as a function ($f$) of the therapist ($T$) interaction between the members of the co-therapy team, then at Stage I, $f(T_1, T_2) \leq$ either $Q(T_1)$ or $Q(T_2)$, where $Q(T_1)$ and $Q(T_2)$ represent the quality of the therapy

| Stage | Duration (months) | Co-Therapy Mathematics | Atmosphere | Focus of Supervision |
|---|---|---|---|---|
| I Formation | 3-6 | $f(T_1, T_2) \leq Q(T_1)$ or $Q(T_2)$ or $1 + 1 \leq 1$ | Complicated | Intrapsychic |
| II Development | 4-12 | $f(T_1, T_2) \geq Q(T_1)$ or $Q(T_2)$ or $1 + 1 \geq 1$ | Competitive | Interpersonal |
| III Stabilization | 6-18 | $f(T_1, T_2) \geq Q(T_1) + Q(T_2)$ or $1 + 1 \geq 2$ | Comfortable | Technical |
| IV Refreshment | Thereafter | $f(T_1, T_2) = g[Q(T_1) + Q(T_2)]$ or $1 + 1 > 2$ | Creative | Discovery |

Table 1
Developmental Stages of Co-Therapy

provided by each alone (see Table 1). More simply, $1 + 1 \leq 1$.

If the value of co-therapy were assessed during this phase of the relationship, negative aspects would clearly outweigh the positive. Even with supervision, this stage may last as long as 6 months, and there are many teams which never move beyond this stage. Teams developed in hospital psychiatric residency rotations, psychology practicum placements, and other brief arrangements do not have the time to mature. This phase of the therapy may be truncated when experienced co-equal therapists join forces (this is not so rare as Berne suggests), and is extended when there is a marked status or skill inequality between therapists.

In order to move through this phase in a manner supporting growth for both therapists and patients, time and energy must be devoted to open exchange of thoughts, feelings, and strategies before, immediately after, and between sessions. In order to move smoothly into Stage II, regular supervision and training of the two therapists together is essential.

Supervision in Stage I focuses on each therapist's internal dialogues. The task is to "tune down the noise" so that they can attend to the therapy work. The issues are inward-looking in respect to the therapists' own psychic mechanisms such as script, drivers, and the struggle to maintain control. In this context, the co-therapist may be treated as a threat or a pawn. The adaptations are not to real and important differences, but to the pulls and scares related to what goes on inside each therapist. By making these issues open, the therapists can see each other with less contamination and move toward solving Stage II issues around actual differences.

When moving from Stage I to Stage II, the intrapsychic problems do not suddenly disappear while the interpersonal issues suddenly come into relief. The movement is more one of emphasis in working with the contaminations in Stage I before working toward solutions around how the co-therapists, as two different and OK people, will do therapy together.

**EXAMPLES OF STAGE I**

1. $T_1$ was energetic and working well with the group. $T_2$ was feeling that he was not doing as well. He progressively withdrew, participated less, and felt more anxious.
2. $T_1$ stroked a group member warmly for clear thinking. $T_2$ was internally uncomfortable but said nothing. Later in supervision, $T_2$ revealed her discomfort with what she saw as easy stroking (a personal issue for $T_2$).
3. $T_1$ controlled the group and "ran the show." $T_2$ felt relieved and comforted. Later, as $T_2$ grew more confident, she resented her co-therapist's control.
4. $T_1$ felt hurt that $T_2$ regularly received more strokes and attention. The similarity of this situation and $T_1$'s relationship with his brother became apparent in supervision. He handled this by being critical of $T_2$'s efforts.

## Stage II: Development

During this stage, the therapists are dealing well enough with their intrapersonal dialogue, and the energy is shifted to interpersonal issues between the co-therapists. Some energy is now available for effective working with the group members (see Figure 1). Those who have moved to Stage II having resolved their inner issues are ready to deal with the real differences between them and to build a team in Stage II. Those who have handled their Stage I issues in less adaptive ways may move to Stage II by avoiding, suppressing, getting comfortable with, or diverting the inner concerns. The relationship may become complicated by both overt and covert "deals" in which one therapist may be making up for perceived deficits in the other, to make one whole therapist. Or more positively, each therapist may add something to the relationship that is distinctly his/hers. The additional quality may be a different role model or the observance of important behavioral cues missed by the other therapist.

Mathematically, Stage II of the relationship is represented by the notation: $f(T_1, T_2) \geq Q(T_1)$ or $Q(T_2)$, or $1 + 1 \geq 1$. That is, as a team, the co-therapists function as well or better together than either functions

alone, but they do not as yet function as well as two therapists operating independently.

The second stage is recognizable by the fact that less energy is spent coping with issues around feelings of OKness, and more energy is put into dealing with interpersonal and interprofessional issues between the therapists. Because of the increased sense of OKness, there is also more openness to the co-therapists' cognitive and emotional inputs, and more willingness to add content and energy to the therapeutic activities from an OK-OK position.

If the co-therapy team were evaluated at this point, there would be a more even split among the critics. It is true that there is still poor use of mental health personnel, since the two therapists are not as productive together as they would be functioning independently. On the other hand, there is less to say about the "harmful" effects of therapists' interactions, and more good treatment is going on with the group members. On balance, if this were the terminal level of the team's functioning, there would be little to recommend co-therapy as an efficient treatment modality.

Stage II usually takes the two therapists 3 to 6 months of supervision and working issues through together. It may take longer for less experienced or less personally mature therapists, and of course, may be abbreviated when two experienced and open therapists form a team.

Supervision in Stage II focuses on solutions to the inevitable issues between the co-therapists around their real differences and their personal concerns around OKness, power, and love. Negative solutions impede progress toward Stage III co-therapy functioning. Such solutions include establishing a symbiosis in which one thinks and the other cares for, or one confronts and the other nurtures, or one leads and the other follows; or establishing hidden rules about what is talked about in the group or dividing the work by who works with script and who works with group process. When supervision in Stage II allows recognition of each therapist's differences and facilitates the use of both therapists' thinking, feeling, and activity, the way is paved for movement to Stage III co-therapy.

#### EXAMPLES OF STAGE II

1. $T_1$ "runs" the group, and $T_2$ strokes and plays a background supportive role to $T_1$. This symbiotic arrangement is played out in such other arrangements as:

| $T_1$ | $T_2$ |
|---|---|
| nurture | control |
| mother | father |
| confronter | helper |
| handles process | handles regressive work |
| Free Child | Parent |

2. $T_1$ and $T_2$ stay away from strong feelings (especially anger) in the group. The agreement is covert with each therapist aiding in the collusion by asking why, moving on, diverting, or specifying to avoid the expression of feelings. Other agreements include not discussing sex, money, or the therapists' relationship(s).

3. $T_1$ and $T_2$ recognize that they have very different backgrounds (sexes, looks, races) and get together on how to proceed.

4. $T_1$ and $T_2$ agree to be alert to each other's blind spots and also to stroke each other for positive interventions.

### Stage III: Stabilization

Having "paid their dues," there comes a time when co-leaders can function in an OK-OK relationship, each recognizing the other person as an individual, with openness and good feelings. The payoffs are in positive stroking and a reinforced sense of OKness in which differences are treated as enriching opportunities. During this phase, energy is primarily directed toward the work of the group, i.e., curing patients (see Figure 1). Also during this stage, each therapist contributes fully toward the treatment, so that the simple equation 1 + 1 = 2 may represent therapist input for the first time. However, in this stabilization phase not only are both therapists functioning well alone and together, but the interaction between the therapists often provides an added bonus.

Mathematically, the Stage III relationship is represented by the notation: $f(T_1,$

$T_2) \geq Q(T_1) + Q(T_2)$, or $1 + 1 \geq 2$. Stage III is the usual working stage of competent co-therapy teams.

The task of the Stage III team is skill development and refinement, taking the opportunity to learn from each other, the group members, and outside stimulation to refine and increase their effectiveness as therapists. When co-therapy is evaluated with a Stage III co-therapy team as the criterion of effectiveness, the weight of the data, for the first time, supports the use of two therapists. The criticism remains that each therapist might effectively treat more people with positive impact than the two can working together. However, the therapists clearly are personally and professionally responsible. At this stage, training through observation provides excellent modeling for students. The interpersonal modeling between members of a Stage III co-therapy team is a bonus to the group members, who share the enrichment of two people's accepting and enjoying each other and communicating clearly. The added power to two therapists now allows resistances to be confronted more strongly, and provides more opportunity for demonstrating and dealing with transference in positive ways. The complexity that Berne describes with concern becomes a richness for the promotion of growth.

Outside consultation at this point is optional. Week-to-week functioning can be adequately monitored by the therapists themselves.

#### EXAMPLES OF STAGE III

1. $T_1$ and $T_2$ note that a patient in their group is not progressing. They review the data about the patient and the treatment history, and set up a plan of action. Both are pleased.

2. $T_1$ went off to Cathexis for a couple of weeks' training and returned to the group very confrontive of discounts and passive behavior. $T_2$ learned from $T$ and enjoyed the input.

3. $T_1$ said to a rebellious group member: "It's not necessary to express your anger until you are ready." $T_2$ said quickly: "I think it is important to deal with your anger now." The patient was in a bind—not able to please or rebel; each of the therapists knew what the other was doing.

4. A group member got angry at $T_1$. $T_2$ encouraged the anger and helped the person to escalate it. $T_2$ then asked the patient whose face she now saw on $T_1$ and went on to do regressive work.

### Stage IV: Refreshment

In discussing this paper, we had planned to finish with the stabilization stage, but we observed that capturing new growth potentials, new excitement, and creativity seems to constitute a fourth definable stage. In the dynamics diagram (Figure 1), an interaction location is added to the leadership circle to signify the additional element provided by the two therapists' working together. But even more impactful is the growth function ($g$) which must be entered into the co-therapy mathematics (Table 1). The formula representing growth from the interaction is: $f(T_1, T_2) = g(T_1 + T_2)$, where ($g$) is an increasing function and $1 + 1$ is clearly greater than 2.

The upward sweep of a growth curve, following plateaus, represents the creative interaction leading to new theory, new and improved practice, and increased personal growth due to team development and/or fresh experiences that one or the other leader brings to the treatment setting. Therapy is at this point a significantly positive experience for both clients and therapists.

The time for discussion of therapy between sessions is based on fun and creativity, with minimal time spent on other aspects of interpersonal processing or discussion of clients. For most really excellent, solid therapists, Stage IV is a peak experience, and Stage III is representative of daily functioning. For a few teams who stay together long enough and mesh well enough, Stage IV experiences are more common. Now, there is the "something more" from co-therapy that had always looked as if it were attainable. The models provided by co-therapy teams like Bob and Mary Goulding or Irma Shepherd and Joen Fagan encourage others to spend the time and energy necessary to grow into Stages III and IV. Attempting to emulate these

models without a developmental perspective can be like expecting to have the ease and grace of an Olympic skier without the practice and training that precede the performance.

**EXAMPLES OF STAGE IV**

1. During a very powerful piece of work, $T_1$ and $T_2$ experienced a merging and flow between them, each feeling enhanced and stimulated by the other. The patient experienced the power and intimacy of the two therapists and was able to move through an impasse that had been blocking him.

2. While $T_1$ was working with a recent divorcé around the issue of what to say to his children, $T_2$ jotted down a set of guidelines which were later expanded into a popular article.

3. The current article is a product of the authors' co-therapy and training, and feels to us like a Stage IV experience.

In Stage IV, co-therapy is enriching and clearly worthwhile for the therapists and the members of the group. It is good treatment for the patients, good training for those who wish to learn, and good fun for all participants.

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# Making Marriage Grow

*Flo Bilelo*

**Summary**

This article presents basic premises on marital dysfunction developed from three well-known programs: general systems theory, the marriage enrichment program, and transactional analysis. 67 couples completed contracts for individual and conjoint treatment, followed by an 8-week group consisting of 4 to 6 couples. In addition, 2 follow-up group sessions were held in 3-month intervals. Fourteen groups completed this process in a 4-year period. Most of the relationships dramatically improved; 8 permanent divorces occurred.

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During a four-year period, 67 couples received TA treatment for marital therapy in a mental health clinic. Treatment included individual, conjoint, and time-limited group sessions with a 6-month follow-up period. Our basic premises on marital dysfunction were drawn from a marriage enrichment program, general systems theory, and transactional analysis. The outcomes are presented as objectively as possible.

In an in-depth study, Gurman and Kniskern (1977) found that the results of both marital enrichment programs and marital therapy for more seriously distressed couples yielded only moderate gains. Surprisingly few articles have appeared in the *TA Journal* on marital therapy. Windell and Woollams (1976) found that TA is more likely to keep marriages together than to destroy them. Our data is not as rigorous as other studies. It aims to contribute to the growing fund of knowledge in TA.

## Theoretical Development

We started with basic premises on dysfunctional marital relationships. The first two, taken from a marriage enrichment program and general systems theory, served to develop and crystallize the TA theoretical premise, as follows:

**No. Couples: 67**

No. Years Married: 1-29

| Years Married | No. Couples |
|---|---|
| 1- 5 | 24 |
| 6-10 | 25 |
| 11-15 | 5 |
| 16-20 | 9 |
| 21-25 | 3 |
| 25+ | 1 |

**No. Groups: 14**

Age Range:
Males: 23-52 Females: 21-49

| Ages | Males | Females |
|---|---|---|
| −20 | 1 | 1 |
| 21-25 | 10 | 10 |
| 26-30 | 19 | 27 |
| 31-35 | 16 | 9 |
| 36-40 | 8 | 12 |
| 41-45 | 7 | 4 |
| 46-50 | 4 | 4 |
| 51+ | 2 | 0 |

Table 1
Summary Data On Participants

1. According to Steinmetz (1972), every marriage will have five stages: Illusion, disillusion, misery, awakening, and love. Misery, the crucial stage, can result in chaos or indifference. At this point, one may: (a) remain married and feel miserable; (b) separate and/or divorce; (c) begin growth in self-awareness, problem-solving skills, and intimacy. The third option moves the marriage into stage four.

2. Every marriage is a system maintained by stimulation based on the hope of receiving positive rewards. The homeostasis in the initial system is expected to continue (illusion). After marriage, the equilibrium is threatened as energy transfers into necessary individual adjustments. Disappointment in gratification of some needs and wants occurs (disillusion). If learned coping mechnisms fail, the relationship becomes chaotic or entropic (misery). If the system is re-stimulated with appropriate feedback, the energy level increases (awakening). The system remains open and viable if frequent inputs generate and maintain a gratifying learned level of homeostasis (love).

3. Every person planning marriage sees the intended spouse primarily from the Child ego state (illusion). After marriage, the person's Adult ego state assesses the reality of the Child's expectations (disillusion; threat). As less gratification occurs, the person's Parent ego state criticizes the self and/or the spouse (misery; chaos or entropy). If the person decides to explore new growth, the three ego states come into harmony as new skills are learned and positive rewards are received (awakening). With six ego states operating in unison, the potential for continued growth and gratification expands (love; open system).

## Process

From January 1974 through December 1977, of the many couples I treated for marital dysfunction, 67 agreed to undertake individual and conjoint sessions, followed by an eight-week group of four to six couples, plus two-follow-up groups in three-month intervals. The basic text was *Introduce Your Marriage to TA,* Campos and McCormick (1972). Life Script and Miniscript Questionnaires were completed. The main therapeutic focus was redecision work with new Permissions. I worked with a male co-therapist. During the sixth week, we added a two-hour music therapy session to enhance intimacy. The format was time structuring from withdrawal through intimacy. The entire process was handled in three phases of contracting: (a) individual work, keeping the marital relationship in a neutral state; (b) conjoint therapy, applying new problemsolving skills; (c) group, to strengthen commitment and growth in individual and marital goals. An example of an individual contract from an initial group session is: I will give Mary at least five conditional positive strokes each day. I will take Mary out to dinner one night each week without the children.

## Data

51 couples were in their first marriage. In ten couples, one spouse had a previous marriage. In five couples, both spouses had a previous marriage. One couple were both in their fourth marriage. 11 couples were childless.

| Scale | Pre-assessment No. Couples | Post-assessment No. Couples |
|---|---|---|
| +3 | 0 | 13 |
| +2 | 1 | 28 |
| +1 | 0 | 14 |
| 0 | 22 | 1 |
| −1 | 15 | 1 |
| −2 | 16 | 1 |
| −3 | 13* | 9* |

*1 couple was divorced on entry; they remained divorced.
3 couples divorced and subsequently remarried.
1 person, married twice, divorced and remarried 1st spouse.
8 permanent divorces occurred.

Table 2
Summary of Pre- and Post-Assessments

| Pre-assessment \ Post-assessment | +3 | +2 | +1 | 0 | −1 | −2 | −3 | |
|---|---|---|---|---|---|---|---|---|
| +3 | | | | | | | | |
| +2 | 1 | | | | | | | 1 |
| +1 | | | | | | | | |
| 0 | 6 | 12 | 4 | | | | | 22 |
| −1 | 2 | 5 | 5 | | 1 | 1 | 1 | 15 |
| −2 | 2 | 6 | 4 | | | | 4 | 16 |
| −3 | 2 | 5 | 1 | 1 | | | 4 | 13 |
| | 13 | 28 | 14 | 1 | 1 | 1 | 9 | 67 |

Table 3
Data By Couples Pre- and Post-Assessments

Initially, each couple was assessed for marital dysfunction on a scale of −3 to +3. In late 1977, self-reports were used to re-assess each relationship.

**Scale**
+3 Very Strong
+2 Strong
+1 Moderate
0 Moderate to Weak
−1 Weak
−2 Very Weak
−3 None (Filed for Divorce or Divorced)

**Factors Assessed**
1. Motivation and growth in:
   a. self-awareness
   b. problem-solving
   c. intimacy
2. Commitment to relationship

## Conclusion

TA helps individuals caught in dysfunctional marriages to change and to grow. Use of a multiple impact approach involving a time-limited group appears to enhance both the process and the outcome. My personal conclusion is that most couples who involve themselves in the work necessary for the fourth stage of marriage are in for a surprise. They will discover that the fifth stage, love, has infinite intimate dimensions.

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# V. Letters to the Editor and Index

## Letters To The Editor

Editor:

Regarding E. Leon Willette's Letter to the Editor (8:4, p. 363), concerning the April 1977 article, *Biochemical Evidence of Cure in Schizophrenics,* I am responding via long distance and consequently, am unable to review all of the details. Also, I have not seen the enclosures Mr. Willette refers to as I was not provided copies. However, I do want to share that we agree that the statistics were not done adequately, and that Dr. Joseph Kadane, Chairman of the Statistics Department at Carnegie-Mellon University, is participating in the ongoing research. We do know that if the statistics had been done differently, they would still have supported our findings.

Readers may be interested to know that we are now prepared to publish the two year longitudinal study.

Jacqui Lee Schiff, MSSW
Oakland, California

Editor:

In the article by Pinsker and Russell on "The Effect of Positive Verbal Strokes on Fingertip Skin Temperature: Objective Measurement of Interpersonal Interaction," *TAJ, 8,* 306-9(1978), the data of Table I suggest additional conclusions, as well as a basis for looking more closely at the individual subjects. For example, a graph of $T_{end} - T_{initial} = \Delta T$ vs $T_{initial}$ shows that for the experimental group of women, the $\Delta T$ decreased steadily as $T_{initial}$ increased; none of the other groups showed this. As might be expected from this, if we look at the range of final temperatures for the four groups we see:

**Range of Final Temperatures, °F**

| | Experimental | Control |
|---|---|---|
| Female | 4 | 11.5 |
| Male | 13.5 | 15.0 |

Another value of interest is the occurence of negative $\Delta T$, e.g., the final temperature was lower than the original. The occurrence looks like this:

**Number of Negative $\Delta T$**

| | Experimental | Control |
|---|---|---|
| Female | 0 | 4 |
| Male | 4 | 3 |

The last table suggests that the interviewer did not succeed with a number of the male experimental group in convincing them of the stroking; certainly there wasn't any difference between the negative reactions of the males experimental vs. control.

It would be useful to see if there were any cultural differences within the group on this negative temperature reaction.

James H. Wiegand, PhD, RM
San Diego, California

# Index to Volume 8, 1978
# *TAJ*
*Edited by Cheryl McGahey, PhD*

**AUTHOR INDEX**


Allen, James R. and Allen, Barbara Ann. "Conflict and Desynchronization," 8:2, p. 127-129.

Aluise, John J. "Transactional Analysis as a Tool for Assessing Interpersonal Relationships," 8:3, p. 265-270.

Amundson, Norman E. "Developmental Principles and TA with Children," 8:2, p. 142-143.

Austin, Anita. "The Magical Cure," 8:1, p. 33.

Ball, J.D. "TA and RET," 8:1, p. 19-22.

Bergantino, Len. "The Sting—and the Countersting," 8:4, p. 318-321.

Berger, Michael. "What Is Done In Trust: Conditions Underlying the Success of Paradoxical Interventions," 8:3, p. 220-222.

Berne, Eric. "Games People Play at Christmas," 8:4, p. 322-325.

Blakeney, Roger. "A TA, Systems, and Organizations Approach To Team Building," 8:2, p. 158-160.

Blakeney, Roger. "A TA-System Model for Management," 8:3, p. 259.

Bloom, Wallace. "Attitude Changes During a Four-Week TA Workshop," 8:2, p. 169-172.

Boulton, Mary. "The Nurturing Parent and Social Issues," 8:2, p. 117-120.

Boyce, Mel. "Twelve Permissions," 8:1, p. 30-32.

Boyce, Mel. Book Review. Sagan, Carl, *The Dragons of Eden: Speculations On The Evolution of Human Intelligence,* 8:4, p. 360-362.

Boyd, Harry S. "Second-Order Structure in the Child," 8:1, p. 5-9.

Breece, Alice M. "Add Another Tool To Your Bag...," 8:2, p. 181-182.

Brennan, Tim and McClenaghan, Judy C. "The Transactional Behavior Questionnaire," 8:1, p. 52-55.

Cheah, Keong Chye. Letter to the Editor, 8:2, p. 186-187.

Clavier, David E., Timm, Paul R., and Wilkens, Paul L. "Effects of Salient Communicative Strokes on Subordinate Employees in a Health Care Organization," 8:4, p. 300-305.

Clements, Ron. "TA and the Dilution of Innovation," 8:3, p. 271-272.

Conway, Nan V. "Drivers and Dying," 8:4, p. 345-348.

Cory, Thomas L. and Page, Dan. "Playing Games in Group Therapy," 8:3, p. 229.

Daniel, James W. "There's Danger In Numbers," 8:2, p. 160-162.

Dashiell, Sharon R. "The Parent Resolution Process: Reprogramming Psychic Incorporations in the Parent," 8:4, p. 289-293.

Davis, William L. and Way, Linda. "Beyond Magic Thinking," 8:2, p. 136-139.

Detomaso, Gloria. "Gloria's Eulogy," 8:4, p. 294.

Drum, Emily A. "The Power at the Bottom of the Rabbit Hole," 8:4, p. 353-356.

Dunn, Suzanne R. "Renurturing: A Process for Resolving Third-Degree Impasses," 8:2, p. 140-141.

Eling, Tim, Scott, Vern, Long, Gayland, and Straaten, Ray Van. "Fairy Tales and Script Drama Analysis," [TAB Apr 68, p. 40], 8:4, p. 363-364.

English, Fanita. "Potency as a Female Therapist," 8:4, p. 297-299.

Fine, Marvin J. "A Game Analysis and Behavior Change Structure for Teachers," 8:3, p. 239-240.

Fine, Marvin J., Covell, Gay, and Tracy, D.B. "The Effects of TA Training on Teacher Attitudes and Behavior," 8:3, p. 236-239.

Fox, Elliot M. "The Behavior Matrix: A New View of Time Structuring," 8:2, p. 153-157.

Garrison, Christine and Fischer, Ronald. "Introducing TA in the Public School System," 8:3, p. 240-242.

Gellert, Shepard D. and Wilson, Grace. "Contracts," 8:1, p. 10-15.

Gellert, Shepard D. and Wilson, Grace. "Family Therapy," 8:1, p. 38-44.

Gellert, Shepard D. and Wilson, Grace. "Contracts," [TAJ 8:1, p. 10-15], 8:2, p. 139.

Gellert, Shepard D. and Wilson, Grace. "Family Therapy," [TAJ 8:1, p. 40, 41, 42], 8:2, p. 139.

Goodman, Gay and Timko, Mona Gayle. "CAP's For Emotionally Disturbed Children," 8:1, p. 63.

Gordon, Elaine. "Parenting Guidelines," 8:3, p. 274-275.

Goulding, Mary McClure and Goulding, Robert L. "Redecision: Some Examples," 8:2, p. 132-135.

Griffin, Claudius W. "Literature and Transactional Analysis: Huckleberry Finn: Almost Adult," 8:4, p. 357-359.

Gurowitz, Edward M. "Energy Considerations in Treatment of the Drama Triangle," 8:1, p. 16-18.

Hansen, Marian. "Dealing with the Rebellious Teenager," 8:3, p. 222-226.

Harbison, Helen. "TA and Cancer," 8:4, p. 349-351.

Henderson, Anne J. "Transactional Analysis in the Learning Disability Clinic," 8:3, p. 242-244.

Hoff, James and Getty, Richard E. "Magnitude Estimation as a Method for Scaling the Social Value of Human Recognition," 8:3, p. 260-262.
Holland, C. Sue. Letter to the Editor, 8:1, p. 64.
Horse, Barbara Little. "Dick and Jane in Symbiosis," 8:3, p. 275-276.
Hughes, Richard L. "Is the Little Professor Right?" 8:2, p. 120-123.
Huston, H. Frances. Letter to the Editor, 8:2, p. 185.
Ingraham, Christina. "Is This Any Way to Treat the Only Kid Ya Got?" 8:3, p. 276-277.
Jackson, Terence. Letter to the Editor, 8:1, p. 65.
Jarvis, David B. Letter to the Editor, 8:1, p. 65.
Johnson, Lois M. "Imprinting: A Variable in Script Analysis," 8:2, p. 110-115.
Jorgensen, Henry I. and Jorgensen, Elizabeth Watkins. "A Selection From a Biography of Eric Berne," 8:2, p. 176-181.
Kahler, Taibi. "The Annual Eric Berne Memorial Scientific Award Acceptance Speech," 8:1, p. 2-4.
Kahler, Taibi. Letter to the Editor, 8:4, p. 365.
Kahn-Schneider, Joan. "Second Order Structure of the Parent: It's Use in Therapy," 8:4, p. 295-296.
Kardle, George and Lankford, Valerie. "The Share-a-Care Position," 8:2, p. 165.
Klein, Mavis. "Confusion," 8:3, p. 274.
Kramer, Frederick D. "Transactional Analysis Life Position Survey: An Instrument for Measuring Life Position," 8:2, p. 166-168.
L'Abate, Luciano. "An Experimental Paper-and-Pencil Test for Assessing Ego States," 8:3, p. 262-265.
Layne, George S. Letter to the Editor, 8:1, p. 66-67.
Livingston, Roxanne. "Bringing in a Friend," 8:2, p. 152.
MacHovec, Frank J. "OK Zen," 8:3, p. 272-273.
Maierson, Charles L. "The Application of Mathematical Logic to Psychotherapy," 8:4, p. 352.
Maine, Gary D. "Gallows Goodbye," 8:1, p. 34-35.
Marx, Martin B., Barnes, Graham, Somes, Grant W., and Garrity, Thomas F. "The Health Script: Its Relationship to Illness in a College Population," 8:4, p. 339-344.
Messmann, Frank. "A TA Approach to Literature," 8:2, p. 162.
Miller, Jan. "Confusion," 8:3, p. 273.
Morrison, James H. "Conflict Management and the Living Encounter Positions," 8:3, p. 250-254.
Myrow, David L. "TA for Teachers: Report on a Graduate Workshop," 8:3, p. 232-235.
Noce, James. "A Model for the Collective Parenting Function of Therapeutic Communities," 8:4, p. 332-338.
Nykodym, Nick. "Transactional Analysis: A Strategy for the Improvement of Supervisory Behavior," 8:3, p. 254-258.
Obias, Arthur S. "Keep on Kissing Those Frogs," [TAJ 7:3, 275-278], 8:1, p. 65.
Obias, Arthur S. "Keep on Kissing Those Frogs," [TAJ 7:3, 275-278], 8:3, p. 219.
O'Connor, Bill. "Phi-Scripting—Decisions About Parenting," 8:3, p. 275.
O'Connor, William J. "Bridging The Gap: Treatment In Vivo 'If You Want Bacon, Ask!'," 8:1, p. 35-38.
Opper, Lincoln I. Letter to the Editor, 8:1, p. 65.
Parry, T.A. "If You Meet the Buddha on the Road, Stroke Him!," 8;1, p. 63-64.
Parry, Thomas Allan. "Man Does Not Live by Ego States Alone," 8:4, p. 282-288.
Peck, Harris B. "TA and Psychoanalysis: Friends or Foes," 8:3, p. 205-210.
Peck, Harris B. "Integrating Transactional Analysis and Group Process Approaches in Treatment," 8:4, p. 328-331.
Pendse, Shripad Gopal. "Transactional Analysis and Paradise Lost," 8:2, p. 183-184.
Peterson, Edith. "A PDQ Approach to an OK Classroom," 8:2, p. 182-183.
Peterson, Lyman and Wilson, Vesta. "Giving and Receiving," 8:3, p. 210-211.
Phelan, B. Noel and Phelan, Patricia E. "The Fully Functioning Adult," 8:2, p. 123-126.
Pinsker, Esther Jill and Russell, Harold L. "The Effect of Positive Verbal Strokes on Fingertip Skin Temperature: Objective Measurement of Interpersonal Interaction," 8:4, p. 306-309.
Porecki, Daniel. "TA at a Maximum Security Correctional Institution," 8:2, p. 144-147.
Porter, David. Letter to the Editor, 8:4, p. 364-365.
Post, Arnold R. Letter to the Editor, 8:1, p. 67-68.
Price, Donald A. "The Social-Psychological Roots of Transactional Analysis: Exchange as Symbolic Interaction," 8:3, p. 212-215.
Prothero, Jon C. "TA With Problem Drivers," 8:2, p. 173-175.
Rayburn, Carole A. "On the Importance of Self-Stroking in Weight Control," 8:3, p. 227-228.
Rogoll, Rudiger. "See and Feel Your Beaming Child," 8:4, p. 338.
Romanini, Maria Teresa. "A Verbatim: Therapist Introducing TA to an Eight-year-old," 8:4, p. 362.
Rothery, Michael A. "Rules and Metarules in Script Theory," 8:3, p. 198-200.
Ruekberg, Benjamin G. "Psychohistory and Transactional Analysis," 8:3, p. 245-248.
Schiff, Jacqui Lee. Book review. Grinder, John and Bandler, Richard, *The Structure of Magic, Vol. I,* 8:1, p. 44.
Schiff, Jacqui Lee. Letter to the Editor, 8:1, p. 68-70.
Schiff, Jacqui Lee. Letter to the Editor, 8:2, p. 187.
Selavan, Amos, "Alcoholism—Beyond the Game Concept," 8:3, p. 277.
Selavan, Amos. "Self-Hypnosis as Self-Stroking and Self-Permission Child Activities," 8:4, p. 316-317.
Sherman, Julia. "The Nurturing Parent," 8:2, p. 115-117.
Smith, Barbara Leavell. "The Chicken Or the Egg," 8:4, p. 288.
Smith, Peg. " 'Cornered' at Christmas Time," 8:4, p. 326-327.
Snyder, Lenn. "Stroke Pattern Analysis Chart," 8:4, p. 310-311.
Sprietsma, Leo C. "A Winner Script Apparatus," 8:1, p. 45-51.
Stapleton, Richard John. "The Chain of Ego States," 8:3, p. 215-219.
Stern, Chuck. "Congruent and Incongruent Transactions," 8:4, p. 312-315.

Summmerton, Oswald. "The Bernean Grid," 8:1, p. 27-29.

Swede, Southey. "OK Corral For Life Positions: A Summary Table," 8:1, p. 59-62.

Swede, Southey. "Group Ego State Measure (GEM)," 8:2, p. 163-165.

Theobald, Thomas John and Theobald, Doreen Higgins. "TA as a Model for Assertiveness Training," 8:1, p. 22-26.

Uzabel, Joan and Schoepke, Bonnie. "Combining TA and Assertive Training," 8:3, p. 230-231.

Ulschak, Francis L. "Letting the Problem Do the Talking: A Systems Framework for the Transactional Analysis Interventionist," 8:2, p. 148-152.

Vago, Marta and Knapp, Barton W. "Bartering for Protection," 8:2, p. 129-131.

Villere, Maurice F. and LeBoeuf, M. Michael. "A Response to Horton's 'Framework for a Theory of TA and Organizational Development'," 8:3, p. 249-250.

Wenger, Betty. "O.K. to Ask," 8:3, p. 273.

Willette, E. Leon. Letter to the Editor, 8:4, p. 363.

Wilson, Josie and Kalina, Ira. "The Splinter Chart," 8:3, p. 200-205.

Wojdowski, Pat. "Games Bureaucrats Play," 8:1, p. 56-59.

Woollams, Stan. "The Internal Stroke Economy," 8:3, p. 194-197.

Yoder, John. Letter to the Editor, 8:2, p. 185.

---

**SUBJECT INDEX**

ACTIVITY 8:2, 153.

ADOLESCENTS 8:2, 142.

ADULT EGO STATE 8:1, 3, 7-9, 13-15, 29, 30, 31, 32, 38, 49, 53, 57, 63; 8:2, 110, 111, 113, 118, 120, 121, 122, 123, 124, 125, 126, 127, 128, 132, 133, 137, 143, 145, 149, 151, 154, 157, 158, 159, 160, 161, 163, 164, 173, 180; 8:3, 203, 206, 208, 209, 212, 214, 215, 216, 217, 218, 227, 228, 231, 235, 241, 242, 243, 247, 248, 249, 250, 253, 255, 256, 257, 259, 262, 263, 264, 266, 267, 268, 271, 274, 276; 8:4, 282, 283, 285, 286, 287, 289, 292, 293, 295, 296, 298, 299, 313, 314, 315, 316, 326, 327, 330, 332, 333, 350.

AGGRESSION 8:1, 22-26.

AIKIDO 8:4, 287.

ALCOHOLIC 8:2, 130; 8:4, 291, 349.

ALLOWERS 8:2, 110; 8:4, 347.

ARMORING 8:1, 26; 8:4, 346.

ASSERTION 8:1, 22-26.

ASSERTIVENESS TRAINING 8:1, 22-26.

ATTRIBUTION 8:1, 23; 8:2, 110, 122; 8:4, 349.

AUTHORITY 8:1, 15.

AUTONOMY 8:2, 134; 8:4, 285, 318, 330, 331, 335, 345.

AWARENESS 8:2, 184; 8:4, 283.

BEHAVIOR MATRIX 8:2, 153-157.

BEHAVIOR 8:1, 19, 28, 31, 32, 35, 36, 37, 42, 43, 44, 63, 65; 8:3, 197, 201, 203, 204, 206, 207, 209, 212, 213, 214, 217, 219, 224, 229, 230, 231, 232, 233, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 251, 252, 253, 254, 255, 256, 258, 259, 262, 265, 266, 269, 272, 273.

BEHAVIOR THERAPY 8:1, 23.

BERNE, ERIC 8:2, 176-181.

BERNE, ERIC MEMORIAL SCIENTIFIC AWARD 8:1, 2-4.

BERNEAN GRID 8:1, 27-29.

BIOFEEDBACK 8:1, 17; 8:2, 122, 123; 8:4, 308, 349.

BIRTH 8:2, 110, 111, 114, 141, 142.

BODY 8:1, 16.

BODYKNOWING 8:4, 286.

BODY LANGUAGE 8:1, 8.

BODYMIND 8:4, 286, 287.

BOOK REVIEW 8:1, 44; 8:4, 360-362.

BRAIN 8:2, 110, 113, 120, 121, 122, 123, 153, 182; 8:4, 283, 284, 286.

BULL'S EYE 8:4, 313.

CANCER 8:4, 290, 349-351.

CARETAKER 8:2, 116; 8:4, 298.

CATHEXIS 8:4, 290, 293.

CHANGE 8:1, 15, 19, 23.

CHANUKAH 8:4, 327.

CHILD EGO STATE 8:1, 3, 5-9, 13, 14, 15, 29, 30, 31, 32, 37, 38, 44, 47, 53, 54, 57, 59, 60, 61, 63; 8:2, 110, 111, 113, 115, 117, 118, 120, 121, 122, 123, 124, 125, 126, 127, 128, 131, 132, 133, 136, 143, 145, 149, 151, 152, 154, 157, 158, 159, 160, 161, 163, 164, 180; 8:3, 195, 196, 199, 202, 203, 206, 207, 208, 209, 212, 213, 214, 215, 216, 217, 218, 221, 227, 228, 231, 241, 242, 243, 244, 247, 248, 249, 253, 255, 256, 257, 262, 263, 265, 266, 267, 268, 269, 272, 274, 275, 276; 8:4, 282, 283, 284, 285, 286, 287, 289, 292, 293, 295, 296, 297, 298, 313, 314, 315, 316, 318, 320, 327, 330, 331, 332, 333, 335, 336, 338, 347, 350, 351, 357, 358, 359.

CHILDREN 8:1, 11, 14, 31, 37, 38, 39, 43, 45, 47, 63; 8:2, 128, 142-143, 183; 8:3, 196, 197, 199, 204, 220, 232, 235, 238, 239, 242, 274, 275; 8:4, 283, 292, 306, 310, 325, 327, 340, 342, 346, 362.

CHRISTMAS 8:4, 322-325, 326-327.

CHURCH 8:4, 324.

CLASSROOM 8:2, 182.

CLIENT 8:1, 10.

COATLICUE 8:2, 115.

COGNITION 8:1, 19, 20.

COLLECTIVE PARENTING FUNCTION 8:4, 332-337.

COLLEGE 8:2, 160, 168; 8:4, 339-344.

COMPUTER 8:2, 119, 121, 161.

CONFLICT 8:2, 127-129.

CONFRONTATION 8:2, 147; 8:4, 355.

CONSCIOUSNESS 8:4, 282, 283, 284, 313.

CONTAMINATED 8:1, 7, 20; 8:4, 286.

CONTRACT 8:1, 3, 10-15, 35, 37, 40, 42, 43, 57, 64; 8:2, 128, 131, 132, 138, 153, 154, 161, 183; 8:3, 203, 207, 209, 210, 211, 241, 243, 244, 273, 274, 275, 277; 8:4, 290, 291, 316, 320.

CORRECTIONS 8:2, 144.

COUNTERINJUNCTIONS 8:2, 110; 8:4, 326.

COUNTERSCRIPTS 8:1, 2, 3, 23, 24; 8:4, 345.

COUNTERTRANSFERENCE 8:2, 115, 116, 117.

CREATIVITY 8:2, 126.

CRISIS 8:4, 345, 346, 347.

CULTURAL script 8:4, 357.

CULTURE 8:1, 5; 8:4, 285, 327.

CURE 8;1, 33, 64, 66, 67; 8:3, 201, 207.

DEATH 8:2, 110, 115, 116, 119; 8:4, 285, 290, 345, 346, 347, 349.

DECISION 8:1, 8, 9, 21; 8:2, 115, 116, 119, 129, 131, 132, 155, 157; 8:4, 285, 310, 317, 331, 333, 339, 341, 342, 347, 349, 350, 354.

DECONFUSION 8:2, 136.

DECONTAMINATION 8:1, 7, 9; 8:2, 123; 8:3, 203, 206, 242, 247; 8:4, 289, 293.

DEFUSION 8:4, 289, 291, 292.

DELUSIONS 8:1, 20.

DESPAIR 8:4, 299.

DESYNCHRONIZATION 8:2, 127-129.

DEVELOPMENT 8:2, 142.

DEVELOPMENTAL FRAMEWORK 8:1, 6.

DIAGNOSIS 8:1, 28; 8:2, 127.

DIET 8:2, 182.

DISCOUNT 8:1, 12, 23, 24, 63, 65; 8:2, 119, 120, 130, 131; 8:4, 310, 345.

DIVORCE 8:4, 346.

"DO ME SOMETHING" 8:1, 15.

DOUBLE BIND 8:1, 13, 14.

DRAMA TRIANGLE 8:1, 6, 16-18, 28; 8:2, 129; 8:3, 203, 277; 8:4, 319.

DREAMS 8:4, 346.

DRINKING 8:4, 342.

DRIVER EDUCATION 8:2, 173-175.

DRIVERS 8:1, 3, 4; 8:2, 110; 8:4, 319, 326, 345-348.

DRUGS 8:2, 116; 8:4, 334, 336, 337.

EGO BOUNDARIES 8:4, 293.

EGOGRAMS 8:2, 119, 148, 162.

EGO STATE 8:1, 3, 5-9, 12, 13, 20, 21, 23-26, 27, 28, 29, 30, 36, 52, 53, 54, 63; 8:2, 117, 123, 124, 126, 128, 131, 132, 139, 142, 157, 159, 163, 164; 8:3, 202, 203, 206, 207, 208, 212, 214, 215, 216, 217, 218, 220, 221, 228, 233, 236, 238, 240, 241, 247, 249, 250, 253, 255, 256, 257, 259, 260, 262, 263, 264, 265, 266, 267, 268, 269, 274, 275; 8:4, 282, 289, 290, 293, 297, 298, 312, 313, 316, 326, 333, 362.

ENERGY 8:1, 16-18; 8:2, 120, 138, 140, 181; 8:4, 293, 333.

EPISCRIPT 8:4, 291.

EQUITY THEORY 8:4, 301.

ERRATA 8:1, 65; 8:2, 139; 8:3, 219; 8:4, 363-364.

ESCAPE HATCH 8:4, 354.

ETHICS 8:2, 119, 126.

ETHOS 8:2, 123.

EXCLUSION 8:1, 20; 8:2, 136.

EXPECTATIONS 8:4, 285.

FAIRY TALES 8:2, 180.

FAMILY 8:1, 5, 8; 8:2, 116, 130, 142, 154, 157, 169, 170, 172; 8:4, 290, 291, 310, 318, 319, 326, 330, 332, 333, 334, 35, 342, 346.

FANTASY 8:1, 26; 8:2, 140, 153, 161; 8:4, 297.

FATHER 8:2, 111, 113, 116, 119, 128, 132; 8:4, 292, 312, 324.

FEELINGS 8:1, 5-9, 11, 12, 14, 15, 19, 20, 23, 24, 26; 8:2, 110, 111, 112, 113, 130, 132, 136, 139, 145, 147, 152, 153, 154, 159, 182; 8:4, 286, 289, 290, 291, 292, 297, 298, 300, 309, 318, 319, 327, 334, 338, 344, 346, 353.

FEMALE 8:2, 112, 114, 115, 130, 164, 169, 170; 8:3, 199, 265; 8:4, 290, 291, 297, 298, 307, 308, 311, 338, 355.

FRAME OF REFERENCE 8:1, 12, 13; 8:2, 139; 8:4, 302, 312, 313.

FUNCTION 8:1, 5-9, 28.

GAMBLERS 8:4, 318-321.

GAME 8:1, 5, 7, 8, 13, 15, 17, 18, 19, 27, 28, 29, 33; 8:2, 129, 134, 138, 144, 147, 148, 153, 154, 162, 173, 184; 8:4, 310, 318, 319, 322-325, 358.

GAME ANALYSIS 8:1, 43; 8:3, 203, 209, 236, 239, 240.

GESTALT 8:2, 122, 135, 144, 147, 182; 8:4, 290.

GRANDIOSITY 8:1, 20; 8:2, 136.

GRANDPARENTS 8:4, 293.

GROUP 8:1, 13, 14, 15, 28, 29; 8:2, 118, 138, 148, 153, 163, 164, 175; 8:4, 328-331, 333.

AUTHORITY 8:2, 148.

BOUNDARIES 8:4, 329.

DYNAMICS 8:2, 148; 8:4, 329.

PROCESS 8:4, 328-329.

STRUCTURE 8:2, 148.

THERAPY 8:4, 333, 349.

HASSLE DIAGRAM 8:1, 23.

HEADACHES 8:4, 316.

HEALTH 8:4, 300.

HEALTH SCRIPT 8:4, 339-344.

HEALTH SCRIPT QUESTIONNAIRE 8:4, 339.

HELLO 8:2, 112.

HOMEOSTASIS 8:4, 285.

HOMEWORK 8:2, 136, 138.

HOMICIDE 8:4, 290, 291.

HUMOR 8:2, 126, 146.

HYPNOSIS 8:4, 313, 314, 316-317, 320.

SELF 8:4, 316-317.

HYPNOTHERAPIST 8:4, 312, 313.

ILLNESS 8:2, 110; 8:4, 339, 340, 341, 343, 345, 346, 349, 350.

IMPASSE 8:1, 5, 9; 8:2, 119, 139, 140; 8:4, 347.

IMPRINTING 8:2, 110-115; 8:4, 289.

INCORPORATION 8:4, 289, 293.

INFANTS 8:1, 11; 8:2, 112, 115, 116; 8:4, 284, 297, 298, 306, 314.

INFUSION 8:4, 289, 290, 291.

INJUNCTIONS 8:1, 2, 9, 23, 24; 8:2, 110, 112, 113, 114, 116, 117, 118, 119, 122, 128, 131, 138, 176, 180; 8:4, 293, 311, 312, 319, 326, 331, 350.

INTERNAL DIALOGUE 8:1, 19; 8:2, 153; 8:4, 286.

INTERVENTIONS 8:1, 13; 8:2, 148, 149; 8:4, 344.

INTIMACY 8:2, 131, 145, 153, 184; 8:4, 283, 319, 322, 324, 330, 331, 346.

INTUITION 8:1, 6; 8:2, 124, 125; 8:4, 283, 293, 313.

LEADERSHIP 8:4, 331.

LEARNING THEORY 8:1, 23; 8:2, 137.

LIFE POSITION 8:1, 21; 8:2, 110, 130, 166, 173; 8:4, 331.

LIFE POSITION SURVEY 8:2, 166-168.

LITERATURE 8:2, 162; 8:4, 353-356, 357-359.

LOGIC 8:4, 352.

LOSER 8:1, 12.

MAGIC 8:1, 20, 33, 49; 8:2, 121, 136; 8:3, 219.

MALES 8:2, 112, 114, 115, 130, 164, 169, 170; 8:3, 265; 8:4, 290, 307, 308, 341.

MANAGEMENT 8:2, 149; 8:3, 215, 217, 218, 239, 249, 250, 251, 253, 255, 256, 257, 259.

MANEUVER 8:1, 17.

MATH 8:4, 352.

MEDITATION 8:1, 17; 8:4, 287, 349, 350.

MEMORY 8:2, 110, 113, 156; 8:4, 289, 298.

MINISCRIPT 8:1, 3, 4, 28, 47, 48, 49, 50, 51; 8:2, 110; 8:3, 233, 272.

MOTHER 8:2, 110, 111, 112, 113, 114, 115, 116, 119, 128, 132, 140; 8:4, 297, 298, 324.

MOTHERING 8:2, 117.

MULTIPLE CHAIR TECHNIQUE 8:4, 295.

MUSCLE 8:1, 26.

MUSIC 8:2, 126.

NEUROSES 8:2, 128.

NURSING 8:2, 115, 116, 117, 133; 8:4, 336.

NURTURING 8:1, 6; 8:2, 115, 117-120, 138, 143, 147, 162, 165; 8:4, 299, 318, 321, 345.

NUTRIENT THERAPY 8:2, 181.

NUTRITION 8:2, 181.

OBESITY 8:2, 181.

OEDIPUS COMPLEX 8:2, 116.

OK CORRAL 8:1, 23, 24, 59, 60; 8:2, 148, 166; 8:3, 250; 8:4, 334, 335, 337, 353.

OK-NESS FORMULA 8:1, 26.

OPERATION 8:1, 7, 17.

ORGANIZATON 8:2, 148, 153, 154, 157, 158; 8:4, 300, 333, 334.

PARENT EGO STATE 8:1, 3, 7-9, 12-14, 29, 30, 31, 32, 35, 38, 47, 49, 53, 54, 57, 58, 63; 8:2, 110, 111, 113, 115, 117, 118, 120, 123, 124, 125, 127, 128, 132, 136, 143, 145, 149, 151, 152, 157, 158, 159, 160, 161, 162 163, 164, 173; 8:3, 196, 202, 203, 206, 209, 212, 213, 214, 215, 216, 217, 218, 220, 221, 222, 227, 228, 231, 233, 235, 241, 246, 247, 248, 249, 253, 255, 256, 257, 262, 263, 264, 267, 268, 269, 272, 273, 274; 8:4, 282, 283, 284, 285, 286, 287, 289, 292, 293, 295, 296, 297, 298, 313, 314, 315, 316, 318, 321, 326, 330, 332, 333, 335, 347, 348, 350, 357, 358, 359.

PARENTING 8:1, 6, 7; 8:4, 293.

PARENT RESOLUTION PROCESS 8:4, 289-293.

PARENTS 8:4, 326, 340, 341, 346.

PASTIMES 8:2, 153, 154.

PATHOS 8:2, 123.

PAYOFF 8:1, 17; 8:2, 162, 182; 8:4, 318.

PERFORMANCE 8:4, 283, 311.

PERMISSION 8:1, 9, 24, 25; 8:2, 117, 138, 140, 141, 152, 160, 182; 8:4, 283, 289, 290, 291, 292, 293, 314, 316, 326, 327, 330, 331, 334, 335, 336, 345, 347, 348.

PERSONALITY 8:2, 111, 126, 128, 158, 163, 173, 182; 8:4, 283, 289.

PHOBIC 8:1, 23.

PLAY 8:4, 299.

POETRY 8:2, 126; 8:4, 288, 294.

"POOR ME" 8:1, 15.

POTENCY 8:1, 9; 8:2, 136; 8:4, 283, 293, 297-299, 335, 355.

POWER 8:1, 17.

PREGNANCY 8:2, 110, 112, 141.

PREJUDICES 8:1, 20; 8:2, 118, 138; 8:4, 358.

PREPRIMAL 8:2, 114.

PRESCRIPTIONS 8:1, 3.

PRISONER 8:2, 148.

PROBLEM 8:2, 148.

PROBLEM SOLVING 8:1, 21; 8:2, 123, 151.

PROCESS 8:4, 289.

PROGRAMMING 8:2, 184; 8:4, 289, 349, 358, 359.

PROTECTION 8:1, 10; 8:2, 129, 131, 134, 137, 140, 141, 162, 182; 8:4, 283, 293, 329, 334, 335, 336, 348.

PROTOCOL 8:2, 115.

PSYCHE 8:1, 28.

PSYCHIATRY 8:1, 28; 8:4, 333.

PSYCHIC ORGANS 8:1, 28; 84, 285.

PSYCHOANALYSIS 8:2, 144, 147; 8:4, 328.

PSYCHOPATHOLOGY 8:1, 20; 8:2, 135.

PSYCHOSIS 8:4, 289.

PSYCHOTHERAPY 8:4, 341, 352.

PSYCHOTIC 8:2, 135; 8:4, 337.

RACKETS 8:1, 2, 6, 13, 17, 33, 34, 36, 45, 50, 63; 8:2, 130 162; 8:3, 195, 196, 202, 211, 236, 242, 243, 246, 247, 274; 8:4, 282, 310, 326, 331.

READING 8:2, 182, 183.

REALITY 8:1, 21; 8:2, 146; 8:4, 300.

REDECISION 8:1, 3, 5, 7, 9, 13, 15, 18; 8:2, 122, 132, 133, 135, 136, 137, 139; 8:4, 282, 291, 292, 293, 320.

REGRESSION 8:1, 13; 8:2, 128, 136.

RELAX 8:4, 318, 320.

RELAXATION RESPONSE 8:4, 287.

RELIGION 8:2, 120, 126; 8:4, 346.

RENURTURING 8:2, 140.

REPARENTING 8:1, 10, 29; 8:2, 126.

RESEARCH 8:1, 20, 28, 29; 8:2, 124, 149, 157, 163-165, 166, 169-172, 173-175; 8:4, 300, 308, 337, 341.

RESOLUTIONS 8:4, 290, 291.

RET 8:1, 19-22.

RITUALS 8:2, 131, 153, 154.

ROLE-PLAYING 8:1, 8, 9, 26.

SANTA CLAUS 8:4, 327.

SCHOOL 8:4, 339, 342, 343.

SCRIPT 8:1, 2, 5, 6, 8, 9, 12, 13, 17, 24, 27, 28, 29, 34, 38, 39, 40, 43, 45, 46, 47, 48, 49, 50, 51, 63, 64; 8:2, 110-114, 115, 116, 119, 129, 130, 137, 139, 144, 162, 177, 180, 183, 184; 8:3, 194, 196, 197, 198-200, 201, 202, 203, 205, 207, 208, 209, 212, 216, 217, 218, 223, 246, 247, 248, 262, 263, 274, 275; 8:4, 282, 289, 291, 292, 293, 311, 312, 316, 318, 319, 333, 339, 340, 341, 342, 350, 353, 357, 359.

SCRIPT ANALYSIS 8:3, 203, 207, 208, 209, 215.

SCRIPT MATRIX 8:2, 110, 111; 8:4, 350.

SELF 8:2, 134; 8:4, 282, 283, 284, 285, 286, 287, 300, 347.

SEX 8:4, 308, 341.

SEXUALITY 8:2, 113; 8:4, 330.

SKIN 8:4, 306-309.

SMILE 8:2, 110; 8:4, 307.

SMOKING 8:4, 313, 314, 316, 317.

SOCIAL PSYCHIATRY 8:1, 28.

SOMATIC 8:1, 26.

SPONTANEITY 8:2, 184; 8:4, 283, 287.

STAMPS 8:1, 45; 8:3, 194, 211, 241.

STANDARD NOMENCLATURE 8:1, 5.

STING 8:4, 318-321.

STORY-TELLING 8:4, 320, 321.

STROKE 8:1, 10, 13, 15, 21, 23, 35, 37, 39, 43, 52, 53, 54, 59, 60, 63, 64; 8:2, 118, 119, 120, 130, 140, 141, 161, 162, 173; 8:3, 194, 195, 196, 197, 203, 211, 214, 224, 228, 231, 233, 235, 238, 241, 242, 243, 244, 253, 260, 261, 265, 266, 267, 268, 269, 270, 271, 273, 275; 8:4, 283, 292, 300, 301, 303, 306, 307, 308, 310, 322, 323, 330, 331, 342, 345, 362.

SELF 8:2, 173; 8:4, 316-317.

STROKE ECONOMY 8:1, 21, 33; 8:2, 131; 8:4, 311, 316, 331.

STRUCTURAL ANALYSIS 8:1, 66; 8:2, 128; 8:3, 205, 206, 207, 209, 236.

SECOND ORDER 8:1, 5-9; 8:2, 124; 8:4, 289, 295-296.

STRUCTURE 8:1, 5-9, 28.

STUDENTS 8:4, 326, 327, 339.

"STUPID" 8:1, 13.

SUICIDE 8:2, 134, 137; 8:4, 290, 291, 292.

SURVIVAL 8:4, 283, 286, 298, 346.

SYMBIOSIS 8:1, 18, 27, 28, 66; 8:2, 111, 113, 136; 8:3, 201, 202, 204, 275, 276; 8:4, 285.

SYSTEMS THEORY 8:4, 328.

T'AI CHI 8:4, 287.

TAPES 8:2, 118.

TARGET DISCOUNT 8:2, 131.

TEACHERS 8:4, 327.

TEMPERATURE 8:4, 306-309.

TERMINOLOGICAL GRID 8:1, 27.

THEORY 8:1, 4, 5-9, 17, 19, 27; 8:2, 110-115, 123, 124, 142, 173, 177; 8:4, 282, 301, 340, 341, 352.

THERAPEUTIC COMMUNITIES 8:4, 332-337.

THERAPEUTIC INTERVENTION 8:1, 14; 8:2, 127.

THERAPIST 8:1, 3, 5, 8, 9, 15, 20, 26; 8:2, 110, 114, 115, 119, 125, 133, 134, 136, 141, 151, 162, 182; 8:4, 282, 289, 291, 293, 297, 298, 308, 309, 313, 314, 319, 320, 328, 329, 330, 331, 341, 343, 349, 350, 352.

THERAPY 8:1, 3, 4, 10, 11; 8:2, 114, 120, 126, 147; 8:4, 289, 291, 292, 295, 329, 333.

THINKING 8:1, 20, 22; 8:2, 118, 123, 124, 136, 139, 153, 154, 160; 8:4, 285, 298, 309, 358, 259.

TIME STRUCTURE 8:1, 50; 8:2, 153-157; 8:3, 195, 196, 203, 213, 214, 217, 236, 275.

TRADING STAMPS 8:4, 323, 325.

TRANSACTION 8:1, 3, 7, 8, 9, 17, 18, 21, 27, 28, 29, 30, 31, 36, 37, 44, 57, 64; 8:2, 153, 154, 155, 158, 159, 160, 162, 163, 164; 8:3, 194, 196, 201, 202, 203, 206, 210, 213, 214, 220, 222, 229, 233, 238, 239, 241, 252, 253, 255, 256, 257, 261, 266, 273; 8:4, 292, 300, 312, 313, 328, 330, 331, 333, 340.

COMPLEMENTARY 8:4, 312.

CROSSED 8:4, 312.

ULTERIOR 8:4, 312.

TRANSACTIONAL ANALYSIS 8:1, 10, 19-22, 22-26.

TREATMENT 8:1, 16-18, 19, 23-26; 8:2, 118, 119, 129, 131, 136, 137, 138; 8:4, 316, 318, 328-329, 350.

"UPROAR" 8:1, 13.

VIOLENCE 8:4, 334.

VOICES 8:4, 289.

WARM FUZZIES 8:4, 306.

WINNER 8:1, 12; 8:2, 144.

WITHDRAWAL 8:2, 153.

WORKSHOP 8:2, 169.

WRITING 8:2, 125.

"YES, BUT" 8:1, 15.

ZEN 8:1, 7; 8:4, 287.

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In 1958, Berne began a series of meetings under the name, The San Francisco Social Psychiatry Seminar. On May 6, 1960, the group was granted a charter by the state of California as a non-profit educational corporation offering alternative approaches to earlier types of psychotherapy. Later, as theory developed, the group took the name of The San Francisco Transactional Analysis Seminars.

In 1965 the SFTAS became the International Transactional Analysis Association (ITAA) to promote the understanding of transactional analysis and to provide appropriate training and certification of competence in the applications of TA. Currently, the Association has over 10,000 members throughout the world.

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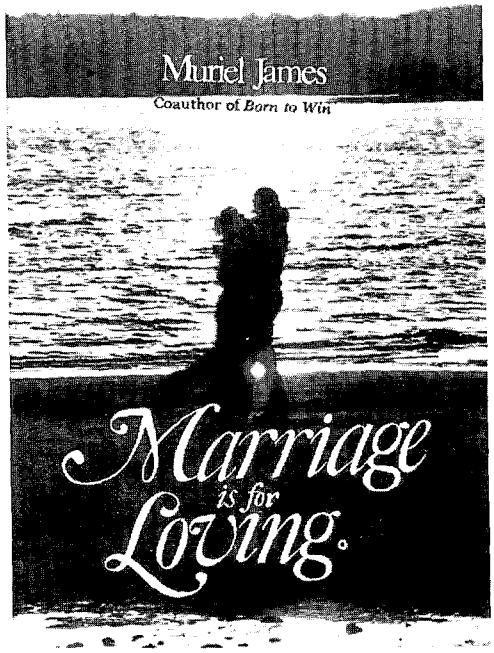


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