

# Six Theoretical Essays on Transactional Analysis

**Reference:** Kellett, P. (2006). *Theory Questions from CTA Written Exam*. Retrieved from: <http://www.psychomericainfo/home/publications>

**Describe your personal style of transactional analysis psychotherapy, referring to the major approaches and those concepts you emphasise.**

*... if you want people to change, you have to change, I have to change, we have to change, our theories have to change.* (Barnes, 2005:6)

Charlotte Sills (Keynote Address, Bangalore Conference, July 30 – August 1, 2004) recently argued that there are currently twenty distinguishable ‘schools’ of transactional analysis. It would seem, then, that transactional analysts today are faced with the task of integrating (or at least choosing amongst) diverse philosophical, theoretical and practical transactional analytic approaches in order to forge a personal style of therapeutic practice that offers an effective means by which to facilitate clients’ change. My own style of transactional analysis currently represents an integration of relational and constructionist approaches within transactional analysis. In order to keep this process of integration live and responsive, I continue to develop philosophical, theoretical and pragmatic concepts from within transactional analysis that reflect my personal beliefs and interests and that I find exciting and powerful in facilitating effective therapeutic change.

## **Philosophy**

The special issue of the Transactional Analysis Journal, April 1997, 27:2 offers a comprehensive introduction to constructionism from a variety of transactional analytic perspectives. Constructionism focuses upon the formative function of social and cultural dynamics in the narrative development of a person’s sense of self-in-relation (identity) and meaning making (reality). Such an approach is central to the founding philosophy of transactional analysis, since Berne (1961) sought to account for individual dynamics as these are situated within a person’s social matrix; a *social psychiatry*. Allen and Allen (1997) were amongst the first to propose an overarching integration of constructionist philosophy within existing transactional analytic frameworks (the San Francisco School, also known as the Classical School, and Redecision School, see Barnes, 1977). They note that there are many ways to integrate constructionist principles and invite readers to experiment and develop their own style. This call has been taken up by others and, of central influence for myself is the co-creative model developed Summers and Tudor (2000).

My own experiment continues to be the integration of a relational perspective within this constructionist framework (see Hargaden and Sills, 2002). Building on the more psychodynamic interpretation of Berne’s original vision (as developed by such writers as Novellino, 1984 and Moiso, 1985) this approach emphasises the transferential relationship and the intersubjective domain of the unconscious as the primary sites where lasting personal change is forged. This forms a constructivist

complement to the approach described above, for constructivism focuses upon the other side of the equation in the construction of identity and reality; the formative dynamics of internal motivations and unconscious desire (see McLeod, 1997 for further elaboration on current definitions of, and distinctions between constructivist and constructionist approaches).

## Theory

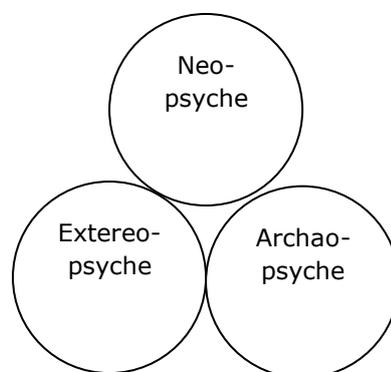
Central to my style of psychotherapy are three overarching transactional analytic models: ego state structure and functioning (for example, Berne, 1961, Holloway, 1977, Erskine, 1988 and Tudor, 2003); script construction (for example, Steiner, 1974, Cornell, 1988 and Summers and Tudor, 2000) and intra- and inter-psychic dynamics (for example, Goulding and Goulding, 1976, Mellor, 1980, Hargaden and Sills, 2002.)

### **Ego States; Structural and Functional Models of Being-in-the-World (Heidegger, 1962)**

There has been much recent discussion regarding the relative merits of structural and functional models. It has been argued that certain functional models of ego states (e.g. Ernst, 1973, Drye, 1974, Kahler and Capers, 1974, and Dusay, 1977) describe categories of function that are pragmatically impossible to define. From a postmodern perspective, many of our terms are difficult to define (Loria, 2003) and, indeed, Berne himself offered more descriptions than definitions (Tudor, 2003). The worth of our concepts is ultimately measured by their power to persuade and illustrate rather than as claims to definitive meanings (Allen, 2003).

## Structure

I use the metaphor of psychic organs (Berne, 1961) as developed by Holloway (1977) to conceptualise ego structure (Diagram 1). I view the extereopsyche and archaopsyche as representing categories of message-decisions; decisions the client made, usually as a child, about perceived messages that the client decided were important for adaptation and/or survival. Such decisions were made using the developing reflexive capacities (e.g. probability testing processes, Berne, 1961) of the forming neopsyche and represent what has been described as the what or content of personality (Woollams and Brown, 1988). These psychic organs may be seen as metaphors (Loria, 2003) for networks of networks of neural pathways within the physical brain (Allen, 2003).



*Diagram 1 – Psychic Organs (Based on Berne, 1961:55 and Holloway, 1977:180)*

## Function

I have integrated models of ego states proposed by Erskine (1988) Hargaden and Sills (2002) and Tudor (2003) to form a functional model that views ego states as metaphors for ways-of-being (see Diagram 2). This concept is in line with an approach developed by Gregoire (2004:13) for example, who proposes that “ego states are active and living links between current patterns and specific past experiences.” Consequently, I view the archaic ego states (Parent and Child, Berne, 1961) as representing categories of fixated, or frozen ways-of-being; patterns of interactions or templates of past relationships that are reproduced in the present. In contrast, I view the Adult ego state as an integrated/integrating way-of-being that is present-centred and reflexive. Adult processes are spontaneous, relationally autonomous and fully contactful (Erskine, 1999) where archaic ego state processes are never fully any of these.

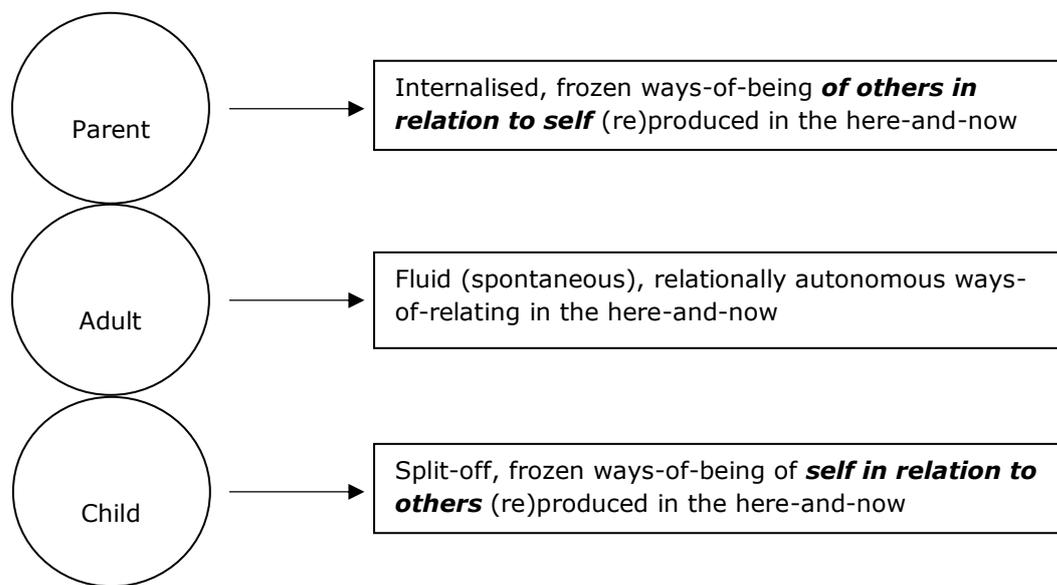


Diagram 2 – Ego States (Based on Berne, 1961:31)

These models are central to my conceptualisation of clients’ personality structure and functioning. I conceive of all actions (including utterances, described by Austin, 1962, as ‘speech acts’) in terms of ego state functioning and consider both intra- and inter-psychic dynamics in terms of ego state categories.

## Scripts; a Narrative Construction of the Self-in-Relation

Allen and Allen (1997:91) have offered a comparison of the defining attributes of constructionist approaches to psychotherapy. They include a focus on the role of language in the construction of ‘reality’, the role of the therapist as participant-observer and the function of story-telling in the process of therapy itself. Ultimately, these ideas highlight our need to make meaning. I have integrated various developments of script theory as a framework by which to conceptualise client’s significant meanings in their construction of self-in-relation. Thus, I use a model of the script matrix (Steiner, 1974) as developed by Cornell (1988) and Summers and Tudor (2000) to organise an overall description of my client’s significant message-decisions and their genesis. This script model is intimately linked with the model of ego states described above.

## **Transferential Transactions; the Intersubjective Realm**

I use Hargaden and Sills' (2002) model of transferential transactions to frame my understanding of unconscious processes. They propose a parallel between ego state development and the emergence of different domains of the self described by Stern, 1998. I do not agree, however, with their location of aspects of the self (e.g. the core self) within the Child since this represents a category of fixated, archaic ego states. Stern (1998) suggests that such domains continue to develop throughout life and, given the ego state model outlined above, I locate these senses of self as a function of the Integrating Adult (Tudor, 2003).

Hargaden and Sills' (2002) describe categories of projective, introjective and transformational transferences and the developmental processes that may lead to the formation of these patterns of relating as well as corresponding styles of effective therapeutic transacting with these different categories. These processes identify the motivation of transference in the archaic ego states and thus, I use this comprehensive model to distinguish between types of transference and to inform my style of working and use of interventions with clients. I use this model, primarily, to facilitate deconfusion (Berne, 1961) a process that infuses all domains of therapeutic work (Hargaden and Sills, 2002).

## **Other Models**

I use any transactional analytic model that I can integrate into this constructionist framework. In this case study, for example [not reproduced here for reasons of confidentiality] I refer to models and theories from the San Francisco School (e.g. games, Berne, 1966 and transactional analysis proper, Berne, 1961) the Redecision School (decisions and redecisions, Goulding and Goulding, 1976) and illustrate my use of the miniscript (Kahler and capers, 1974) incorporating existential positions (Berne, 1961) in forming an assessment of my client. As outlined above, I take permission to work creatively with such models, adopting aspects of theory to facilitate effective work with clients, rather than attempting to fit clients into theories, thus running the risk of pathologising clients and producing I'm OK you're not-OK relational inequalities (Barnes, 2004).

## **Practice**

Since my style of transactional analysis integrates relational and constructionist practices, I aim to co-create a transitional space in which the therapist and the client together are able to bring into awareness, make sense of and ultimately transform and integrate into Adult, the client's destructive and unhelpful ways of relating to self and others.

## ***Co-creating a Transitional Space***

I use my self in two important aspects. First, I allow the client to use me in such a way as to facilitate transference in the session; I allow my self to "become someone who..." (Shmukler, 2003:142) making space for the client to project onto/into me aspects of their relational selves that are stuck and/or split-off. This is in line with Berne's (1966) advice that, as therapists, we must knowingly 'play the game', that is, engage clients in the co-constructed transferential domain of relating. Summers and Tudor (2000) have offered a template for conceptualising the therapeutic relationship in terms of present-centred Adult ↔ Adult relating and past-centred types of relating involving the archaic ego states. I use this model alongside that described by Hargaden and Sills (2002) to track relational dynamics and inform my interventions. Second, I use my felt experience to reflect on the

transferential process in order to decode and detoxify (transform) frozen aspects of the client's self. I elaborate further on both these processes below.

### ***Narrative Awareness - Decoding***

The process of decoding involves an exploration of the client's story, their construction of reality motivated by internal fantasies and desires as these are situated within wider cultural contexts. I facilitate the voicing of this story using Hargaden and Sills' (2002) integration of Berne's (1966) eight therapeutic operations with the principle of empathic transactions (Clark, 1991). In this way I structure my interventions, invite purposeful reflection on the client's reality, and illuminate those aspects of their narrative that have hitherto remained hidden or discounted (Schiff et al., 1975). Bringing these aspects to light invites the client to see how their meaning making has been purposefully selective in the support of their script system; challenging their sense of disempowerment and making space for the deconstruction of script decisions.

### ***Transformation – Detoxifying***

I focus upon the intersubjective realm as the primary site for working through relational dynamics that have become limiting or destructive. Unconscious processes range across ego state function (Tudor, 2003) and thus I see working in the transferential domain as working intersubjectively with all ego states in the here-and-now, representing a holistic approach (Summers and Tudor, 2000). The process of detoxifying involves the use of my own therapy and clinical supervision to reflect upon my felt experiences with my client. Crucially, this way of working focuses on inviting the client to make redecisions (Goulding and Goulding, 1976). I believe that clients make such redecisions unconsciously and that it is then our task together to bring such redecisions into the light of awareness as we experience the client's shift in feelings, actions and thinking.

### ***Integration – Constructing a new Narrative***

The flip side of the deconstruction of clients limiting narratives is the construction of a new narrative, a reframing of these shifting meanings to facilitate growth and forge an integrated (and integrating) fluid sense of self (Tudor, 2003). Again, I use the therapeutic relationship to support this integration and facilitate a process of individuation through which the client can safely let go of therapy and venture forth with greater hope, resources and relational autonomy.

## What TA concepts do you use to understand the origin of psychological problems? Show how this relates to your ideas on psychological well being or cure.

I discuss here my use of ego state function in relation to the processes of assimilation, accommodation and splitting to conceptualise the development of psychological problems. I outline my use of Fowle's model of the Hidden Child (2004) as a way of picturing the consequences of problematic development and the perpetuation of limiting relational patterns. I then consider the role of script decisions in this model and relate these ideas to ways of facilitating self-being.

### **Ego States – a Model of Development**

Let me begin by painting a picture of good-enough (Winnicott, 1965) psychological development. I view psychologically healthy development and functioning as a process of good-enough integration of relational experiences. In this sense, integration means that I can make meaning from, tolerate and include an experience of my sense of self-in-relation. I comprehend an experience in terms of my existing frame of reference (Schiff et al., 1975) as well as by expanding my frame of reference to incorporate aspects of that experience I have been unfamiliar with. These represent the processes of assimilation and accommodation respectively (Piaget, 1955) the twin sides to healthful adaptation. Such a process represents the function of the Integrating Adult ego state and I agree with Erskine (1988) that an idealised picture of health is that of an Integrated Adult unencumbered by Parent or Child fixations.

I conceptualise psychological problems as blocks to fully intimate, present-centred relational contact and as originating in transactions that a person has been unable to integrate into their developing frame of reference in a good-enough way through the processes of assimilation and accommodation. Where good-enough meaning cannot be made from an experience, where this experience cannot be tolerated, processed or digested (I borrow this metaphor from Tudor, 2003) it is interpreted as threatening, indigestible and is consequently either internalised whole or later split-off or spat out (Hargaden and Sills, 2002 have described these defensive processes). Either way, it will consequently become toxic, representing an unhealthy process of adaptation. I view the developing Integrating Adult, the present-centred sense-of-self-in-relation as attempting this spitting out and the archaic ego states into which such indigestible experiences are spat.

I picture these developmental processes using ego states. In this sense, ego state development parallels the individual's developmental history. Frozen, split-off experiences are the primary formative function in the development of the archaic ego states while the Adult represents the process of good-enough integration.

### **Diagram 3**

Present-centred relational experiences are normally contacted by the Adult and integrated by this ego state. This represents a depiction of healthy adaptation. Additionally, previously traumatic experiences, split-off into the archaic ego states, can also be (re)integrated by the Adult (by such processes as successful psychotherapy, for example).

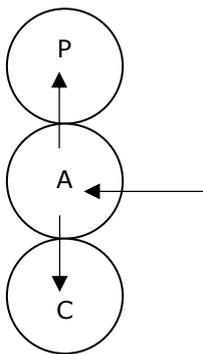
#### Diagram 4

Traumatic relational experiences may occur with such force that they cannot be integrated by Adult functioning. Either the neopsychic structure has not yet matured enough to function adequately, or this function is effectively 'knocked-out' (Gildebrand, 2003). Such experiences of others in relation to self are introjected whole and un-metabolised by the Parent and become frozen. The Child similarly introjects traumatic experiences of self in relation to others. Such experiences usually result in both types of introjective process.

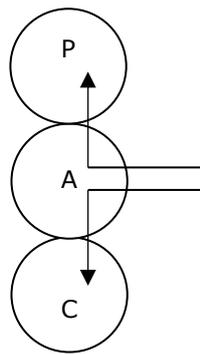
#### Diagram 5

A person may attempt to digest repetitive, unpalatable experiences over time, using their Integrating Adult. Eventually, if a solution cannot be formulated, a decision will be made to be rid of the thoughts and feelings attached to the now frozen experience. These experiences will consequently be segregated by the Parent function or 'walled off' by the Child (Hargaden and Sills, 2000) representing the process of 'spitting out' referred to above. Furthermore, survival decisions made by the Child may be adopted by the Parent function ( $P_1$ ) in order to ensure safety.

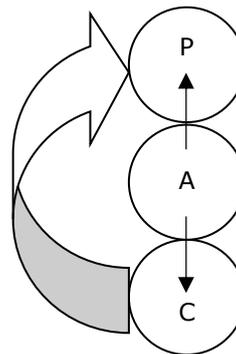
Integration (3)



Introjection (4)



Splitting (5)



Diagrams 3, 4 and 5 – Developmental Processes

A person will then use archaic functions in one or both of two ways. First, to make partial contact with their environment, blocking full, open engagement in abeyance to defensive script decisions; that is, to maintain a defence. The second is to further attempt the process of 'spitting out' through projection, to identify what is intolerable in 'me/us' with 'you/them' and thus locate badness outside of the self(-group). Thus, intra-psychic processes form the basis for inter-psychic processes. Where a person contacts the here-and-now through archaic functioning, it is less likely that new relational experiences will be integrated in a good-enough way since the integrating Adult function will, effectively, be decommissioned and archaic ego state functioning will be used to assimilate new experiences in ways which support the person's script.

#### The Hidden Child

Hargaden and Sills (2002) describe how early indigestible experiences are identified as not-OK aspects of the self since the young child blames him or herself for perceived environmental failures. If there is a critical mass of such experiences, a rigid division forms between the OK and not-OK senses of the early self. Depending on the developmental stage at which these divisions form, they can be represented as divisions in  $C_1$  (resulting in a schizoid adaptation),  $A_1$  (narcissistic adaptation) or  $P_1$

(borderline adaptation). Fowlie (2004) has described the defensive function of the P<sub>1</sub> ego states in splitting-off and hiding not-OK aspects of the self, or Hidden Child. Such quarantining of aspects of the self has a crucial influence on intra- and inter-psychic functioning.

### **Script Development – Decisions; Injunctions and Drivers**

People naturally make decisions about themselves, others and their worlds and these decisions form generalised relational patterns that offer positive adaptive functions. For example, the ability to predict saves us time and effort in most familiar situations. There are also times when people make decisions about themselves, others and their world in order to tolerate, or get rid of feelings that feel overwhelming. These decisions are constructed in order to survive in, or adapt to an environment that has failed to provide a good-enough response to early symbiotic needs. Such defensive decisions can be premature where they are formed before the young person has developed a good-enough integrating capacity, or may result from being traumatised by some experience. These decisions represent frozen meanings within the client's frame of reference and, in turn, give rise to repetitive patterns of being-in-the-world. These patterns are then (re)produced in the present, either in response to stress or as part of an ongoing attempt to resolve what has so far felt unsolvable; to integrate what remains split-off.

### **Psychological Well-being**

Berne (1961) depicted the cured patient as the goal of TA psychotherapy and described this cure as living a script-free life using the functions of spontaneity and intimacy to achieve this autonomy. He spoke of releasing the client from his script-anchored blocks to intimacy in order to allow the natural flow of physis. Consequently, I aim to "help the person escape a dominant story that defines his ... sense of authorship and autonomy ... to help the individual redesign and live his ... own story" (Allen and Allen, 2000:97) ... to work with clients to construct new narratives that support (rather than hinder) them in achieving good-enough relational autonomy. I distinguish, then, between a flexible, fulfilling narrative and a rigid, limiting script and see well-being as involving a deconstruction of a not-OK script and the (re)construction of an OK narrative.

Since limiting ways of relating are based on past decisions, a redecision (Goulding and Goulding, 1976) is needed in order to let go of these relational patterns and create space for the construction of new, autonomous ways of being that allow for greater relational fulfilment. I see redecisions as central to the process of deconfusion. Building on Fowlie's (2004) model, this involves a (re)integration of the split-off, hidden parts of the self, paralleling, perhaps, the (re)integration of a new narrative and reclaimed aspects of self necessary for successfully completed therapy.

Though Berne never proposed a 'cure formula' within his repertoire of equations, the processes of (re)construction of narrative identity combined with (re)integration of deconfused split-off aspects of self facilitates a relational autonomy that offers the basis for intimacy and spontaneity. I thus use the following formula as an overarching template with which to structure the goals of my clients:

Construction + Integration = Relational Autonomy

## What TA concepts do you use to diagnose or assess your clients and how does this influence the way you work with different types of client presentation?

I view diagnosis or assessment as a process by which clients are partially conceptualised using existing theoretical frameworks. Such conceptualisation tends to focus on those aspects of categorisation that I view my client as sharing with others similarly classified. That is, labelling minimises, or discounts clients' differences and uniqueness and does not offer a holistic account of the person (Summers and Tudor, 2000). Furthermore, Stewart and Joines (2002) caution that clients rarely do their therapists the service of fitting in neatly with their theoretical models. Thus, I give myself permission to use existing theoretical models creatively and flexibly, as much of this paper demonstrates. I view the function of assessment as informing contract making and structuring our therapeutic process and interventions.

Below, I describe and illustrate my use of models of personality adaptations (Stewart and Joines, 2002) transferential transactions (Hargaden and Sills, 2002) and the script matrix (Summers and Tudor, 2000) to conceptualise clients and inform my work.

### **Personality Adaptations**

I frequently use Stewart and Joines' (2002) elaboration of Ware's (1983) model of personality adaptations to form an initial sense of my clients. I use behavioural and social diagnoses (Berne, 1961) as initial indications of personality adaptation, maintaining a focus on intersubjective experiences and feelings as they arise in the present-centred relationship. In this I use my experience of being-with my client to attune to any co-transferential dynamics that arise (Erskine, Moursund, and Trautmann, 1999).

For example, in our initial session, I experienced a strong anxiety with a new client, Sam. I routinely ask clients if they want to ask any questions in order to make a decision about working together, yet Sam spent some time telling me that I was a well-qualified and experienced therapist. My informing her of my training status was quickly discounted as unimportant, representing a blocking of Adult integration. I was struck by this powerful idealising projection, becoming somewhat anxious at the impossibility of living up to such an idealisation and realised that, though this client seemed energetic and engaged, I sensed a hardness and visualised her becoming angry and attacking if I failed to 'make her feel better'. I wondered whether this projective transference ( $P_{1+}$ ) was aimed at inviting me to experience something of her internal phenomenology, that, like herself I was being set-up to be attacked by a punitive  $P_1$ - for failing to Be Perfect. Would I then be got rid of, rejected for being worthless? This alerted me to a potential borderline structure.

Stewart and Joines' (2002:227) have argued that "borderline and narcissistic structures cannot meaningfully be mapped onto the assessing matrix" but that a person exhibiting these character styles "will also show one or more of the six adaptations." Given Sam's evident Be Perfect driver, history of working exceptionally hard and Almost Type 2 process script (evident, not least her habit of rarely finishing her sentences) I conceived of her as presenting a Workaholic performing adaptation. I used Stewart and Joines' (2002) discussion on treatment of the borderline personality disorder to enrich

their discussion of working with clients with an obsessive-compulsive character style. Thus, I allowed this high-functioning client to take the lead in the process, though this was often a challenge for her, and gradually interpreted her splitting of our relationship.

### *Extract 1*

Sam: *Well I've nothing to talk about tonight ... I don't know what to say... what about you?  
... sometimes I just think I just talk a load of rubbish anyway, just to fill this silence*

Therapist: *At times like this it seems difficult to remember that you have found what we do here  
... valuable, and that you and I are important even if we are quiet*

A bringing together of the split aspects of good and bad challenges the borderline process. By this interpretation, I both challenged Sam's discounting of current way of being as "rubbish" as well as invited her to integrate into the present her good experiences in previous sessions.

### **Transferential Dynamics**

In addition to social and behavioural diagnoses, I use phenomenological enquiry to explore how my client and I project our past into our present relating. Summers and Tudor (2000) have categorised such transference in terms of present- and past-centred positions of relating, linking this to complementary and crossed transactions (Berne, 1961). I find this model of central importance in my reflection on transferential dynamics.

I structure these dynamics using Hargaden and Sills (2002) model of transference. They recommend styles of working effectively with differing types of transference (empathic transacting) that I have experimented with in my own work. Continuing with the example of the client above, Sam's projection may also have represented a form of positive projective transference inviting me to become the 'yearned for' all-protecting, all-nurturing parent (Shmukler, 2003). Becoming aware of my own felt response, or counter-transference, represents the first step in such diagnosis. Following Summers and Tudor (2000) I view this as an integral aspect of the co-transferential dynamic; how my client and I together recreate past relational experiences in the present-centred relationship. I use supervision as a medium through which to explore my own counter-transferential experiences, completing this form of diagnosis.

Hargaden and Sills (2002) term projective transferences defensive transferences, whereby the client externalises the rigid split in their  $P_1$  function, aimed at maintaining the perceived safety of the Hidden Child (Fowlie, 2004). Good and bad are kept rigidly separate (often for fear of annihilation of the good) and the parental function is consequently split, alternatively good (comforting, nurturing and desired) and bad (persecutory, withholding and blamed). Such a pattern parallels the borderline process described earlier, adding both conformation to my diagnosis of Sam as well as offering further opportunity to develop an appropriate way of working. Following Hargaden and Sills (2002) discussion of this type of transference, I held my felt experienced, enquiring into the Sam's phenomenology and later interpreting this relational dynamic when it felt appropriate.

## **Script**

Summers and Tudor (2000) have built upon Cornell's (1988) critique of the script matrix (Steiner, 1974) developing a model that accounts for the interactive dynamics in the formation of a self-narrative. I use this model to organise a conceptual framework of the client's significant script decisions. Primarily, this provides the central guide to my contract making with clients as well as a constantly updated map by which I track clients narrative structuring and frame interventions to work effectively.

My initial sketch of a client's script is derived from my ideas about their personality adaptations, their way-of-being in the world. In the client example cited here, Sam's evident Be Perfect counterscript decision underpinned her borderline and obsessive-compulsive character style (further underscored by a drive to Hurry Up) as well as representing a formative aspect of her script. I used enquiry and reflection to explore what script decisions (injunctions) this driver may be keeping at bay (split-off). We consequently realised that Sam had made a decision to avoid intimacy. For her, emotional closeness brought on an acute fear of engulfment while the threat of inevitable abandonment had been generalised from her early experience of being twice put up for adoption. Sam also avoided certain feelings (sadness and anger) unless these could be thoroughly 'justified'. These injunctions represented important script decisions as well as offering further corroboration of my personality adaptation diagnosis.

Thus, these three domains of diagnosis overlap and interweave. In the case of the client outlined above, this overlap seemed harmonious and integrated, offering guidance on styles of working and a basis to plan therapeutic changes and goals.

## What does psychotherapeutic change mean to you? What TA concepts do you use to facilitate this change?

I view therapeutic change as comprising the overarching processes of narrative reconstruction and the integration of lost or hidden parts of the self. Building on my description of these processes above, I further develop my thinking here and illustrate the methods by which I aim to facilitate such change. Change, for me, represents the means by which client's can achieve the goals we agree as the aims of therapy and, as such, I see the therapeutic contract as the central framework for change. I illustrate how I use the therapeutic contract to structure change and the role of the processes I have specified in this structure.

### **The Contract**

I see the contract for change as a co-created one (Summers and Tudor, 2000); an Adult-Adult transaction involving my client's and my own integrated feeling (motivation) thinking (reflexive abilities) and action (expression). I use the agreement forged between client and myself as the basis for constructing a framework of planned changes. This framework describes what we aim to change and how we intended to effect such change, paralleling the structural and functional domains of ego states discussed above.

### **Structure**

There are a number of staged models of therapeutic change offered by the transactional analytic literature. I have been influenced primarily by that proposed by Allen (1995) who describes three overarching stages within a constructionist framework; deconstruction of past, fixated stories, exploration and creation of a new story, and reintegration of a new sense of self-in-relation into the client's social matrix and wider culture. I use this formula to incorporate aspects of models described by Woollams and Brown (1978) and McCormick and Pulleyblank (1985).

I do not view the stages outlined below as necessarily linear, to follow in this particular order but, rather, as domains or levels of working. While certain domains will be dominant at any given time, other stages may follow in various orders, recycle and/or nest within one another, like Russian Dolls.

- ❖ Establish and develop a purposeful therapeutic relationship
  - My client and I need to establish a good-enough therapeutic relationship in which we feel motivated, supported and safe enough to challenge the clients existing frame of reference. While such a relationship is necessary for change to occur, the development of this relationship is an ongoing part of this change and, indeed, often the focus or medium of change.
  
- ❖ Deconstruction - Developing a Narrative Awareness
  - Together, we need to voice and deconstruct the client's existing narrative construction of self-in-relation (story). This involves increasing awareness of repetitive, limiting relational patterns and beliefs (script).

#### ❖ Script Dissolution - Shrinking the Parent (Erskine, 1988)

Ultimately, a deconstruction of the client's script involves challenging and transforming archaic, frozen beliefs and decisions. I conceive of this particular domain of dissolution as involving Parent functions and choose to categorise this process in the Child as (re)integration, as outlined below.

- The client needs to challenge and let go of his injunctions.
- The client needs to challenge and let go of his drivers.

These latter two steps would be made in this order. I am mindful that dissolution of counterscript messages before the dissolution of script messages can be dangerous, or, at least, counter-productive (Goulding and Goulding, 1976).

#### ❖ (Re)Integration

This comprises two related domains;

- Deconfusion – Shrinking the Child
  - The client needs to (re)integrate his not-OK self. Initially, this involves the (re)integration of his hidden child (C1 and C0) once the maintenance of the defensive split has been dissolved.
- Expanding the Integrating Adult
  - The client needs to develop and expand his integrating Adult abilities to self-nurture, probability test and integrate his feelings.

#### ❖ Construction of a New Narrative

- With his script and counterscript messages having lost their potency, the client needs to construct new meanings and motivations. He will need to put 'a new show on the road' (Berne, 1972) that is, indeed, not a show or drama, but, rather, a new narrative, a fulfilling story of self-in-relation.
- The client needs to build ways to live his new life in a fulfilling manner.

#### ❖ Individuation

- This would involve us in a process of separating, celebrating the future and mourning the end of our relationship.

### **Function**

The following describes the ways of working I use in order to facilitate the tasks outlined above.

#### ❖ Narrative Deconstruction and Reconstruction

- This involves voicing or telling the client's story together, confronting what appears missing (discounted) and making visible co-constructed patterns of relationships (transactions, games and rackets) beliefs (decisions and script messages) and feelings (unconscious, transferential processes). Such a co-creation primarily involves my use of empathic enquiry, specification, challenge (confrontation), confirmation and explanation (Hargaden and Sills, 2002).
- The deconstruction of this story involves challenge, confirmation and explanation as well as illustration, holding and interpretation and is intimately bound up with our use of the transformational relationship.
- Constructing a new story results in a new narrative of self-in-relation and requires the practising of new ways of being-in-the-world. This would involve voicing the client's needs, wants and desires and the co-creation of behavioural experiments (actions) designed to fulfil these desires in an OK way. I would then use supportive strokes to aid us evaluate the effectiveness of new ways-of-being.

#### ❖ The Transferential/Transformational Relationship

- I believe that the processes of decontamination and deconfusion cannot be meaningfully separated (Hargaden and Sills, 2002) and thus see the process of deconfusion as cutting across all domains of working. For example, the construction of the client's narrative will involve both complementary and crossed ulterior and social transactions (Berne, 1961) requiring both conscious and unconscious processing. However, as I mentioned above, some ways of working will be foreground when others are background at any given time and, in working in the transferential relationship the following techniques will be most prominent.
  - Appropriate attunement (Erskine, Moursund, and Trautmann, 1999) facilitates a working through of the client's internal relational dynamics. This involves facilitating the projection of the client's internal world onto the therapeutic relationship and, frequently, into myself.
  - Based on my diagnosis of the client's personality adaptation, this would involve working with the relevant types of transference. This would particularly involve my use of holding and interpretation.
  - Ultimately, the client will need to make use of myself in the transferential relationship to transform his more toxic script messages and decisions. This involves us getting in touch with the client's  $C_0$  and  $C_1$  fears and yearnings and then resolving these to the extent that they become wants that the client can meet in a relationally autonomous way.

#### ❖ Taking Permissions

- The client will need to give himself potent permissions (Goulding and Goulding, 1976) as part of the process of challenging his script decisions. I also view such permissions as essential in order to create a safe space for redecisions. Permissions need to be given by the client to himself, using myself as a protective witness. I invite the client, directly and indirectly, to give himself such permissions. These then lay the ground for the process of integration and construction.

#### ❖ Making Redecisions

- The transformation of unconscious issues through the therapeutic relationship, culminates in redeisions.
- I believe there are many ways in which such redeisions are invited; how I model being in relationship with my client, such as resolving therapeutic ruptures, or offering alternative responses to the client that confront the client's script as well as the transformation of meanings attributed to past experiences. Once a redecision has been made, the client gradually becomes aware of change as this impacts on their feeling, thinking and behaviour. I then support the client in making their redeisions visible within our relationship, and identify aspects of change as the client reports in from their world outside therapy. This anchors the client's change and offers empowering hope and support for further change and the development of a more integrated self-identity.

I believe that these structures and methods offer a flexible yet clear framework for facilitating the changes that my client and I contract to make in order for them to achieve their goals.

## What model or concepts do you use to understand intrapsychic processes and how does this influence the way you work?

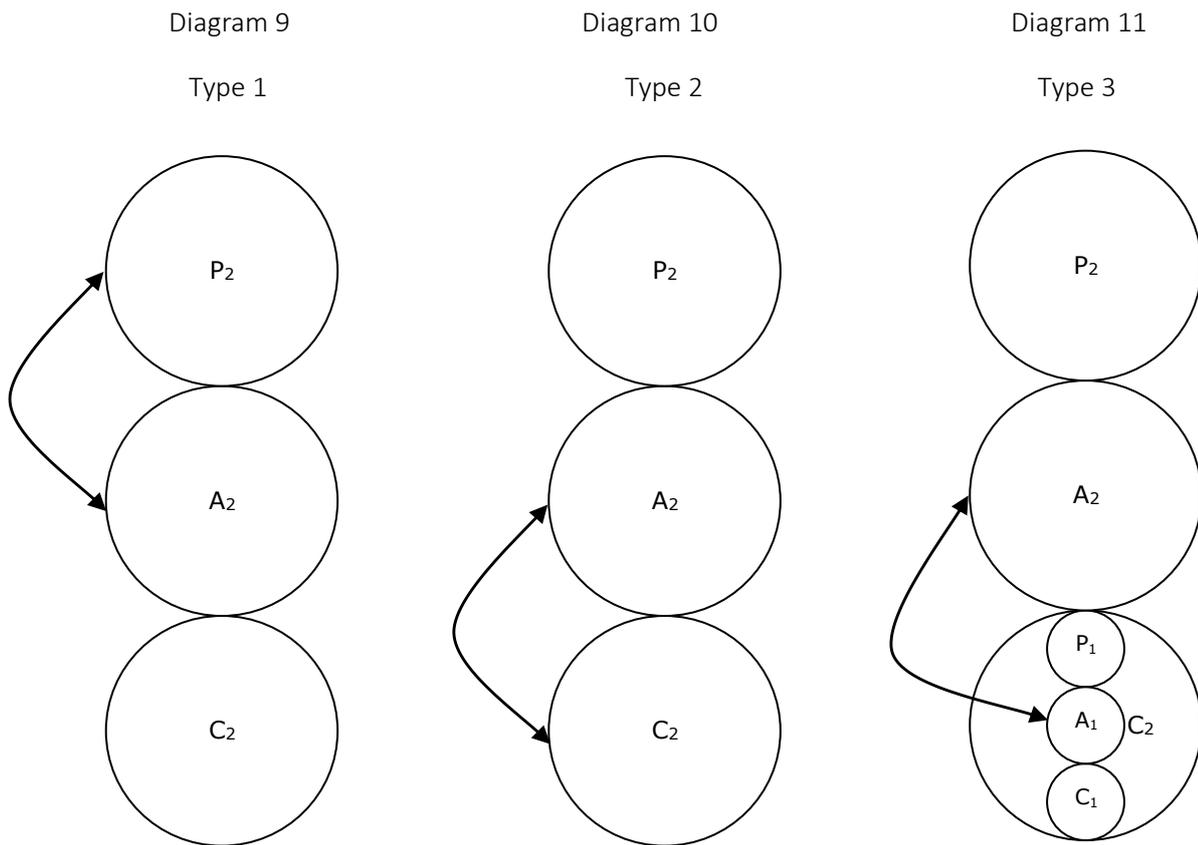
I have described my understanding of the function of ego states in the development and perpetuation of psychological problems above. I elaborate this model further here to describe my development of impasse theory (e.g. Goulding and Goulding, 1976 and Mellor, 1980) as a means to conceptualise intrapsychic processes. I illustrate how I use the miniscript (Kahler and Capers, 1974) as a way of mapping internal expressions of script dynamics and then offer an account of the protective functions of  $P_1$  in defending the split-off self.

### Impasses

I have found descriptions of different levels of impasse useful in conceptualising intrapsychic processes that reflect an internalisation of earlier interpsychic conflict that the client has not yet been able to digest and integrate. For me, impasses arise from the decisions the client originally made in response to this core conflict. Furthermore, impasses describe how clients reproduce past conflict with others through their here-and-now relationships. I understand that impasses, as they have been traditionally described, are between archaic structural ego states and that they do not involve the  $A_2$  ego state (Mellor, 1980). In order to conceive of impasses in terms of the Integrating Adult, I have re-conceptualised the three types of impasse described by the Gouldings. In this model, the Integrating Adult represents present-centred functioning that includes OK needs and wants and it is between the Integrated Adult and the archaic, frozen ego states where conflict arises.

I conceive of type 1 impasses as  $P_2 \leftrightarrow A_2$  conflict between Internalised external messages (such as those received from authority figures) and the person's present-centred needs and wants (see diagram 9 below). I conceive of type 2 impasses as  $P_1 \leftrightarrow A_2$  conflict between the decisions the young person made regarding his or her safety and his or her present-centred needs and wants (see diagram 10). Type 3 impasses represent conflict between the here-and-now self and a there-and-then self; conflict between  $A_1 \leftrightarrow A_2$  (see diagram 11). Thus, the degree of impasse becomes more serious and entrenched, ranging from conflict with external messages ("shoulds & shouldn'ts"), through conflict with internal decisions ("musts & mustn'ts") to conflicting senses of self (conflict between differing core wants and needs, often resulting in a "can't" impasse).

In the Gouldings and Mellor's model of impasse theory, resolution involves redecisions 'in' the archaic ego states in conflict. However, in contrast, I see resolution of these impasses as a deconfusion and integration of the archaic ego functions opposing the aspirational process (physis) of the Integrating Adult (Clarkson, 1992). That is to say, the client must use their integrated Adult to decide to let go of the archaic message-decisions which they use to block full present-centred contact. The original messages must be reframed (re-authored) in the present, so as to augment, rather than hinder intimacy.



*Diagrams 9, 10 and 11 - Impasse Representation (Based on Mellor, 1980:216)*

I will illustrate how I work using this theory using my client Anne. Through our narrative explorations, we framed Anne’s current script as being informed by rigid Catholic values reinforced by an idealised imago of her mother (a “saint”) as well as the decisions she’d made around her highly competitive father’s messages (“fight ‘em girl”). With this internal system, she maintained a negative self-identity through guilt (“I can’t live up to you, mum”) and a sense of failure (when she “lost”) that underpinned self-destructive relational patterns and a punishing work ethic. These beliefs conflicted with her aspirational, Adult desire to have fun and not to have to work hard all the time, to enjoy playing rather than having to win and to be “naughty” sometimes. I conceived of these conflicts in terms of type 1 and 2 impasses, as follows;

**Type 1**

“Fight ‘em and work hard!” ↔ “That’s not fair; sometimes I don’t want to have to work hard.” Conflict between P<sub>2</sub> message and A<sub>2</sub> reasoning and wants.

**Type 2**

“Be a good girl” ↔ “But sometimes I want to be naughty.” Conflict between P<sub>1+</sub> message of conditional OKness and A<sub>2</sub> wants (with some possible Child contamination, though I would not define the word “naughty” as an exclusively archaic word).

The following extract illustrates how we began to deconstruct the first of these impasses.

## **Extract 2**

- Therapist: *I hear how doing well at work is important to you, that you invest a lot of time and energy in what you do ... and that you often feel too exhausted in the evening or at the weekend to have fun with your friends ... how are you feeling right now?*
- Anne: *well ... I feel pissed-off actually ... I wonder sometimes if it's worth it*
- Therapist: *... you sound angry*
- Anne: *I am ... not with you, sorry ... but, yeah, I am though ... I'm angry with myself for being such a martyr sometimes*
- Therapist: *that felt like a familiar kick!*
- Anne: *I do that ... [laughs] ...*
- Therapist: *are you really angry with yourself?*
- Anne: *... [sighs] it's not fair ... no, well, I am angry ... I'm angry that I feel as though I'm supposed to work so bloody hard!*

In this extract, we reframed Anne's anger, turning this energy away from supporting her self-blaming racket (Erskine and Zalcman, 1979) and re-authoring her anger towards an 'unfair' Parental expectation.

This new narrative was further developed in later sessions and facilitated Anne in deciding to use her energy to start having fun, representing a significant redecision.

## **Miniscript**

I use the miniscript as a template for mapping a client's existential positions, significant script message-decisions and intrapsychic dynamics. Diagram 12 illustrates my miniscript for Adam.

Capers and Kahler (1974) originally proposed that the miniscript could be used to track minute by minute, second by second intrapsychic processes and I have also found it useful in picturing longer-term patterns. While Adam could be viewed as constantly moving around his miniscript, I conceived of him, at the time of referral, as primarily 'inhabiting' his final payoff position and trapped in a loop between this position and the vengeful and stopper positions. He felt unable to return to his conditional OKness, and so came to therapy for help to get back there – back on top of the treadmill. In this respect, our reframing of his original contract symbolised a deconstruction of this miniscript process representing a desire to drop this drama.



Anne: *I didn't mean to make you feel upset*

Therapist: *you believe you've upset me*

Anne: *you sounded sad*

Therapist: *I feel sad ... I am saddened by seeing you discount your own pain, your own sense of loss and grief*

Anne: *yeah ...*

Therapist: *how are you feeling?*

Anne: *... I'm worried that I've made you feel bad*

Therapist: *I am responsible for my feelings ... it's OK for you to share painful feelings*

Anne: [begins crying]

When Anne had expressed sadness as a child, she'd been exposed to ridicule from her dad and brother. Her P<sub>1-</sub> now warned against sharing sadness, resulting in a feeling of fear. Her P<sub>1+</sub> provided a guard against this expected attack by supporting an enactment of a Please Others drive coupled with a dramatic display of "rollercoaster" sadness, representing an aspect of a histrionic adaptation. By my relational modelling of being impacted by her hidden sadness, Anne saw that her driver had failed and attempted a repair. Once she understood that it was OK to show her feelings she got in touch with her sadness and allowed herself to cry, challenging her injunction.

Thus, I use models of impasses, miniscript and the defensive functions of the P<sub>1</sub> ego states to conceptualise intrapsychic process and inform my interventions in my work with clients.

## What model or concepts do you use to understand interpersonal relationships and communication and how does this influence the way you work?

There is much traditional transactional analytic literature on the dynamics and structure of social transacting. In my therapeutic work I focus on ulterior transactional levels (Berne, 1961) or transference as described by Moiso and Novellino (2000) and further developed by the relational and constructionist thinkers referred to so far. Below, I outline and illustrate my understanding of co-transference as the primary base for understanding interpersonal communication.

### **Co-transference**

Summers and Tudor (2000) have argued that, from a constructionist perspective, transference is co-created by therapist and client in the present. They nonetheless distinguish between the client's and therapist's transference dynamics, what has been termed transference and counter-transference respectively (see Clarkson, 1992, for a comprehensive exploration of reactive and proactive types of transference and countertransference). They point out that Adult-Adult present-centred relating represents non-transference, complementary transacting in contrast to a truly co-transference relating where both parties are engaging using archaic relational processes. Additionally, they describe two types of crossed transacting styles where either the therapist or client is 'in' an archaic ego state while the other is 'in' Adult. I view these types, or categories of transference as overlapping domains believing that, in practice, the identification of such neat distinctions is not always possible or desirable. Furthermore, Hargaden and Sills (2002) suggest that there are always ulterior, unconscious levels to our communication and that the classifications they describe are frequently enacted concurrently.

### **Transference Domains**

Thus, I view transactions where I sense some kind of redefining, blocking or discounting (Schiff et al., 1975) as transference and am interested then in looking at the role of archaic processes in defending against full here-and-now relational contact (Erskine, Moursund and Trautmann, 1999). I use social, behavioural and phenomenological diagnoses (Berne, 1961) to classify such transactions and use supervision as well as my own personal therapy to trace my own contribution to the co-construction of these ways of relating. I focus on transference, the domain of the unconscious or the ulterior aspect of transactions on the understanding that it is in this domain that therapeutic change occurs. Just as Berne (1966) suggested that we should engage (in awareness) with game invitations with our clients, I see engaging with transference as a way of making visible fixated relational patterns and script decisions.

Hargaden and Sills (2002) explore different ways of working in different domains of transference and I illustrate my way of working with some of these below.

### **Projective Transference**

As outlined above, projective transferences involve an externalisation of  $P_1$  in order to resolve previously undigested experiences of others in relation to self. This transference represents a (re)creation of an early interpersonal situation and invites the recipient, or therapist, to act as the

original other did. This enactment involves the client acting towards the therapist as if they were someone from this past situation.

I refer again to my work with Sam in order to demonstrate an aspect of this transference. Sam's required herself to hurry, feel harried and rarely have time for her own wants and needs. Though we had agreed regular evening session slots, she frequently felt this regularity too demanding and increasingly asked for weekly accommodations. When she first asked to move her session I agreed, making it clear that I was prepared to make an exception only on this occasion given her circumstances. I wondered if this was an Adult request (one-off) or a script enactment (a Game con, Berne, 1966). When, a few weeks later she repeated the request, I told her I was not willing to change our agreement. She was angry with me and experienced me as withholding and not caring about her. This represented a negative,  $P_1$ - projection in which I was co-constructed as an uncaring parent, recreating a painful conflict that Sam had experienced as a child many times.

Our working through this rupture proved central to the deconfusion tasks in our work. This involved my use of holding, both in literal terms concerning my holding of a boundary (contract) but also in terms of the therapeutic function of 'staying with' or in this projection, what Hargaden and Sills (2002) have described as the bread-and-butter work of the therapist. I stayed with Sam in her anger, reflecting my sense of how angry she was, how I did not seem to care for her at this time and how painful and familiar that was for her. Gradually, I was able to offer some interpretation linking these present feelings to Sam's past experiences and, in this case, Sam's anger revealed a deeper despair and sense of abandonment that became of central importance to her process of change.

### **Introjective Transference**

This type of transference formed the dominant domain of unconscious communication in my work with Adam. Stewart and Joines (2002:240) suggest that clients exhibiting narcissistic character styles need to be "appropriately mirrored". Kohut (1971) proposes that narcissism can be viewed on a continuum of psychological idealisation of the other. He describes the lower end of social functioning as representing a merger by identification of the other with the grandiose self. A less acute form of this idealising is characterised by the twinning transference, whereby the client is able to perceive more separateness from therapist (more integrated Adult functioning) but assumes that they are both alike in many important respects. Finally, Kohut (1971) characterises the highest functioning level as a mirroring transference, where the other is used to acknowledge the false self. Johnson (1994:168) stresses that "the need for attention, "prizing", respect and echoing is the focus of the relationship, "this form of transference ... is directed more at the development of the separate self". Hargaden and Sills (2002) further delineate within this latter type of transference between clients who invite a complete first-order symbiosis (Schiff et al., 1975) akin to the merger transference outlined above, and those who seek the therapist's approval and admiration.

I had experienced Adam as frequently appearing to seek my approval, primarily through his tendency to seemingly want to impress me with his story telling. My felt response to this was, in part, an almost hypnotic urge to stroke Adam for his 'performance', reminding me of Hargaden and Sills (2002) suggestion that this transferenceal invitation seeks an attuned parental response in order to acknowledge something the client sees as valuable and authentic. This informed my way of working

with Adam in that I remained mindful to attune empathically to his story telling, rather than discount it as some kind of therapeutic resistance. In working this way, we were able to provide a safe container in which Adam's not-OK self was eventually able to emerge.

### **Transformational Transference**

This is the term Hargaden and Sills (2002) give to the concept of projective identification (Ogden, 1982/1992) distinguishing this from other types of transference by suggesting that the client projects into the Child ego state of the therapist, thus inducing "a feeling state in the other that corresponds to a state that he is unable to experience for himself" (Hargaden and Sills, 2002:60). In my work with Adam, I went through a period of feeling acutely self-conscious, including a heightened uncertainty about how to relate to Adam and the effectiveness of my interventions. Using my supervision to support an exploration of these difficult feelings, I framed an understanding of this process in terms of a transferred felt experience that represented a part of Adam's not-OK self, a part that he found threatening and intolerable. Using this concept of transference, I understood that he may be unconsciously inviting me to feel as he couldn't allow himself to feel; "I want you to hurt as I do" (Newman, 1988 as quoted in Hargaden and Sills, 2002:62).

Stewart and Joines (2002:241) see a fundamental aspect of effective work with narcissistic adaptations as involving the therapist interpreting their client's pain. This transference represented, in part, Adam's relational need for me to do this. This initially involved my holding and processing (digesting) this experience, sitting in the session with this discomfort and dealing with my own Be Perfect demands to make something useful of my experience and move Adam and I on. The following extract illustrates how I have begun to interpret this communication.

#### ***Extract 4***

Adam: *I just don't seem to get over being so angry with her ... you know?*

Therapist: *I hear your anger and frustration ... both with Eve and with yourself*

Adam: *Yes, I'm pissed of with myself for not dealing with this ... what can I do?*

Therapist: *Maybe you are dealing with these painful feelings ... by allowing yourself to feel angry and stuck and by sharing this pain with me*

By not rushing to attempt to (re)solve or foreclose on the painful experience of separating with his wife, I believe Adam and I addressed a core issue for him; the issue of "separateness and limitation" (Johnson, 1994:157).

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