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Theme Issue on TA and Dreamwork

Integrating Gestalt and Senoi Dreamwork with TA

By Vann Joines, MDiv, CTM

Working with dreams is both fun and a highly productive medium for promoting therapeutic change. Since dreams are creations of the Child ego state, they offer a direct route to the individual's unconscious processes and are powerful metaphors indicating key areas needing resolution. Daydreams and fantasies, as well as nightdreams, can be utilized to assist clients in reframing and resolving important impasses. Integrating Gestalt and Senoi approaches to dreamwork within a TA framework provides a useful method for increasing insight and developing options for working effectively with both dreams and fantasies.

When an individual is asleep, the Child ego state is cathected. This is the original part of the personality and the one most directly connected with the individual's unconscious processes. Dreams, therefore, represent an arena in which the Child can work freely to satisfy repressed wishes and resolve conflicts between various parts of the self.

All other ego states are represented in dreams, but each seems to be experienced from the Child's perspective. As Fritz Perls pointed out, each part of the dream represents a part of the self. In creating the dream, the Child represents these parts symbolically, or metaphorically, and has them interact in ways that fulfill wishes and solve difficulties. Both the parts and their interactions are disguised to the extent that they are threatening to the Parent and Adult ego states and the individual is not ready to deal with them consciously. Thus, the Child often works with the content of a dream in such a way as to keep its meaning hidden from the Parent and the Adult.

Since dreams are a creation of the Child ego state, it is the Child that can most accurately interpret and work with them. Therefore, the task of the therapist is to assist the individual's Child to reexperience the dream, own the parts, and resolve any unfinished business within the dream. Adult awareness of the meaning of the content is important in achieving conscious integration, but is not required to achieve successful resolution. That can be done metaphorically. Most of us, however, are naturally curious about what our dreams mean and appreciate Adult awareness as well.

The Gestalt approach to dreamwork invites the dreamer to be the various parts in his/her dream, to experience them as aspects of the self, and to create dialogues between them to resolve impasses. Dreams from which one awakens with positive feelings represent resolutions and do not need further work. Dreams that leave one with negative feelings represent continuing impasses which may be resolved through further work with the dream. Dreams that are several months old are not likely to represent current issues (unless the dreams are recurring) and therefore work with them is likely not to be very fruitful.

The Senoi Indians also contribute a significant perspective to dreamwork, although their approach is more metaphorical. To them, both the waking life and the dream universe are of equal importance. They believe that we deserve the power and friendship of all the spirits (parts of the self) of the dream universe since we are the creators and masters of that universe. They further believe that, to the extent that we make friends and allies out of the spirits in our dream universe, we will also make friends and allies in our waking life. In TA terminology, we might say that, as we achieve integration internally among our various ego states, we will tend to have harmonious transactions interpersonally.

The Senois also have a very interesting perception of what we call nightmares. The Senois call them "power-visions." They say, "fear is where the power is;" i.e., we are most afraid of that upon which we have projected the greatest amount of power. Ironically, as individuals work in their dreams with the figures or objects of which they are afraid, they often discover them to be very beautiful parts of themselves with very positive intentions. These parts may have been seen previously as ugly or scary because they were seen and reacted to as not OK by threatened parents or significant others when the individual was young. The child formed a fantasy about these parts of the self which corresponded to the reaction he/she was receiving from others.

A dramatic example of this was a woman who dreamed about an ugly, ferocious, badger-like creature who was clawing up from under her house and trying to get in to attack her. While working on the dream, she found that, as she experienced being the creature, she was actually the



beautiful infant part of herself whose needs her mother did not want to meet and saw as disgusting. That part was now seeking to be loved and cared for by the woman herself. When she realized this, the woman began to see that part through her own eyes, rather than through her mother's, and began to feel appropriate loving and nurturing feelings toward that infant part of herself.

The object of both Gestalt and Senoi approaches to dreamwork is to enable the individual to integrate the parts of himself/herself that have split off and are attempting to reestablish contact. That contact is often frightening to the individual, since the original split was made in order to gain environmental support to ensure physical or psychological survival. Both approaches help the individual gain a different perspective on these alienated parts of the self through a reframing process that allows them to be experienced as OK and which facilitates their reintegration into the personality.

One interesting aspect of the Senoi approach is that the person is allowed to begin the process with only a fragment of the dream. By embellishing this fragment until a "main other figure" is identified, the person can then secure this "main other figure" as an important ally and receive a gift symbolic of the ally's power and friendship. This symbolism is then transferred to the waking life by securing an object like the gift received in the dream.

These approaches to dreamwork are not limited to nightdreams. They can also be effectively utilized with daydreams or with fantasies that metaphorically express the problem the individual is experiencing. For example, one client expressed the feeling that there was a wall between himself and other people and that he wanted to be rid of it. As we worked metaphorically with the sensations he was describing, he was asked to create a daydream in which he experienced many important uses for the wall, including setting limits and protecting himself. He decided to keep the wall, which he now experienced as an important ally and which he could raise or lower as he chose.

Since we are "the creators and masters of our dream universe," we can do whatever we want in working with our dreams. We can change them, rewrite them, or finish segments that were unfinished. We have complete freedom to do what is useful for us. If we are frightened, we can bring in allies for protection. If we don't recognize a figure, we can ask it to take off its mask. We can become each part and experience the part of ourselves it represents. We can discover the positive intention of each part, how each is working to care for us in some way and we can elicit each part's cooperation in a united effort to solve our problems. The Child can be tremendously creative when free to work outside the normal constraints of the Parent and Adult and, through our dreams, we may resolve important conflicts that have not been resolved by the limited conscious mind.

The more a person works with dreams, the more fun they discover in the process and the more natural it becomes. To my delight, I often awaken now to discover that, while still asleep, I have both dreamed and have worked through important issues using Gestalt and Senoi approaches. I frequently invite my clients to do the same in guided fantasies or hypnosis. Integrating the Gestalt and Senoi methods of dreamwork with TA simply increases the options for assisting clients to reclaim important and resourceful parts of themselves in ways that are both powerful and fun.

Vann Joines, MDiv, CTM, is President of Southeast Institute, Chapel Hill, NC, where he conducts both treatment and training in group and family therapy. He is also a Clinical Member and Approved Supervisor of the American Association for Marriage and Family Therapy and a certified Marital and Family Therapist. He is a former member of the ITAA Board of Trustees and currently serves on the Board of Certification.

Dreamwork

By George Thomson, PhD, CTM



The method of working with dreams that I use is based primarily on Perls' non-interpretive dreamwork and is utilized as part of Redecision Therapy in order to facilitate change as well as to increase awareness.

In actuality, the work is not with dreams themselves, but with the memory of dreams. These memories are used as ambiguous stimuli for a series of fantasy trips occuring in the present. Therefore, the focus remains on the here-and-now, rather than on the actual dream, which occurred in the past.

Initially, the client is invited to tell the dream as if it were happening now. She is encouraged to use the first person, present tense, active voice. Her report will usually be partly present fantasy and partly a report of a memory. She is then invited to "be," or to fantasize herself, as each part of the dream — each object, person, or force — and to describe herself as each part. Since this has not been done before with regards to this particular dream, she is now involved in an active fantasy trip in the here-and-now. In describing herself as each object, it could be hypothesized that she is talking about herself, in which case, the therapist can respond accordingly.

In TA terms, an Adult-Adult contract is established for the client's Child to tell the therapist's Little Professor something about herself in the here-and-now, before her Parent can censor the communication. If the therapist's assumption is not correct, the experience will have little or no impact on the client, but if it is correct, the client will be aware of some part of herself that was not in awareness before, usually a part from the Child or Parent ego states.

For example, a client, who had previously been in trouble with the law, now has good social control of his behavior. He dreamed that he was about to commit a crime and a policeman caught and arrested him. He was very upset by the dream, wondering if his social controls were weaker than he had thought. However, when asked to "be" the policeman, he discovered that he wanted to make sure that the client did not get into trouble again. He cared about him and wanted to see him stay out of difficulties with the law. In this way, the client discovered that he was his own "policeman" and could watch over himself.

After the dreamer has been all parts of the dream, he is asked to make up a new ending to the dream, one that would have the dream turn out the way he would like it to. He may not change the dream, because that has already happened (one cannot change the past), but he can write an additional ending, because that is in the future.

At first, people usually come up with a new ending that is just as frustrating as the one in the original dream and which is still based on the dreamer's script. After the client has been given feedback about that element, he is invited to develop another new ending. This one is often much better, although it is often still based on some rescue or discount of self, or at the expense of someone else, a discount of others. The dreamer is offered more opportunities to write new endings until, either he comes up with one that is autonomous and satisfying to all ego states (Redecision), or it is apparent that he is not going to be able to in that particular session (impasse). However, even if the work temporarily stops, at that point the client has more awareness of where he is stuck and where further work might be done in the future.

Dreams, and dreamwork, can be seen as metaphors for the script and scriptwork. The body of the dream, or at least the memory of the dream, is a metaphor for the past. The dream ending, which is often associated with discomfort and anxiety, is a metaphor for some part of the current racket system. The frustrating new ending is a metaphor for the script outcome and, finally, the revised and autonomous new ending is a metaphor for redecision and change.

A client's willingness to share her dreams with the therapist can also be seen as an indication of her commitment to therapy and the degree of trust that she has in the therapeutic relationship. Generally, when a client is willing to report dreams fully and to work on them, she is willing to be open about the innermost aspects of herself. It means that work is possible at a deep and significant level which can lead to important structural change.

Postscript: A Personal Note

Recently, I went back into therapy, this time with a Jungian analyst. I have been keeping a detailed dream journal and we do a lot of work with my dreams. It is a tremendously rewarding experience. While Jungian dreamwork is less oriented towards change and more towards greater understanding of the self, it, like the work I do with my clients, also assumes that people dream only about themselves and that they are all the parts in their dreams.

In my personal dreamwork, I have made some wonderful discoveries about myself. For example, I have usually identified myself as a maverick, a well-tempered rebel, who was relatively independent of tradition or convention. However, I have discovered a part of me that is very conservative, almost straightlaced. This part is afraid of being argued out of his position by the rebel part and so he manipulates outside of Adult awareness. He is a part of my Parent ego state that feels that he must control me for my own good — very much like several of my relatives from the past.

Previously, I would have tried to stamp him out or ignore him, but now I am getting great joy out of discovering this part of me, learning to listen to, dialogue with and respect him. He is a pleasant old grouch and, as a part of me, he is just as valuable as any other part.

George Thomson, PhD, CTM, is in private practice in Redwood City, CA and is the Director of the Skyline Branch of the Western Institute for Group and Family Therapy. He is also Clinical Instructor in Psychiatry, Stanford University Medical School and a member of the ITAA Board of Trustees.

Members Forum

TA as a Tool for Wellness

Dear Editor:

I was excited to see the November, 1982 *Script* focus on Holistic Health and I want to respond to your request for feedback.

I wrote the article, "'Get Sick' as an Escape Hatch," published in the July, 1982 *TAJ*. In the article, I related TA theory and illness. It was originally refused as "not suitable" and, when later accepted (I believe due only to my persistance), some comments still indicated that reviewers saw little significance in my message.

Abe Wagner has said that the ITAA has the best product on the market and doesn't know how to sell it. I, too, believe we have the best product and have not realized our power to use our product with physical illness. Rather than live with the consequences of non-decision, freeing ourselves to choose allows us to embrace the emotional and physical manifestations of wellness. Early decisions limit our capacity to cope and blind us to the possibility of effective change. Our bodies are left to absorb the results of our passivity.

Cardiovascular disease is the leading cause of death in America. In *New Mind, New Body*, Barbara Brown says, "The blood pressure we speak of is the body's pressure on the flowing blood and the body's pressure is the pressure of the mind." TA offers redecision as a route from passivity to effective problem solving and releases the body's need to absorb tension unresolved in script.

Sincerely,
Nancy Glende

November *Script* Appreciated

Dear Pete:

Thanks for the November issue of *The Script*. I want to express a concern and an appreciation.

First, I am glad for Laurie Hamilton's "Games Healers Play." I agree that "it's hard to argue when God's on their side." I've been on both sides throughout my life. And yes, I have heard people, on many occasions, insist that "imperfection (sin) is the result of misdeeds."

I do wish, however, that Hamilton had said that *part* of "the Judeo-Christian heritage" supports that position. It seems to me that the flakiest, least-thinking part of the Judeo-Christian heritage gets most of the PR. As a Christian and a Presbyterian clergyman, I want your readers to know that not all in the J-C heritage support such thinking.

Second, I am most appreciative of Richard Erskine's article on nuclear disarmament. I have been a CM for many years and I have been hoping that we would make potent social messages for all the world to hear. As a pastor, I spoke about this issue twenty years ago. I also sent letters to Presidents Carter and Reagan and to Leonid Breshnev. I received a reply from Carter, but not one from Breshnev. My open letter to Reagan was published in August, 1982 in a local newspaper (as were the other letters) and I was delighted to see how close my "prophecy" came. I regret that the President continues to act in his Defiant Child concerning this issue.

Thanks for inviting my response.

Grace and Peace,
Wayne Keller, CM

Dear Editor:

A friend shared with me her copy of a recent *Script* on Holistic Health. I had not seen your newsletter before, and I found it to be an excellent paper, particularly that issue.

As school nurse for Azusa Pacific University, it is my perception that we are leaning more towards a holistic approach here. We feel it will better serve the students and will benefit all in the long run.

I found the November *Script* to be of additional help in preparing the seminars I do each year on Holistic Health. I will certainly give a better presentation next time.

So, thank you. I commend you for a good paper.

Warmly,
Lorna Lewis, University Nurse

To the Editor and Staff:

I recently phoned the ITAA office to obtain R. Poletti's address since I wanted to write and thank her personally for

KEEPING IN TOUCH

USA-TAA Meets

USA-TAA Meeting in Snowmass — at an enthusiastic meeting of the USA-TA Association at the Summer Conference, 60 members began the process of defining the purpose, goals and functions of the organization. General consensus was that people wanted an organization that is fun, supportive of each other, supportive of ITAA and involved in USA TA'ers concerns. There appeared to be strong resistance to more structure than is absolutely necessary.

Among the decisions made at the meeting were that Felipe N. Garcia will continue to operate as chairman and will solicit support from other members as necessary in order to properly run the organization. In addition, there was an agreement that dues would remain at $25/year. They also decided that, to be a member of the USA-TAA, you must be a paying member of ITAA.

The USA-TAA also sponsored a party at the Snowmass Conference and an informal booth where people could get information about the purpose and direction of the organization. The Mexican TA Association even sent a bottle of Tequila to the party as a goodwill gift!

The Canadian Association for Transactional Analysis (CATA) held its Seventh Annual Conference in Vancouver, October 22-24, 1982. The theme of the conference was "New Dimensions in Transactional Analysis: A Vision of Possibilities." There were 160 people in attendance from all across Canada plus a good contingent from Washington state, a couple from California (including Pam Levin) and one from Michigan (Sandra Landsman). Beverly Galyean's key-note address was, according to Flo Olivier, "inspiring, stimulating and took off from the already high energy at the conference." Many Vancouver people were in on the conference planning, including Flo, who was chair; Jacqueline Brown, program; Janice Dowson, social; Zenia Corker, registration; plus a "cast of thousands." Vince Gilpin, new CATA President, gave a major address and chaired the business and board meetings. Thanks to Flo for the information — sounds like a great conference!

Pearl Drego and Os Summerton report that they have just returned from a round of workshops in South India. Pearl also indicates that local village TA groups are flourishing with a few new ones beginning. In one village, a girl recently eloped, which created a big scene with heavy games in the family. Even though the girl had not been a member of the village TA group for a while, Pearl reports that it looked as though TA might become the scapegoat. She says she has also begun work in a more outlying village with descendants of an ancient tribe. On her first day there, the women told her that it was better to be born as an animal than as a woman!

Charles Vorkoper, ACSW, RM, is on the program committee for the 1983 Annual Meeting of the American Association of Suicidology at the Lincoln Hotel in Dallas, TX on April 21-24, 1983. The theme for this meeeting will be "People at Risk: The Task of Suicidology." For more information, write the American Association of Suicidology, Central Office, 2459 South Ash, Denver, CO 80222 or phone (303) 692-0985.

Ellyn Bader, PhD, CTM and Pete Pearson, PhD, CM, *Script* Editor, were married on December 30, 1982. Ellyn would like people to know that, although she has changed her status, she has not changed her name. Congratulations, Ellyn and Pete!

Congratulations to **Bill and Stephanie Cornell** on the birth of their son, Caleb Matthew, September 4, 1982.

"The Future of the Mentally Ill in Society," an International Symposium organized by the Israel Mental Health Association will take place in Jerusalem, October 2-7, 1983. For more information, contact Symposium Organizers International Ltd., 10 Rothschild Blvd., 65121 Tel Aviv, Israel.

The Bahian Center for the Study of Transactional Analysis (CESAT) was founded after the Fifth Brazilian TA Congress by a group of people who felt the need to unite for the study of TA and to make TA better known in Bahia. President Eliana Bittencourt Dumet writes to say that their door is open to any transactional analyst who wants to come and study with them, exchange experiences, talk, share a cup of coffee or just say hello!

Education Committee Collects Information on Using TA to Help in Teaching a Second Language — Virginia Cooper uses TA to teach English as a second language and Ginette Ayache-Sebag to teach French as a second language. Ginette is working on her PhD in that field as well. Please share your ideas and methods by sending information to Ginette Ayache-Sebag, PO Box/CP 2000, St. Anne de Bellevue, Quebec, Canada H9X 3L9.



Marilyn Zalcman, CTM, and Norm Finkel, PhD, celebrated their first wedding anniversary on January 2, 1983. They are shown here with Norm's daughter, Jenny, in their wedding costumes. The wedding, a traditional Jewish one, was followed by a good TA party — lots of food, down-and-dirty music, good company and good times. Norm and Marilyn are remembering fondly all of you from ITAA who were there with them and those who could not come.

her excellent article on "Holistic Health for Nurses" in the November, 1982 *Script*.

I also wanted to write and send rosebuds and laurel wreaths to you. I love the tone of the *Script* and the direction it has been taking. The articles are applicable in so many areas — a celebration of the many uses of TA.

I receive many professional publications, but the *Script* is the one I look forward to the most and read immediately. Warm fuzzies to a great staff — please, keep it coming!

Joy,
Darlene Davis, RN, MSN

Volume on "The Game"

Dear Colleague:

I am thinking about putting together a volume about Game Theory. (Note: Game Theory refers to "The Game," a therapeutic technique which has it roots in the Synannon Game and which provides a place where people can play out their games in a protected environment.) I propose that a group of persons who use The Game in their practices write the chapters. We would end up presenting a number of differing points of view on how to use The Game as a therapeutic intervention.

My fantasy is that we would have chapters on topics such as: "The Game as an Intervention with Critical Parent," "Use of The Game in Business and Management," "Therapeutic Uses of The Game," "The Game as Humor," "Psychiatric Diagnoses with which The Game is a Useful Intervention," etc. We can be as creative as we wish. I invite you to offer other topics as well.

If you are interested in collaborating with me on this project, I would like to have an early reply from you with an agreement as to chapter heading and a short outline of what you would propose writing.

Please share this letter with anyone else you know who may be using The Game and who might be interested in sharing their use of it.

I look forward to hearing from you soon.

Warm Fuzzies,
Elaine Childs-Gowell, CRN, PhD

In Memorium: Harry Rose

By Valerie Lankford

After sending out my schedule of activities this fall, I sent out a second flyer. It went, not only to local people, but to people all over the country and the world. I drew a rose on the top and wrote, "Harry Rose, 8/11/28 to 9/23/82. He made the world a better place for kids and for growing grown-up kids. He let people play in his shoes."

Harry Rose led groups with Jacqui Schiff in the 1960's and 1970's in Washington, DC. He also thrived for many years as a full-time Jr. high school principal who was asked to do troubleshooting for other schools. He had not only been my co-therapist in the TA community, but also shared groups and weekend workshops with Anna Miller, Elaine Miller, Jan Eliot and Carol Rayburn.

Subtley, he changed. He wasn't as effective as he had been. He was like a child as well as a manful of man these last few years. The diagnosis came slowly. He died of a brain tumor.

Out of this grieving period will come a further sharing. At this point, I would just like to share what my mom, Jacqui Schiff, said to me over the telephone from India: "Valerie, he lived a fuller life than most people do. He loved more and was loved by more people than most are. I'm thinking about all the good he did."

A book of "The Harry Rose I Knew" memorabilia is being put together for his family (wife and four children) and his mother. Please send letters, photos or other items you would like to contribute, c/o Valerie Lankford, 1118 Bryn Mawr Rd., Baltimore, MD 21210.

Social Action Call By Chicago TA Group

To the Editor:

We would like your readers to know that the Chicago Transactional Analysis Institute membership, which has never before taken a stand on any public issue; now feels an urgent need to add its voice to other organizations in calling upon those of our elected officials who are committed to protecting the quality of life and nurturing wellness to:

1. Stop further manufacture or proliferation of nuclear weapons!!
2. Support equal rights for all and to translate into law the rights of women, minorities, the handicapped and others who need equal opportunity to share fairly in the prestige, power and assets of the land.
3. Translate into law the rights of women to terminate pregnancies, to control their own bodies, and to decide whether or not they wish to bear children.

In addition, we urge your readers to make their wishes known to public officials so that we can join together to protect and strengthen ourselves.

Sincerely,
Janet Migdow, MA, CM, President
Frances Dobkin, MA, CM

Assertiveness Training in the Dream Universe



By Scott McDonald, MSW, CM

For the last three centuries, the Senoi tribe of Malaysia has utilized a form of dreamwork in which the dream universe can be seen as practice space, much in the way positive visualization can be used as a means of shaping our present and future realities. This classical method of Senoi dreamwork, described and adapted by Jack Johnston [1] is an impressive exercise in empowerment. It is a very positive process and, with practice, people report lucid dreaming in this assertive style.

In working with a dream in the Senoi style, the client is given instructions suitable for a visualization.

Therapist: ...and now, will you reenter your dream universe and tell us when you are there?

Client: (Pause) OK, I am there.

Therapist: Now, will you describe the scene in the present tense?

Here a process of embellishment occurs as the dreamer is led to describe the scene and the central dream spirit. Reminders that he is the master of his dream universe and other forms of positive double-bind are used to encourage him.

Finally, the dreamer describes a cloaked figure with some grotesque features chasing him through darkened streets in an old town.

Therapist: That sounds like a scary dream spirit. You are fortunate because the scary ones bring you the most power and are therefore the most desirable ones to deal with. Now, will you turn around and face this dream spirit, taking whatever precautions you think you need and let us know when you have accomplished that?

Client: (Pause) OK, I stopped a horse, you know, pulling a carriage, and got the horse between us and that stopped the cloaked figure.

Therapist: Terrific, you're catching on fast. Now, will you ask the dream spirit what it wants and why it is pursuing you?

Client: (Frightened) Wha-What do you want? Why do you keep chasing me?

Pause.

Therapist: And what is happening now?

Client: Nothing. He's just standing there. I can't see his face.

Therapist: Will you do whatever is necessary so you can see his face?

Client: OK, the wind blew his hood back. Wow, he's really ugly, like the hunchback from Notre Dame.

Therapist: Well done. You recruited the wind as an ally. Will you ask the figure again what he wants of you?

Client: He says he wants me.

Therapist: Well! And will you ask him how he would be better off if he had you?

Client: Then he would have what I have.

Therapist: Will you ask him what it is that you have that he wants so much?

Client: He says that I'm attractive and people like me.

Therapist: Will you ask him if that is what he wants, friends who like him?

Client: Is it friends you want? He is starting to cry. That's it, he looks so sad.

Therapist: Are you willing to create some way of giving him what he wants? Take as much time as you need and let us know when you have finished.

Client: (Pause) OK, I found some children and now they are playing with him. I guess I'll have to teach him how to play. That will take some time. Can I make the necessary time pass?

Therapist: Sure, you're the master here.

Client: OK, he's playing now, but he's so misshapen. Can I do something?

Therapist: Of course. Look for the zipper in his monster suit.

Client: OK, I'm taking it off. (He bursts into tears.) It's me when I was little.

Therapist: Beautiful. And what does this dream spirit do now?

Client: He is playing with his friends like I taught him to and he's happy!

Therapist: Nice going! Now, will you ask this dream spirit if he will be your ally?

Client: Sure! Yes, sure he will!

Therapist: Terrific! Now, will you ask him for a gift that you can take with you, a gift that represents the essence of his power and is a symbol of his alliance with you?

Client: (Pause) He goes to a toy chest — it's a horse, like the one that I brought in to protect me.

Having described the gift in recognizable detail, the dreamer is then prepared to return from his trance with positive suggestions.

Once the dreamer has returned, he is encouraged, not to analyze the dream, but to make a sketch of the gift, to share it with the other group members, and to quest for it in the waking universe with a Zen-like attitude of non-attachment. The Senoi believe that the quest honors the dream spirits, claims and enhances the power won by the alliance, and leads to future successful power visions.

I use this process to enable people to prepare for redecisions, to confront discounts and passivity, to exercise flaccid ego state muscles and to practice acting on redecisions. Situations from the waking universe also provide suitable material for the Senoi process.

[1] Johnston, Jack. *Elements of Senoi Dreamwork Applied in a Western Culture.* Unpublished manuscript, California School for Professional Psychology, San Francisco, CA 1975.

Scott McDonald, MSW, CM, is riding out the recession on a rural child welfare caseload and has a private practice in Winnipeg, Manitoba, in western Canada.

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Calendar

August 3-6, 1983 ITAA Summer Conference, Oakland, California

	Exam Date	Location	Application Deadline
CM/SFM Oral Exams	April 13, 1983 July 3, 1983 August, 1983 November 13, 1983	Raleigh, North Carolina Rome, Italy Oakland, California Paris, France	January 13, 1983 April 4, 1983 May, 1983 August 15, 1983
TM Exams	August, 1983	Oakland, California	May, 1983

All fees are due on or before the deadline for applying for an exam. All exam fees are non-refundable but will be kept as credit in your account if at least 30 days notice is given for cancellations. Otherwise, fee is forfeited. Fees: $75 written exam. $100 oral exam. $30 contract filing fees.

Examinees Passed

Clinical and Special Fields Members

October 20, 1982, Merrillville, Indiana
October 27, 1982, Perth, W. Australia
October 29, 1982, Adelaide, S. Australia
November 7, 1982, Brussels, Belgium

Lasse Ahnby, CM, Mullsjo, Sweden
Janet Baker, CM, L.C.S.T., M.Sc, Torrens Park, S. Australia
Janell Booth, CM, Charlotte, North Carolina
Isle Brab, CM, Clin. Psych., Aachen, W. Germany
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Daniela Chiaperotti, CM, Ph.D., Torino, Italy
Helene Delvaux, CM, Bruxelles, Belgium
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BOOK REVIEWS

An End To Innocence
By Sheldon Kopp
Bantam Books, 1981. $2.95.
Reviewed by Tice Elkins, MSW

An End To Innocence effectively amplifies the TA literature/theory on child development, children's innocence and dependence, and the roles of fairy tales and illusions in the growth process. It is also a personal encounter with the author, Sheldon Kopp, and the story of the end of his own innocence.

If we are not to miss out on those random moments of happiness that adults may have, we must learn to give up the deceptively comforting illusions of childhood. (p.3)

Clinging to outgrown innocence, we are needlessly disappointed again and again as we miss what we might get out of taking care of ourselves. (p.5)

One of the ways that grown-ups take care of children is by telling them fairy tales. (p.5)

Kopp's observation is that innocence needs to be preserved until the child is competent and autonomous enough to make his/her own way. However, in the meantime, he suggests, fairy tales do not teach what living in the adult world is all about, but rather, what our culture insists it "should" be like.

The book examines many familiar life scripts in a most usable way in chapters entitled, "Momma's Boy and Daddy's Little Girl," "Pollyanna and the Paranoid," "Too Good to be True" and "Someone to Look After Me."

Within the context of examining the existence, use and liabilities of the illusions we all maintain, Kopp gives substantial permission for optimism about the joys and rewards to be encountered in an increasingly illusion-free life. However, in describing his own life of illusions, as well as his training and growth as a therapist, he combines his vivid insights with what, to this reviewer, seemed to be unneeded cynicism and sarcasm. He dismisses, almost offhandedly, other therapeutic methods when a client with whom he is working does not benefit from his involvement. (Are there any of us who haven't been there?)

For example, he apparently dismisses Harris' work in *I'm OK, You're OK*, and the exploration of existential life positions, as "pop psychology," which he suggests implies that we can all "live happily ever after."

Aside from this relatively minor criticism, I think the book is well written, readable, poignant, and quite "giveable" to friends and colleagues. And, it should be noted that Kopp concludes by saying, "I do what I can to avoid being bound by my own spells."

Clinical Handbook of Psychiatry and the Law
By Thomas G. Gutheil, MD and
Paul S. Appelbaum, MD
McGraw-Hill, 1982. $24.95

Reviewed by Edward M. Kovachy, Jr., MD, JD, MBA

One of the great sources of concern for psychotherapists these days is the law. It is remarkably easy for the clinician to become enmeshed in ongoing, endless webs of speculation as to what jeopardy she/he may face if she/he decides to terminate with an uncooperative patient, decides not to terminate with an uncooperative patient, decides to recommend hospitalization for a patient, decides not to recommend hospitalization for a patient, determines to communicate with a patient's family, determines not to communicate with a patient's family, determines to respond to a lawyer's inquiries about a patient, determines not to respond to a lawyer's inquiries about a patient, and so on into the night. To be or not to be, to do or not to do. The land of Prince Hamlet.

Not surprisingly, many clinicians attempt to avoid this whole realm of speculation entirely. Professionally, that is ill-advised. Emotionally it doesn't work either; they still worry. The reasonable, and workable, approach is to get a broad lay of the land, develop some simple, general rules of the road and, as problems arise that the general rules don't handle well, research those problems further.

Gutheil and Appelbaum's *Clinical Handbook of Psychiatry and the Law* is most useful as a research guide for the latter — problems the given clinician's general rules of the road don't handle well. Psychiatrists Gutheil and Appelbaum have mastered the lawyerly skill of spotting and briefly discussing many of the practical issues in the psychiatry/law interface. This is extremely useful and, quite simply, a major contribution to the field.

The book also contains commendable efforts to provide an overview of the major psychiatry and law categories (e.g., confidentiality, emergency psychiatry, malpractice, et al.) and to inject a bit of common sense into all this so that the clinician can continue to put the main focus on the psychotherapy.

These efforts, however, are only partially successful. One problem is that the authors, experts in psychiatry and law as well as academicians, are a bit too singularly immersed in their own world. The well-informed reader in psychiatry and the law, with practical experience in the field and some old-fashioned savvy left, can't help but note the overall lack of perspective in the book. It is reminiscent of a medical school lecture where the expert in X tells you all the manifestations of X you should regularly look for in your evaluation of patients. This leaves you with the distinct impression that, if you followed that advice, you would see about one patient a day and not have time to look for all the manifestations of W, Y and Z that the experts in those fields have warned you about.

Like the expert in X, Gutheil and Appelbaum professionally live, eat and breathe psychiatry and the law. As such, their attempts at giving these fields a sense of proportion are not very helpful for the beleaguered clinician just wanting an overview and guidelines so she/he can get on with some psychotherapy.

The other problem with this book is that it is a book, in written form. As any good lawyer will tell you, what the law says on paper is often not really what it is. What is needed in psychiatry and the law is a version of the old, wise counselor, whom you take out for lunch or drinks, and who gently, in an avuncular fashion, tells you how it **really** is. It is hard to do that in writing — especially if you take yourself seriously as an academic, as Gutheil and Appelbaum clearly do.

My advice is this. This book has considerable merit. It also costs an arm and a leg. Get someone else to buy it: your independently wealthy former college roommate, an acquisitive colleague, the local town library. Find someone (preferably a lawyer — they, after all, are the "enemy," even if only in the clinician's mind) who has worked at the interface of psychiatry and the law and who is a good raconteur to boot. Take him or her out for lunch or drinks, get a nice overview, and formulate a few simple rules.

As tricky questions arise that the rules don't handle well, go visit the poor devil you've coaxed into spending $25 and take a look at the book. That may well suffice. If need be, phone your old pal, the raconteur (these hot new problems don't happen that often, so you won't be a nuisance). After a couple of phone calls, send him or her your thanks and a bottle of fine wine or a basket of fruit. Above all, learn from the flaws of this book — take this issue seriously, but keep it in perspective.

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My Voice Will Go With You —
The Teaching Tales of Milton H. Erickson
Edited and with commentary by Sidney Rosen
W.W. Norton & Co., 1982.

Reviewed by Mark Brady

Somewhere, at some time over his 50-some-odd-year career, it must have been true that Milton Erickson failed to induce someone into hypnotic trance, told a story that not even the unconscious was able to make sense of, failed to facilitate constructive change, and just generally had a bad day. That this must be true is wonderfully supported by Sidney Rosen, who has thrown together 117 of Uncle Milton's lesser known "teaching tales" and produced a book that is truly remarkable, if only for its lack of coherence, content and continuity.

Supposedly, so the story goes, Milton Erickson entrusted Rosen with these tales because he liked the way Rosen "scratched a hog," that is, spoke Erickson's language. As an example of the language they both speak, I offer the following tale:

Stones and Quantum Mechanics

All of you have seen my stones that were polished two hundred million years ago. My fifteen-year old grandson said, "These stones were polished two hundred million years ago. I ought to know how they were polished . . . . You're showing me something unexpected, from two hundred million years ago. I know you're showing me something that I know about. I've got to stop thinking about sand and water and ice, and man."

While he was cogitating about that I said, "I have another riddle to ask you. What does this refer to? "How I want a drink, alcoholic of course, after the heavy chapters involving quantum mechanics."

He said, "I don't get it. I don't know what quantum mechanics are."

I said, "You don't need to know. I'll give you the illiterate answer. Drive two fenceposts into the ground two feet apart. Lay across the fenceposts a board just long enough to overlap the posts by an inch, and you get the illiterate answer."

Now it may be obvious to some readers that the two overlapped fenceposts illiteratively illustrate the symbol for "pi" (π), that each word of "How I want a drink . . . " contains the same numbers as π — 3.14159265358979; i.e., "How" – 3, "want" – 4, "drink" – 5, etc., and that the stones could only have been polished in the gizzard of a dinosaur. But, for the life of me, I don't get the connection or the point. (It might be suggested that I have taken this story out of context. To such a suggestion, I would invite, even challenge, a reader to find such a context and demonstrate how and where this and other stories fit within it.)

There are thirteen groupings in this book with headings like "Motivating Tales," "Overcoming Habitual Limitations," "Reframing," "Manipulation and Future Orientation," and then four stories for "Treating Psychotic Patients." They seem to be arbitrary groupings at best. If you took most any story from any grouping and placed it somewhere else, I doubt one would catch the significance.

I've read that Milton Erickson did his best work in the realms of the human unconscious. Perhaps this book is not just another bandwagon book, but is also intended to work in such realms. My guess is that, even should the benefits come shining to the surface soon, I'll probably never make the connection.

Something Happened to Me
By Phyllis E. Sweet, MS, CM
Mother Courage Press, 1981

Reviewed by Irene Lazarus, MA, MA

Something Happened to Me is an extraordinarily sensitive book exploring the feelings of sexually abused children. With simple language and careful illustrations, it speaks clearly and directly to children. Designed as an aid for therapists, it is highly effective in helping children talk about their sexual abuse experiences.

I used the book with a therapy group of 10-12 year old girls who had been molested (sexually abused by an adult they trusted) or who had a sister who had been molested. The first day I brought the book to group, the girls were so deeply moved that we only got through the first two pages.

The book opens, "I feel ashamed.
I'm scared.
I don't know what to do."

The girls talked about the shame and fear they felt, particularly before they had told anyone about the molestation.

Page two continues, "A person did
something to me. I was
afraid to say no because
that person might have hurt
me or said I was bad."

Stories poured out about threats of violence that had made it hard to tell their secrets.

Each illustration in the book depicts a boy or girl, the face fully drawn to show an emotion associated with sexual abuse. As the girls studied each picture carefully, the group reached a new level of sharing through statements such as, "I know how she feels," and "I remember feeling that way."

The brief prologue and epilogue, written for those who work with children, include a set of warning signals that may indicate a child is being sexually abused and suggestions for what to do when a child confides that he or she is being molested.

This book will be extremely helpful to those who specialize in work with sexually abused children, as well as to other professionals, like school psychologists and pediatricians, who are likely to come across cases of sexual abuse in their practices.

The Statement of Ethics and the "Procedures for Filing an Ethics Complaint Within the ITAA" are available from the ITAA office upon request.

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TOM WILSON, M.D., C.P.T.M.
I am a psychiatrist certified by the American Board of Psychiatry and Neurology. I am currently an Assistant Professor at USC and have lectured and taught courses for USC, UCLA and the Los Angeles Group Psychotherapy Society. I am President of the Medical Staff at the Westwood Hospital in West Los Angeles.

Co-Director ROBIN HEIBER, M.A., L.C.S.W., R.M.
I am a Licensed Clinical Social Worker and a Regular Member of ITAA. I have had experience treating individuals and families as well as working with groups. I have assisted with workshops for the Los Angeles Group Psychotherapy Society and UCLA Medical Center.

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Clinical Use of Dreams in TA Group Therapy

By Mary Boulton, PhD, CTM, SFTM

Many forms of dreamwork, including psychoanalytic free association and Gestalt, can be less than satisfying techniques for use in a group setting. Since they basically involve time consuming one-to-one work between the therapist and client, they often seem to stop the group process.

It was exciting, therefore, to discover that psychiatrist Montague Ullman, former director of psychiatry and founder of the dream laboratory at Maimonides Hospital in Brooklyn, New York, has evolved a method of dreamwork that involves the whole group and which, after some study with him, I have found to be useful in my own practice.

To begin, before anything is said about a dream, a relaxation technique is used to prepare other group members to focus on and get into a dream as they hear it recounted. The dreamer then tells her dream in as much detail as possible, paying attention to visual images, but keeping her own feelings and impressions to herself. From that point on, the dreamer is silent until the end of the process.

This last factor is very important because, if the dreamer were to express her feelings and ideas about the dream, they might influence the responses of other group members, thus making them less valuable as feedback for the dreamer. The group therapist needs to be assertive in assuring that the only questions addressed to the dreamer are for clarification of the content of the dream.

As the dream is being recounted, the therapist writes it down and then repeats it to the dreamer to see if it has been recorded accurately. This also allows the other group members to hear it again. They are then asked to respond on two levels. First, on a feeling level, they answer questions such as, "If this were your dream, how would you feel on a gut level?" or "How do you feel hearing the dream?" Second, they are asked to share what images or metaphors come to mind, what these may symbolize, and what insights they may have gotten from the dream.

The therapist records the group's responses under the following headings: "The Manifest Content of Dream" (as the dreamer tells it); "Feelings Engendered by Dream"; and "Metaphors, Free Association Images, Ideas, Etc." After group members have expressed everything that occurs to them at the feeling level, the therapist reads what has been said so far and adds any other feeling responses that come up while the list is being read. The same process is repeated for the second level, metaphors, images and ideas.

While going through this process, there are several things to keep in mind. First, the dreamer may want to talk before the end of the group process. It is important for the therapist to ask her to wait. Second, group members may give ideas and metaphors during the time feelings are being solicited. Again, the therapist needs to actively request that these be held until the later time when that level is being explored by the group. Finally, a group member may attempt to involve the dreamer by asking her questions or checking out a thought he has. The therapist must discourage this.

After the exploration of these two levels has been completed by the group, the dreamer may, at last, share her feelings and associations to the dream and to responses from group members. The dream is her baby. She is the author, director, producer, star performer and audience. The group has simply acted as midwife in bringing forth its significance.

After the dreamer has finished, it is time for the therapist to comment. Some good questions to ask the dreamer include:

1. How do you feel about the dream?
2. If there is a person in the dream, what aspect(s) of yourself might that person represent?
3. Does what the others have said resonate to anything in your life?
4. Why do you think you had this dream on this night? What's going on in your life right now that relates to some aspect of the dream?
5. What happened the day before the dream; what might have been the immediate precipitating events or residue from the day?
6. Can you reconstruct the feelings you had as you went to sleep the night you had the dream?
7. When did you have the dream? (If it was the night before group, it can frequently have to do with the dreamer's feeling about the group, particularly other group members or the therapist.)
8. Do you have a sense of closure?

One's Child is frequently afraid to look alone at the dream and its significance. This method helps relieve that fear by providing group support for the dreamer. It also helps the dreamer to appreciate her dream and to relate to its healing power. The strong mutual trust that develops in an ongoing therapy group helps reduce the Adapted Child fear of what people are thinking about the dreamer and her dream, a fear which can be a problem when the dreamwork is only one-to-one. Along with the value of people sharing their responses to the dream, the dreamer has the satisfaction of experiencing her "baby" being treated with respect by other members of the group. In addition, group members often learn from their own subjective reactions to a dream. They may find they are projecting their own associations and interpretations onto the dreamer, particularly if she does not resonate to their responses. With the therapist's help, they are able to own their own associations or feelings.

This method is particularly effective in TA groups. Since group members know each other's scripts, rackets, contracts and real life issues, past and present, they are better able to be helpful to each other by responding to dreams. There is, therefore, a further opportunity to nurture each other through this group participation technique.

Case Example

Doris dreams that she is getting ready to play tennis. She looks in the back seat of her car for her tennis socks. There are blue and red socks and a white pair trimmed in green. She wants a pair of green socks, but can't find them. Then she is walking up a long, steep driveway which has a chain fence on one side. A copper-colored car is coming down the driveway and goes past her very fast. She saves herself from being hit by pressing against the fence. The car stops across the street from the driveway by jamming into garage doors without making any noise. A policeman walks slowly down from the top of the hill, but pays no attention to the car jammed into the garage doors. At the top of the hill there is a building which is a store run by herself and the woman tennis partner she is trying to find.

After hearing the dream, group members expressed such feelings as anxiety, fear that the car was going to hit her, loneliness, sadness about the crash, "going around in circles," excitement and fear about the tennis game, frustration, resignation, scare and being closed in. Metaphors, ideas and insights shared by people included association of the copper-colored car to a coffin (which are often copper-colored) and that Doris was sorting through her feelings (red socks representing anger, blue socks her feelings of depression and the white ones a little bit of what she wanted since they had green trim).

The theme of the dream seemed to be Doris searching for something she has not yet found — the right socks, the woman to play tennis with. The excitement, represented by the car, was not for her, since it went by her so fast, yet she saved herself from being hit by it. (She was in danger and took care of herself.) Going up the hill was a symbol of her aspirations. Her Child wanted to have fun and she was looking for it.

"The policeman is a symbol of order," said one group member, "and he is in contrast to her keeping clean clothes in the back of her car." Yet the policeman doesn't pay attention to the accident at the foot of the hill, and therefore does not fulfill his function.

Both Doris and the group saw this dream as very positive. Her contract in group is to take care of herself, which she has not done in the past. The exhilaration she felt at saving herself represented her caring for herself. With the help of the therapist and the group, she recognized that she is only beginning to reap the benefits of her new decision to live and live well. The chain fence represented her utilizing her resources.

Fear about this new decision is represented by the speeding car, but she takes care of herself in a basic way. In real life, Doris' partner has been skeptical about her new approach to life and is not really there for her in terms of giving strokes or playing. After working on the dream in group, Doris decided to look elsewhere for strokes and fun, rather than from her old partner, whom "I could not find," as she said. She also decided that she wanted to have a little more order in her life, but not to get it by beating on her Child.

Mary Boulton, PhD, CTM, SFTM, trained with Eric Berne. She is a former member of the ITAA Board of Trustees and the **TAJ** *Editorial Board, and is currently Clinical Director of the New York TA Seminar and Director of the Gotham Institute for TA. She is in private practice in New York City. For her Child, she paints and has even had a number of one-woman shows. She is also a ceramicist, mother of three sons and a new grandmother.*

Nominations Open for 1983 Eric Berne Scientific Award

ITAA members are invited to submit nominations for the 1983 Eric Berne Memorial Scientific Award. The award was established in 1971 to honor and perpetuate the memory of Eric Berne's scientific contributions.

The deadline for nominations is April 1, 1983. Ballots will be mailed by May 15 and must be returned to the ITAA office by July 15. These dates have been chosen to allow adequate time for members outside the US to vote.

The award is given to the originator of a scientific concept. Each recommendation *must* include a one to three line statement showing how it qualifies as new theory and is thus eligible for the award. Please also include the nominee's name and the publication reference.

We welcome and encourage the nomination of worthy candidates for this award.

Rebecca Trautmann, RN
TAJ Editor

EATA-ITAA 1984 Summer Conference

Villars, Switzerland June 24-July 1

Note: all European residents should send their registrations to EATA. All those living outside Europe should register with ITAA.