The Script

INTERNATIONAL TRANSACTIONAL ANALYSIS ASSOCIATION

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Science and the Future of Transactional Analysis

In this special issue of The Script *we present a number of articles and columns that consider the role of scientific research in relation to clinical work in general and transactional analysis in particular. In addition, you will find sprinkled throughout the pages of this issue some relevant, thought-provoking quotes collected from various sources by* Script *editor Bill Cornell. We plan to continue this dialogue in the August* Script *with another group of articles and, hopefully, some letters and comments from you, our readers.*

Science with a Soul

by Leonard P. Campos



Just when the ITAA Board of Trustees was striking the word "scientific" from the Eric Berne Memorial Scientific Award title, then editor Cartmel (1992) warned, "If the *TAJ* does not meet world standards for academic disciplines, then TA cannot be respected by the institution of psychology situated in this global village. Is this what we want? Do we wish to remain les enfants terribles or do we wish for respectability?" (p. 2). In the Members' Forum in that same *Script*, Goulding (1992) espoused a contrary view, suggesting that the *TAJ* needed less of the academics and more "soul" (p. 5).

So here we are nine years later still wondering if such "irreconcilable differences" will continue to keep science and soul from ever living peacefully together. I note that of the 280 *TAJ* articles published from 1990 to 2000—not including review articles or articles from the special theme issues on ethics (January 1994) and personal biography (January 1995)—there were only 24 research articles. The fact that 91% of the articles were theoretical and clinical in nature certainly shows that most transactional analysis practitioners feel little obligation to report their findings with even the simplest of arithmetic operations like counting or sorting, much less devise hypotheses for testing. And when I classified the research articles as "firm" or "soft," I found that only 11 or 4% of them would meet any of the firm standards established by the scientific community for empirical research.

Having practiced psychotherapy for close to four decades, I understand the practitioner's point of view. After all, effective practitioners know they do good work without validation from research. They know that the absence of scientific proof does not prove that they are not effective in their work. Just ask their clients, who will provide plenty of testimony for it, as the *Consumer Reports* study (Mental health, 1995) shows.

So why do I care so much about this issue? Because despite the effectiveness of transactional analysis, the lack of

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Truth and Reality in Both

by Ted Novey

I have been greatly influenced by two major themes in my life: scientific research and transactional analysis. Education and training in both of these fields have led me down challenging and exciting paths, both in professional work and in personal relationships. Both paths have, in addition, absorbed me into special lifestyles. Currently, in these postmodern days, many people see the fields of research in the physical sciences and in psychotherapy as noncongruent and incompatible. I have never found this to be true.

I know that many people like to debate, argue, and fight about which approach to life is more true and useful and why these two fields, like science and religion, are incompatible. This seems to be a part of human nature, perhaps a way of making contact with others. I have never enjoyed arguing about definitions of words or about which field is better or about which field brings us closer to "The Truth," whatever that is. I think that there is truth and reality in both.



Over the last decade I have been learning how to be a potter—how to throw on the wheel, to glaze and fire pots that I can present to friends and relatives and even sell to the public. I have noticed in this field that there is an ongoing argument about whether pottery

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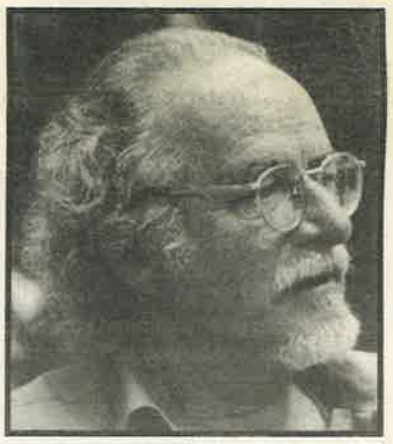
> Although frequently lamented, the gap between psychotherapy researchers and clinicians resists closure and threatens to widen. The two groups are separated virtually from professional birth. Our training experiences start us out in opposite directions; the distance increases quickly as different institutional affiliations (the academy of the researcher, the training institute of the clinician) immerse us in alternative professional cultures. Our differences may even reflect the workings of nature as well as nurture. Clinicians (despite occasional protests to the contrary) are personally committed to creating a particular sort of intimate relationship within which their patients can change. Researchers are personally committed to asking hard, sometimes provocative questions about that relationship and about the change that putatively grows from it. These differences of personal proclivity (which are significant even though a few people combine the two roles) contribute to mutual skepticism and distrust. . . . Lost in these feelings of mutual disenfranchisement are some far-reaching conceptual problems that confound communications between the two groups. (Jay Greenberg, 1994, p. 1 from "Psychotherapy research: A clinician's view." In P. F. Talley, H. H. Strupp, & S. F. Butler (Eds.), Psychotherapy research and practice: Bridging the gap [pp. 1-18]. New York: Basic Books.)

Finding Correlates to Flights of Fancy

by Claude Steiner

On 5 May 1893, Sigmund Freud, who at the time was 38 years old and quite impressed by Wilhelm Fliess and his "nasal complex theory," wrote in a letter, "My dear Fliess. . . . The fact that you are overwhelmed with patients shows that on the whole people know what they are doing. . . . I entirely agree with you that the nasal reflex neurosis is one of the commonest disorders. . . . It's a pity that we can't work on the same cases" (Freud, 1893/1954, p. 73). Fliess's theory assumed a connection between the nose and the genital apparatus based principally on the fact that he was able to relieve his patients of numerous symptoms by the application of cocaine to the nasal membrane.



By 1900 Freud was distancing himself from Fliess's theories although not the latter's "research" methods, which can be fairly described as "intuitively based flights of para-scientific fancy." By the middle of the century Fliess had sunk into obscurity while Freud, with his organizing genius and the support of a dozen eager apostles, had created an international organization and legitimized his theory. Based on his own "flights of fanciful intuition" he came up with a far more complicated theory, one which has since proven to have only a few (though important) correlates in reality.

Both Freud's theory and his methods of inquiry profoundly influenced the course of clinical and psychological pursuits in this century; clinicians were and are still enamored of them, using them willy-nilly while scientific psychologists heaped them with scorn. Berne was a serious student and emulator of Freud and his intuitive method and yet concerned with scientific method as well. Eventually he departed from Freud's theories but, like Freud with Fliess, not from his theorizing methods. Berne straddled the fence; his "intuitively based flights of fancy" were strongly laced with respectable scientific findings in the psychological science of the time, including those of Piaget, Hebb, Spitz, Harlow, Berlyne, and Libby.

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EDITORIALLY YOURS

by Bill Cornell

Seeking Empirical Validation (Woof!)

by Bill Cornell

This issue of *The Script* offers four thoughtful and differing perspectives on the nature and function of research on psychotherapy, with more planned for next issue. I have added to these perspectives some quotes—which you will find sprinkled throughout these pages—from a variety of clinicians and researchers. I hope you will find them engaging and thought provoking. Several of them are from *Psychotherapy Research and Practice: Bridging the Gap* by Talley, Strupp, and Butler. For those of you interested in these issues, I highly recommend this book. I also like *Psychotherapy Process Research: Paradigmatic and Narrative Approaches*, edited by Toukmanian and Rennie.

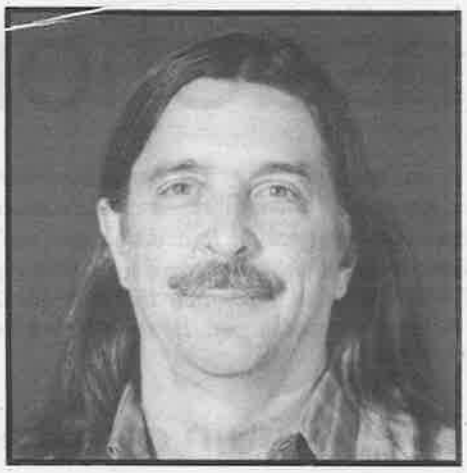
Among the authors writing for this *Script*, Len Campos argues most strongly for the importance of empirical research for the future of transactional analysis. He notes that less than 10 percent of the articles published in the *TAJ* over the past decade describe research efforts, and of those only 4% would meet the requirements of "hard" research. Len sees empirical research as a protection against dogma and unfounded belief systems and as an enhancement of the recognition and respectability transactional analysis deserves. He suggests that transactional analysis is "waiting for the empirical validation that will bring us respectability and restore our credibility in the eyes of the rest of our profession." Len has more confidence in empirical validation than I do. Insurance companies and HMOs would have us and our clients believe that they are committed to reimbursing scientifically supported psychotherapies, thereby ensuring quality service to their clients. The truth in actual practice is rather different. Insurance companies reimburse those providers with the right license who are compliant with external regulation, insurer monitoring and interference, record keeping, potential interruption or limitation of services, and externally determined fee structures. Clients are as likely to be assigned to an impaneled provider by zip code as by a match of symptom and treatment modality or therapist expertise.

Like Len, Claude Steiner, ITAA Vice-President of Research and Innovation, argues forcefully for stronger research efforts within the transactional analysis community. Claude's account of Berne's studies in intuition and his summary of the ITAA Forum discussions of transactional analysis and science (which inspired this focus in *The Script*) as "pragmatically demonstrated utility" are prime examples of the clinical tradition of inquiry and knowledge development that I began to address in the last issue of this newsletter. It is interesting to me that most of the researchers Claude cites as having influenced Berne were doing research into human development, cognition, and neurophysiology, *not* direct research in psychotherapy. It's my perception as well that the research that has proven most relevant in psychotherapy to date has been that on human and brain development, not psychotherapy outcome research.

In his role as vice president, Claude outlines exciting new arenas for research, perhaps suggesting that his job as he is fashioning it is that of VP of Innovative Research. His proposals are exciting. Claude refers to Ted Novey's important outcome research, first published in the *TAJ* in 1999, soon to be followed with a much broader, more detailed international pool of participants. I think Ted's work is extremely valuable in the current marketplace, in the contemporary call for empirical validation, but I do question what we learn in this type of study about how and why psychotherapy actually works. What are the actual mechanisms of change? Are they tied to a particular mode of psychotherapy? I am reminded of outcome research done recently in body-centered psychotherapy. Former clients expressed great satisfaction with their therapy, but when asked to described what helped them change, virtually none of the interventions considered unique to body-centered therapy were seen by clients as crucial to the success of therapy.

I admit to a certain lack of excitement and unmistakable skepticism about what most empirical research in psychotherapy has to date offered the practicing psychotherapist. When we moved to Pittsburgh so that I could start graduate school, we got a new dog, adding to the three we brought with us from Oregon. I named our new dog Empirical Validation in honor of the graduate school zeitgeist. I often took the dogs to class with me and loved roaming the halls of the psych department calling out for "Empirical Validation" only to have this sweet mutt come bounding through the corridors. Some of the faculty were amused. In fact, that dog was the most meaningful and gratifying empirical validation I found in my academic life.

"Empirically supported treatment" is a forceful buzz word in contemporary psychotherapy. The term came into fashion, I believe, through the 1995 publication of an APA task force report on "Promotion and Dissemination of Psychological Procedures" (Task Force, 1995). A special issue of the *Journal of Consulting and Clinical Psychology* (Vol. 66, #1, 1998) was devoted to a discussion of the impact and limits of this report in particular and of the valorization of what are considered to be empirically supported treatment modalities. Again, for those particularly interested in this subject, that issue of the journal offers a rich and varied discussion of the value and limitations of empirical research. It is well worth an afternoon's reading.



"Psychotherapists live in the gaps among 'ises' and 'oughts' and 'maybes,' between certainty and uncertainty, in the realms of ambiguity and ambivalence. At the same time, the wish to see clearly, to know, and to understand are inherent in the role of the therapist."

Given the limited space here, I will quote only one of the discussants, Sol Garfield, who presents an eloquent critique of the standardized treatment procedures wedded to protocols and manuals that do not mirror the realities of actual psychotherapy and that overlook the crucial variables of patient variability and therapist skill. Garfield (1998) writes:

> I have emphasized patient and therapist variability because they are important factors in influencing psychotherapy outcome and in countering the emphasis currently placed on psychiatric diagnosis and type of psychotherapy. Providing periods of training in therapies that have empirical support for individuals who lack certain personal qualities of empathy and warmth as well as skills in relating to and understanding others will not necessarily lead to positive outcomes. . . . Instead of trying to reduce therapist variability in research on psychotherapy by adherence to training manuals, we psychologists should instead intensively study those therapists who consistently secure the best results and attempt to discover those therapist variables and therapy interactions that appear to be linked to superior outcomes. (p. 123)

To my mind, Garfield offers both clinical wisdom and a valid research model. And in my opinion, while the current transactional analysis examination process is in danger of transmitting dogma and creating treatment manuals rather than creative psychotherapists, the ITAA's competence-based training and certification models offer us one of our most powerful tools (marketing devices?) for the credibility of our work. We don't emphasize it enough in our professional communities.

Steven Weinberg, a particle physicist, recently wrote an essay in *The New York Review of Books* titled, "Can Science Explain Everything? Anything?" He wrestles with the nature of scientific explanation, scientific description, and the nature of "cause," arguing that clear descriptions of phenomena are often confused with explanations of causal forces, although they are, in fact, not equivalent. A strong theoretical description may help us understand something more clearly, but it does not necessarily explain or validate the phenomenon described. Weinberg stresses the difference between the nature of phenomena typically explored in physics and things studied in other disciplines:

> Biologists, meteorologists, historians, and so on are concerned with the causes of individual events, such as the extinction of dinosaurs, the blizzard of 1998, the French Revolution, etc., while a physicist only becomes interested in an event, like the fogging of Becquerel's photographic plates that in 1897 were left in the vicinity of a salt of uranium, when the event reveals a regularity of nature, such as the instability of the uranium atom. Philip Kitcher has tried to revive the idea that the way to explain an event is by reference to its cause, but which of the infinite number of things that could affect an event should be regarded as its cause? (p. 47)

Psychotherapy is an enterprise of infinite variables—two (and sometimes more) *people* in a room, communicating with conscious and unconscious motivations, working in a context of the myriad of people outside the room (present and past), with the expectations (overt and covert) of these two people who are trying to make sense of the client's emotional and relational patterns—and it is not easily or elegantly reduced to cause and effect. "Empirical support" can create as much illusion and false reassurance as it can certainty and validation. Weinberg continues:

> Further, science can never explain any moral principle. There seems to be an unbridgeable gulf between "is" questions and "ought" questions. The moral postulates that tell us whether we should or should not do so cannot be deduced from our scientific knowledge. (p. 50)

Psychotherapists live in the gaps among "ises" and "oughts" and "maybes," between certainty and uncertainty, in the realms of ambiguity and ambivalence. At the same time, the wish to see clearly, to know, and to understand are inherent in the role of the therapist, the trainer, and the teacher.

The *TAJ* has had what I suspect is a rather unusual privilege for a human relations journal—a former physicist and a former biologist as editors. Ted and Tony, respectively, as scientists and therapists, convey a scientific attitude, an attitude toward investigation and exploration that is richly relevant to the tasks of psychotherapy. I very much agree with Tony's comment that "all the great innovators in psychology have been dedicated investigators, but few have been good researchers." Berne was a great investigator. His work inspired many and has been taken up, examined, challenged, and reworked now by three generations of transactional analysts. Our work now is not as Berne thought it or practiced it. This, too, is a form of investigating, understanding, and skill development that does not reflect the empirical research paradigms but that constitutes a valid form of discovery and

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The Script ITAA

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436 14th St., Suite 1301
Oakland, CA 94612-2710, USA
Phone: 510-625-7720
Fax: 510- 625-7725
Email:itaa@itaa-net.org
Web Page: http://www.itaa-net.org

Editor: William F. Cornell, MA
Managing Editor: Robin Fryer, MSW
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JOURNAL ENTRY

by Tony Tilney

Researching One's Way Through Life

George A. Kelly, an American psychologist who was born in Kansas in 1905, was for 20 years Professor of Clinical Psychology at Ohio State University. He moved from Ohio to Brandeis University in 1965 and died there a year later. He was, therefore, of the same generation as Eric Berne. He shared Berne's impatience with Freudian theory, although, because he had not been trained as a psychoanalyst (in fact, his first training was in physics), he did not share Berne's respect for Freud. Most significantly, he shared Berne's belief that in the middle of the 20th century, psychology ought to be far more able than it was to help people live productive and fulfilling lives. Like Berne, he was also a pragmatist who was interested in what worked. He developed a highly original system, which he set out in his major work, *The Psychology of Personal Constructs* (Kelly, 1955); this was published six years before Berne's (1961) *Transactional Analysis in Psychotherapy*.

In their book about personal construct counseling, Fransella and Dalton (1990) comment:

> Kelly did not see eye to eye with Freudian or behavioural theorists. One of the reasons was that he felt that neither did justice to the striving and personal actions of each and every one of us. Not surprisingly, with his background as a physicist, he asked what new insights we might get if we were to view each one of ourselves "as if we were all scientists." Not pushed and pulled by events but struggling to understand our world, just as scientists do. This was very much in accord with his philosophy (which he called constructive alternativism) which states that no one person has direct access to the truth—each looks at the world from their own personal perspective. There are always alternative ways of looking at events. . . . Scientists conduct experiments to test the effect of certain "variables" on behaviour. In Kelly's model behaviour itself becomes an experiment. Behaviour is part of the process rather than the end product. We test out the rightness or wrongness of our own construing by putting it to the test—by behaving. (pp. 4-5)

Kelly (1986) himself wrote:

> Instead of being a problem of threatening proportions, requiring the utmost explanation and control to keep man out of trouble, behaviour presents itself as man's principal instrument of enquiry. Without it his questions are academic and he gets nowhere. When it is prescribed for him he runs around in dogmatic circles. But when he uses it boldly to ask questions, a flood of unexpected answers rise to tax his utmost capacity to understand. (p. 5)

"We are all scientists, and each behavioral act, down to the simplest, is based on a theory of the world and tests that theory."

What Kelly pointed out is that research, rather than being an abstruse enterprise better left to a small elite or dismissed as all right for the "hard sciences" but having little relevance to human experience, is at the center of everything we do. We are all scientists, and each behavioral act, down to the simplest, is based on a theory of the world and tests that theory. However, it does more than test. It generates data that can enrich, extend, or correct that theory. Kelly's constructive alternativism approach is diametrically opposed to dogmatism. To be in script in Kelly's model is to be caught in a dogmatic trap. It means missing the richness of the experiences generated by our behaviour—which is constantly telling us more than we can hope to understand concerning ourselves, others, and the world—and instead believing that we already have the answers.

All the great innovators in psychology have been dedicated investigators, but few have been good researchers. In fact, the human sciences have only recently become aware of the special difficulties of working in this field. We would no longer share with Freud the belief that the observations of a trained professional can be treated as objective data or with the behaviorists the belief that methods developed for physical science can be transferred unchanged to psychology. In the field of psychotherapy alone we have a vast and rich literature, almost all of which would not meet modern standards for experimental design, methodology, ecological validity, the handling of data, and so on. We have a literature that is deeply flawed, and it is almost all we have. Some good quality research is being done, but for the foreseeable future we have to live with a flawed literature. We can do this if we do not flee the anxiety generated by the awareness of the unreliability of our knowledge by rushing toward the comfortable security of dogmatism.

There needs to be far more good research done and old conclusions reassessed in light of new knowledge, but we do have a literature that is, despite its flaws, extraordinarily rich and good enough to offer many valuable insights. From Kelly we learn that a researcher's attitude of "constructive alternativism" can be a part of everything we do, one that constantly opens up new insights and possibilities.

Tony Tilney can be reached at 63 Victoria Rd., Sutton Coldfield, W. Midlands B72 1SN, England, or at aatilney@aol.com

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SEEKING VALIDATION

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verification. Ted's concluding paragraph on observation, curiosity, and humor are an eloquent summation of solid clinical inquiry and the evolution of challenge and consensus, mirroring the perspectives offered by Berne and Winnicott.

I hope these essays stimulate further thinking among our members and subsequent pieces for *The Script*. My sincere thanks to Len, Ted, Claude, and Tony for their contributions.

Bill Cornell can be reached at 36 Corbriwood Ln., Gibsonia, PA 15044, USA, or at bcornell@nauticom.net

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* Call for Papers *

Special Issue of the *Transactional Analysis Journal* on

CORE CONCEPTS IN TRANSACTIONAL ANALYSIS

Tony Tilney, *TAJ* Editor, and Claude Steiner, Vice President of Research and Innovation, will coedit a special issue of the *TAJ* on the topic of core concepts in transactional analysis. Their hope is to engage transactional analysts worldwide in a useful, thoughtful, and balanced consideration of the idea of core concepts in transactional analysis. The intention of this special issue is to represent a variety of perspectives.

Among the issues that authors might address are the following:

- Is there a valid purpose for developing core concepts in transactional analysis?
- What problems or limitations might such core concepts present?
- Can a set of core concepts be developed that address a variety of points of view?
- Are there cultural and language differences that need to be addressed regarding core concepts?

Included in this special issue will be the core concepts document developed by the core concepts task force of the development division in 1999 (published in English, French, German, Italian, Portuguese, and Spanish).

Authors are invited to submit articles commenting on the core concepts document, on the questions listed above, or on any other related topic. If you wish to examine and/or download the core concepts document, you may do so from the ITAA website at www.itaa-net.org/resrcsonline.htm .

For questions or information about the content of this journal, please contact either Tony Tilney at aatilney@aol.com or at 63 Victoria Rd., Sutton Coldfield, W. Midlands B72 1SN, England, or Claude Steiner at csteiner@igc.org or at 2901 Piedmont Avenue, Berkeley, CA 94705, USA.

Please follow the instructions to authors at the bottom of the inside cover of any recent *TAJ* and send manuscripts to *TAJ* Managing Editor Robin Fryer, 1700 Ganges Ave., El Cerrito, CA 94530-1938, USA.

Award Nominations Sought

The **Eric Berne Memorial Award** (EBMA) is bestowed on a person (or persons) who has made an original and significant contribution to transactional analysis, normally in one of the following categories: theory, research, or applications. The award is made for a published concept that is considered to be so important that all trainees will be expected to know it. *Deadline: 1 December 2001.*

The **Hedges Capers Humanitarian Award** recognizes ITAA members who have made significant, enduring contributions to humanity in keeping with the ideals and ethics of the ITAA. *Deadline: 1 January 2002.*

The **Muriel James Living Principles Award** honors ITAA members who have advanced the growth of transactional analysis by personal example as well as by contributions of an exceptional and lasting nature. *Deadline: 1 January 2002.*

For details on making nominations for these awards, please see the May-June *Script*, visit the ITAA website at www.itaa-net.org, or contact the ITAA office. □

> Psychotherapeutic practice always will take the lead, with theory and research following. The hallmark role of research is not to innovate, not to discover exciting new therapeutic techniques or interventions, not to dramatize new learnings via enthralling clinical anecdotes. The researcher's task is of much less front-page interest. The researcher systematizes, standardizes, and operationalizes available techniques; validates promising interventions that have emerged from clinical theory and practice; and attempts to isolate and validate the essential ingredients of the change process. Seldom, if ever, can studies offer new clinical discoveries or settle theoretical controversies. (Donald Kiesler, 1994, p. 143 from "Standardization of intervention: The tie that binds psychotherapy research and practice." In P. F. Talley, H. H. Strupp, & S. F. Butler (Eds.), *Psychotherapy research and practice: Bridging the gap* [pp. 143-152]. New York: Basic Books.)

SCIENCE WITH A SOUL

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empirical support has resulted in our gaining very little recognition from the mainstream mental health establishment. At a recent California Psychological Association conference session on "Empirically Supported Treatments: How Can Research Improve Our Practices?" it was clear to me that only those treatment approaches validated by research findings had any respectability. Given (2001) had the approximately 100 participants stand and sorted them by treatment approach. As he called out the different approaches, approximately 75 people sat down when he mentioned "cognitive-behavioral"; another 15 sat down as he called out "humanistic/existential." That left about 10 people standing. To "transactional analysis/gestalt" about six of us sat down, leaving approximately four persons in the "other" category. Of course, this is not a random sample, but as noted by Kazdin (2000), empiricism is the "central element" that plays a critical role in maintaining the cognitive-behavioral therapy movement in America (p. 135).

So what stops us from providing more empirical support for both our theory and our practice? In a lively exchange on the ITAA Forum Internet discussion list, concern was expressed about how blind faith in science can discount other equally valid ways of knowing and change that cannot be measured by scientific methods. I share this concern, but I make a distinction between scientism and science. Scientism, like other "isms," takes the prejudicial view that "if you can't observe and measure it, it doesn't exist." This can incorporate the game of "Where's Your Scientific Proof?," which discounts ways of knowing that are not scientifically verifiable. There is just too much we do not know that will remain consigned to the unknowable and mysterious. Science, on the other hand, simply asks for a reality check on our beliefs, opinions, and feelings so that we can live in a more rational world. As Fromm (1956) pointed out, it is our rational faith in reason over irrational authority that defines the scientific attitude (pp. 121-123).

From the ITAA Forum debates I noted several reasons for distrust of scientific research: It is too academic and sterile; it squelches creativity; it stifles our autonomy; its quantification of experience can be dehumanizing; it denies us our spirituality; and it denies us our desired leaps of faith, or what William James (1897) called our "will to believe" (p. 1). I certainly agree there are limits to what we can discover with scientific research, which is well documented by Horgan (1999). And yet, belief-based theory without factual evidence can lead to the perils of dogmatism and irrationality. As Jacobs (1994) noted, a theory can become an ideology, which, in turn, can be used to support forms of irrational and abusive authoritarianism.

That, of course, is a more extreme consequence of untested transactional analysis theory and practice. But the more we publish untested theoretical and clinical papers, the more the boundary blurs between scientific facts and ideological beliefs. As I have stated before, much of transactional analysis theory remains a fertile field of unexpressed and untested hypotheses waiting for the empirical validation that will bring us respectability and restore our credibility in the eyes of the rest of our profession. And more important, I think that such validation will give us a science with soul.

Leonard Campos, now retired from practice, can be reached at lcampos@ulink.net . His website is www.TA-doctor.com .

"Belief-based theory without factual evidence can lead to the perils of dogmatism and irrationality."

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The data of script analysis are mostly soft. Because scripts are existential commitments, they cannot be investigated in artificial situations experimentally. The payoff must have overriding significance for the protagonist. As an example, there is no such thing as a reliable experimental poker game. A player will play one way when the stakes are trivial and another way when they are significant. . . . Scripts can only be tested in high-stakes situations, and these are not available under ordinary civil conditions. There is but one way to find the answer to the question: "Would you throw yourself on a land mine to save the lives of your comrades?" It can only be tested existentially on a battlefield, and all simulations are trivial.

The data of script analysis can be sorted roughly in order of increasing hardness as follows: historical, cultural, clinical, logical, intuitive, developmental, statistical, introspective, experimental, and blind matching. This may seem a strange array to scientists accustomed to studying the trivialities of human behavior, such as the ones commonly tested in psychological and social sciences. It will seem less strange to psychotherapists, and least strange to psychoanalysts, since both of them deal with hard games and hard payoffs such as divorce, suicide, and homicide. There can hardly be such a thing as an experimental suicide or homicide in a decent society. (Eric Berne, 1972, p. 413 from *What Do You Say After You Say Hello?: The psychology of human destiny*. New York: Grove Press.)

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Closing Escape Hatches: Always Therapeutic, Never Routine

by Ian Stewart

In her article "Escape Hatch Closure and No-Suicide Contracts" Helena Hargaden (2001) encourages us to engage in "speculation, questioning and discussion of theory." I say "Amen" to that. But I also think it reasonable to expect that any would-be critic of a theory should first acquire accurate knowledge and full understanding of the theory in question. I believe also that before embarking on critique, a writer should present her or his readers with an accurate account of the theory as it stands. Unfortunately, I do not find either of these qualities in Hargaden's article.

Hargaden declares in her title that she is writing about "closing escape hatches." In fact, what she describes appears to me to be a misunderstood and distorted account of escape hatch closure. Hargaden then directs her critique against this distorted caricature of the actual procedure. My main objective in writing this rejoinder is to set the record straight about the reality of closing escape hatches. I wish to give an accurate account of the procedure as it has been described in the transactional analysis literature over almost three decades. By all means, let "speculation, questioning, and discussion" then go ahead. But let that critique relate to the reality of escape hatch closure—to what the originators of the procedure actually wrote about it—rather than to Hargaden's redefined version.

The Literature on Closing Escape Hatches

The therapeutic procedure known as "closing escape hatches" is unique to transactional analysis. To close escape hatches, the client makes and states an unconditional decision that he or she will never, in any circumstances, kill or harm self or anyone else or go crazy. Crucially, this undertaking is not a promise to the therapist; it is a decision that the client takes for himself or herself. The therapist's task is to offer the procedure and then act as witness while feeding back to the client any sign of incongruity.

The term and concept of closing escape hatches made their first appearance in the transactional analysis literature almost 30 years ago in a monograph written by William Holloway (1973). In the same year, Bob Drye, together with Bob and Mary Goulding (1973), wrote a paper reporting their use of no-suicide decisions in inpatient settings. They saw the procedure primarily as a practical means of vetting for, and providing protection against, suicide risk. Ken Mellor (1979) further explored the way in which the outcomes of suicide, homicide, and going crazy could act as substitutes for each other within the script.

In a landmark article in the *Transactional Analysis Journal*, Harry Boyd and Laura Cowles-Boyd (1980) suggested that the closure of escape hatches not only offered the client physical protection against hamartic outcomes, but was often also an important step in the process of script change. Suicide, homicide, and go-crazy, the Boyds suggested, were often seen by the Child as ultimate "ways out," which the person would hold in reserve to use "if things just got bad enough." In congruently closing the hatches, the person voluntarily gives up these "ways out." Thus, he or she no longer needs to maintain the reserves of bad feelings he or she has been using to justify keeping the hatch or hatches open. This, in turn, helps open the way to easier script change. The Boyds stressed that, for congruent closure, it was crucially important for both therapist and client to stay in Adult throughout the procedure.

In my book *TA Counselling in Action* (Stewart, 2000), which is aimed mainly at practitioners in training, I spelled out the procedure of closing escape hatches, basing my account primarily on what the Boyds had written. In *Developing TA Counselling* (Stewart, 1992) I examined some frequently asked questions about closing escape hatches. I added the alert that escape hatch closure *cannot* effectively be done "by rote"—that is, it can never be treated simply as a routine.

The Therapeutic Purposes of Closing Escape Hatches

Closing escape hatches serves two well-defined therapeutic purposes clearly described in the transactional analysis literature. I was astonished to find that Hargaden's article makes no specific mention of these therapeutic functions and does not cite any of the articles in which they are described. I briefly mentioned these two purposes earlier. The first is to facilitate the client in taking physical protection against the actual eventualities of killing self, killing others, or going crazy. In closing escape hatches, the client takes social control of these outcomes, deciding to forego them all unconditionally and without time limit. The second therapeutic purpose is to assist directly in the process of script change. As well as letting go of the "three ultimate ways out," the person who closes escape hatches takes protection for his or her Child against the scare of hamartic script outcomes. An example would be the person who decided "It's OK for me to go on existing as long as I work hard." So long as he has escape hatches open, he will find it difficult to give up his overwork because in Child he believes that if he does so, he will have to drop dead. As he takes the Adult decision "I will stay alive whatever," he also realizes in Child that he can ease up on work and still keep on living.

> ***"For potent escape hatch closure, the therapist needs to apply the procedure with close attention and well-judged timing at the stage of therapy that is most suitable for each client."***

In my opinion, these two therapeutic benefits make escape hatch closure one of the most potent interventions that we can use in therapy. By contrast, Hargaden writes as though these therapeutic purposes did not exist.

Escape Hatch Closure Versus Adaptation

At several points in her article, Hargaden makes it clear that she equates escape hatch closure with adaptation. For example, when describing the no-suicide contract she had taken with her client, she writes, "For Sophie, *the adaptation to me* supported the part of her that wanted to live." Later she devotes a section of her article to considering "what happens when the person *will not adapt*?" (italics added).

I find this one of the most extraordinary features of Hargaden's article. By asserting that escape hatch closure involves adaptation, she is literally turning the authentic theory of escape hatches on its head. As Harry and Laura Boyd made clear, escape hatches cannot be congruently closed when the client is coming from an adapted place (see Boyd & Cowles-Boyd, 1980, p. 228). Closing escape hatches means, by definition, that the person takes the decisions from clear Adult.

Closing Escape Hatches: A Ritual?

Near the beginning of her article, Hargaden poses the rhetorical question: "Why has this theory been turned into a ritual?" By phrasing her question in this way, she is clearly presupposing that it has. My response is, "By whom?" Not by me, not by many therapists I know, and certainly not by any of my trainees, if I can help it.

Throughout her article, Hargaden reiterates this theme: that escape hatch closure is automatic, routine, regarded as a "sacred rite." Because of this repeated emphasis—plus the fact that she makes no mention of the objective therapeutic purposes of closing escape hatches—Hargaden seems to imply that escape hatch closure is inherently routine and automatic. If this were so, then it would represent a serious objection to the procedure.

While there may be some trainees, even some accredited transactional analysis therapists, who imagine that hatch closure should be done routinely or as a "sacred rite," this is not a criticism of escape hatch closure as such. Rather, it is an indication that the trainees and therapists concerned either do not know the original theory of escape hatches or that they know it but are not putting it into practice. In reality, escape hatches are unlikely to be closed if the therapist regards the procedure as automatic or, even worse, tries to set hatch closure as a rule. In either case, the therapist's overadaptation is almost certain to be paralleled by overadaptation on the part of the client, and the escape hatches will not be congruently closed.

For potent escape hatch closure, the therapist needs to apply the procedure with close attention and well-judged timing at the stage of therapy that is most suitable for each client (Stewart, 1996, pp. 54-58; 2000, pp. 93-105). It should never be regarded simply as a matter of routine. And needless to say, the effective therapist must have closed the hatches herself or himself as well as cleared out any lingering script material she or he may have around suicide, homicide, or going crazy.

Where Did the "Sacred Rite" Myth Come From?

Hargaden speaks of "the insistent requirement—often heard but not very clearly referenced—that escape hatch closure be automatic." I have suggested (Stewart, 1996, pp. 54-55) that the source of the myth may lie in a misinterpretation of two phrases in the article by Harry and Laura Boyd. They recommend that "the escape hatches should be closed routinely with *all* patients as early in the course of treatment as possible" (Boyd & Cowles-Boyd, 1980, p. 228, italics in original). I believe that some transactional analysis trainees and practitioners have construed the word "routinely" differently from the way the Boyds meant it. They meant that the therapist should invite closure of escape hatches with all clients as standard practice, whether or not the client came with a presenting problem concerning self-harm, harm to others, or going crazy. What they did not mean was that the process was to be regarded merely as a routine in the sense of "something to be mouthed through by rote."

It may be that the Boyds' other phrase—"as early in the course of treatment as possible"—has also been taken too literally by some readers. Again, their meaning is clear when it is read in context. What they meant was "as early in therapy as it is possible for that individual client to carry the process through from Adult with full congruence." Some clients may be able to close their escape hatches in the first session or the first few. Others may take months or even years. In such cases, the decision to close escape hatches may be the central change that the person makes in therapy.



Evidence, Please!

Hargaden and her committee, she says, "wondered how [the 'no-suicide'] contract may limit the potential for transformation." Once again, the question implies an allegation: that escape hatch closure limits the client's potential for change and growth in therapy. Here, as at several other points in the article, I would have liked to see Hargaden and her committee provide evidence to back up their implications and suggestions. These are important matters, matters of life and death. I do not think objective discussion is well served by throwing off this kind of allegation without providing evidence for it.

I, for one, find it difficult to imagine how someone could "limit their potential for transformation" by deciding not to kill themselves, kill anyone else, or go crazy. To put it in basic terms, you cannot make personal changes if you are dead. It does not help you to change if you are in jail for murdering somebody. And most people would prefer to achieve their personal growth outside the inpatient ward of a mental hospital.

When someone closes the escape hatches, they are deciding of their own free will to choose life, health, and sanity. As a set of therapeutic outcomes, I am happy to say "Yes" to those any day.

Ian Stewart can be reached at The Berne Institute, Berne House, 29 Derby Road, Kegworth DE74 2EN, England, or at ian@theberne.com .

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continued from page 1

making is a craft or an art. Am I an artist or just a craftsman? There is a lot of fire and energy and questions of who is more OK in these disputes. I find these debates also to be a waste of time and prefer to get on with making my pots just for the pleasure of it.

Similarly, I find that many of the arguments between modern and postmodern science and between one or another ego state theory an equal waste of time, although I have at times been enticed to enter the fray, to my regret. These arguments seem to focus on the question of whose definition is the better one instead of focusing on our reasons and preferences for the definitions we choose and letting it go at that. I prefer to get on with my work in science and in psychotherapy also for the pleasure of it. In the end, consensual reality will win out anyway.

As I have stated in the past, most phenomena in life can be equally well described in multiple ways. One theory may be more convenient to use in one situation and another in other situations. If I have learned anything in all of these fields, it is that there is no one "Truth." There are only observations of nature that we make and theories that we invent to systematize our observations and to make meaning for our lives.

The beauty of scientific discovery and creative psychotherapy, for me, lies in the creative challenge to "understand" or make meaning out of the enormously complicated world in which we live for a while and to use these meanings to bring interest, structure, joy, and pleasure to ourselves, to others with whom we are intimately connected, and to the civilization to which we belong.

To me, scientific research in transactional analysis, physics, chemistry, biology, and so on involves a system of rules developed over the centuries to bring some order out of the chaos. Mother Nature is tricky, and we are easily led down the garden path to invent meanings that may sound plausible but that do not lead us to consensual agreement about the animate and inanimate world around us. The danger lies in explanations of nature that may be sufficient but not necessary. This is where the disciplines of science developed from hard and long experience are best applied. It is in these areas of "sufficient" explanation—such as paranormal phenomena, magic, flying saucers, alien abductions, and many religious and medical and psychological practices—that we can be led astray and into destructive consequences for human life.

It is in the areas of proving the "necessary" that mathematical analysis, including statistics, brings in the discipline required to give support to the "sufficient." The discipline that mathematical analysis of observations imposes helps us to differentiate between random events and consistently reproducible effects. In doing this, I see no difference in principle between clinical observations and precisely planned experiments. Both can give us unbiased views of nature and both can contain biases that distort the meanings that we assign to our observations.

The nature of what we are studying, of course, can strongly influence the reliability of our theories. In the so-called "hard" sciences we use our senses to examine the inanimate objects in our environment. We can usually separate adequately the influence of our observations on the objects that we are observing. There are limits to this separation, but they are only appreciable at atomic and subatomic levels. In the "softer" sciences, such as psychology, we use our senses to observe animate and, in therapy, sentient objects. In this process, the effects of the observations on the observed and vice versa are much more difficult, if not impossible, to separate clearly. So we must analyze our observations and interactions with human beings much more carefully than the scientist in the hard sciences who studies inanimate objects that do not talk back.

"There are only observations of nature that we make and theories that we invent to systematize our observations and to make meaning for our lives."

Nevertheless, with care we can learn a great deal about the interacting humans with whom we interact in therapy provided we also know a great deal about ourselves and how these observations can affect us as therapists.

My advice to anyone who wants to pursue observations of human beings as a psychotherapist is: be curious, observe creatively, attempt to develop or to use a theoretical thinking structure with which to sort out your observations, attempt to reproduce your observations, learn enough statistics to be able to assign probability of reliability to your observations (or get someone with the necessary knowledge to do your statistics for you), approach your conclusions with some good-humored skepticism and attempt to disprove them yourself—and if you cannot, publish your conclusions so we can all share in your discoveries and others can attempt to confirm or to deny your conclusions.

Ted Novey can be reached at 815 Indian Rd., Glenview, IL 60025, USA, or at 71324.1725@compuserve.com □

Experience shows that it is possible for patients who are being observed or who are part of a research project to obtain therapeutic benefit in the group situation, but further studies are necessary to assess properly the deleterious or beneficial effects of such manipulations. . . . In game language, the patients are all playing different games, and usually they are not very constructive games or the players would not be patients. . . . The goal must be freedom from games, or in practice, freedom to choose at any given moment what games they will play. Requiring them to play the role of experimental subjects infringes on this freedom more than just being "patients" does. Furthermore, the therapist in an experimental group undertakes a role other than that of therapist; this puts him under the same disability (previously discussed) as a probation officer who has to play the role of policeman in his groups as well as that of therapist. . . . These inherent paradoxes can be resolved, but it requires sound clinical experience and determination as well as intelligence to resolve them. (Eric Berne, 1966, pp. 192-193 from *Principles of Group Treatment*. New York: Oxford University Press.)

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The questions that psychotherapy research is eager to address are not the questions in which a psychotherapist qua practitioner is most interested. The questions psychotherapists ask as they are doing their work are questions psychotherapy research has shown little inclination to tackle. (Marshall Edelson, 1994, p. 60)

More and more, I find that as I listen to patients in psychotherapy, the central facts of which I am aware (the "data," if you prefer that term) are their stories; there are two kinds of stories: the stories they tell me and the stories they enact in which I am one of the characters. (Marshall Edelson, 1994, p. 66)

A story, then, is an account of an attempt to solve a problem. A good story holds our interest, gives pleasure, and often has some point to make. . . . Do I feel I denigrate psychotherapy by saying so? If I do, that would seem to be an unhappy and unintended consequence of my coming to believe that psychotherapists must be able to detect what scenario absorbs a patient and into what scenario the patient has drawn them. They must be able to fill in the missing pieces of the story the patient tells or enacts. They must be able to take apparently disconnected scenes, events, props, settings, and constellations of characters, which both they and the patient first hear or experience as fragments, and to see suddenly and often with surprise the story these fragments come together to make. Then they must be able to tell the story to the patient so that the patient recognizes it as their own. (Marshall Edelson, 1994, p. 68, from "Can psychotherapy research answer this psychotherapist's questions?" In P. F. Talley, H. H. Strupp, & S. F. Butler (Eds.), *Psychotherapy research and practice: Bridging the gap* [pp. 60-87]. New York: Basic Books)

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FINDING CORRELATES

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Berne's studies in intuition show that he was fully cognizant of the role that intuition had in the formation of his theories, but he was still eager to bolster his "flights of fancy" with scientific data. That is why he directed me to obtain a doctorate in scientific psychology and become the ITAA's "research director."

A century after Freud distanced himself from Fliess's nasal theory, the practice of psychotherapy has developed a great thirst for information and scientifically based theory. When we look at transactional analysis with an objective eye it is clear that we are rich in intuitive flights of fancy and Little Professor charm and wit but short of verifiable facts. Recently, on the ITAA Forum Internet discussion list we debated to what extent transactional analysis is a science versus a belief system. We seemed to agree on the following: "Transactional analysis is a collection of useful heuristic concepts and techniques without any proven physiological and few proven psychological correlates, accepted as a middle-ground theory with pragmatically demonstrated utility."

If we are to accomplish Eric Berne's goals and put transactional analysis on the map, we have to come up with a far more scientifically grounded system. As Vice President of Research and Innovation, I have taken up the challenge. Here are four areas that I propose to pursue:

1. *Research done specifically about transactional analysis, usually by transactional analysts, mostly about ego states, mostly not sufficiently rigorous.* Some of it has appeared in the *TAJ*, but a great deal of it has not. Dr. Marco Sambin, my predecessor, collected information on every research article in the *TAJ* and classified the results as to scientific rigor; my intention is to pursue research that has not reached the pages of the *TAJ*. During a recent trip to Spain I met with Dr. Francisco Masso, a Spanish psychologist who agreed to search Spanish-language research for examples. He has found two fine studies so far. From the looks of it there is a large untapped source of transactional analysis research studies around the world. If you know of any that have not been published in the *TAJ*, please let me know.

2. *Research that could be shown to bear on some aspect of transactional analysis.* There is a huge amount of psychological/sociological research going on, and some of it supports our theory and practice. For example, evidence about the importance of strokes on physical health and mood is increasingly convincing and bears out Berne's para-scientific flight of fancy that "if you don't get strokes your spinal cord will shrivel up." Another example is research on the effectiveness of treatment plans (contracts.) Again, please convey information about any research findings of that nature to me and I will follow up on them.

3. *Research about transactional analysis therapy outcomes.* In this area we are fortunate to have Ted Novey's highly creative research based on the *Consumer Reports'* methods and data base. His first set of findings (January 1999 *TAJ*) were remarkably favorable to transactional analysis therapy in comparison to other methods. He is now working on a larger sample. There are, in addition, a number of other studies worthy of being listed.

4. *Stimulating transactional analysis research.* Whenever possible I plan to interest people in doing transactional analysis-centered research. I am pleased to say that while in Germany this year I had a planning meeting with Dr. Paul Markert, research director of the 500-patient Bad Gronenbach Klinic fur Psychosomatische Medizin; we set up the rigorous design of an extensive group psychotherapy-based project in which the short- and long-term antidepressant effect of learning stroke procurement methods will be assessed.

In addition, I want to free up some funds for graduate students wishing to do transactional analysis research and plan to start a pool of potential thesis advisors to assist them. I am also exploring the possibility of raising funds for a $20,000 five-year prize for "Best Transactional Analysis Research Thesis."

I expect these projects to establish the scientific credentials of transactional analysis so that within five years we will be able to proudly say that "transactional analysis is a collection of useful heuristic concepts and techniques with proven physiological and psychological correlates, accepted as a theory and practice with demonstrated utility."

"Berne's studies in intuition show that he was cognizant of the role that intuition had in the formation of his theories, but he was still eager to bolster his 'flights of fancy' with scientific data."

Claude Steiner can be reached at 2901 Piedmont Ave., Berkeley, CA 94705, USA; phone: 510- 843-9667; fax: 510-848-9789; email: csteiner@igc.org or www.claudesteiner.com .

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It should be apparent that while covert influences may not necessarily impair the experimental research design, they are likely to show up in interpreting the data. Thus it would be desirable for every experiment on alcohol to be interpreted by a teetotaler, a "neutral" person, and an alcoholic, and for all three interpretations to be published simultaneously. There is a sufficient supply of well-trained scientists in each category to make this feasible. (Eric Berne, 1966, pp. 189-190 from *Principles of Group Treatment*. New York: Oxford University Press.)

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TEWs	PTSC TSC	July 2-4, 2001 July 29-30, 2001	Vienna, Austria Sydney, Australia	March 2, 2001 March 25, 2001

* If COC CTA exam candidates are also doing the COC written case study, this must be submitted no later than six months ahead of the oral exam date. Full details and application papers can be obtained from the COC Language Group Coordinators.

Please Note: Exams are subject to availability of examiners and exam supervisors. BOC will not be responsible for expenses incurred where the unavailability of examiners or exam supervisors causes examinations to be canceled or postponed. To be an examiner for an ITAA/BOC exam, examiners must be at least a CTA for a CTA exam or a TSTA for a TSTA exam.

To make arrangements to take a BOC exam, contact the T&C Council, 436 14th Street, Suite 1301, Oakland, CA 94612-2710, USA. **To arrange to take a COC exam,** contact your EATA Language Coordinator. Check with the EATA office or the *EATA Newsletter* for the name of the appropriate Language Group Coordinator. **TSC Training Endorsement Workshop fee:** $395 payable in US dollars to T&C Council, c/o the T & C Council office, 436 14th Street, Suite 1301, Oakland, CA 94612-2710, USA. **COC Training Endorsement Workshop**: to take a COC TEW, contact the European TEW Coordinator, c/o the EATA office.

This is the guidance that the accumulated findings of psychotherapy research can begin to offer practitioners of psychoanalytic therapy. As a knowledge base, it is probabilistic, applies to the average case rather than the individual case, and is subject to reservations such as the stipulation of "other things being equal." It does not offer certainty nor does it eliminate the need to use clinical judgment and insight in practical application. But it is the surest base of knowledge concerning psychotherapy we now have, and, as such, it cannot and should not be ignored. (David Orlinsky, 1994, p. 121 from "Research-based knowledge as the emergent foundation for clinical practice." In P. F. Talley, H. H. Strupp, & S. F. Butler (Eds.), *Psychotherapy research and practice: Bridging the gap* [pp. 99-123]. New York: Basic Books)

Keeping In Touch

REGION III—EUROPE

Marye O'Reilly-Knapp and Barton Knapp write that in April they traveled to Ryazan in Russia. "We were invited by the Russian Association of Transactional Analysis (RATA) in Ryazan. Twenty professionals attended the workshops, which were offered over four days. We were thoroughly welcomed by the group and spent a wonderful time working with them. Both Dr. Andrei Hovrachyov, RATA President, and Dr. Dimitri Shustov, former RATA president and now delegate to EATA, actively participated in the various sessions. The participants' questions and comments resulted in extensive discussions. Our hearts have been touched by the generosity of Dimitri, Andrei, and the others we met in Ryazan."



Ryazan group and Marye O'Reilly-Knapp and Barton Knapp (seated center) with RATA President Dr. Andrei Hovrachyov (seated left) and former RATA President Dimitri Shustov (standing right).



Dimitri Shustov opens champagne for a party at the close of the workshop in Ryazan with Barton Knapp and Marye O'Reilly-Knapp.

REGION IV: CENTRAL AND SOUTH AMERICA

The XVIII Brazilian TA Conference–XVIII CONBRAT will be held 10-14 October 2001 in Vitória, Brazil. The theme will be "Gathering Self and Social Values," and the venue is the Hotel Porto do Sol. For more information, contact UNAT-Brazil via email at unat@unat.com.br or visit their website at www.unat.com.br or contact Vice President Noeliza Lima, TSTA, at 27-324-4950 (phone) or vicepresidente@unat.com.br .

SCRIPT SUMMARY ON ITAA WEBSITE

You can now find a summary of the content of each issue of *The Script* on the ITAA website at www.itaa-net.org . Once you are at the home page, look for the link to the *Script* summary site. This summary will allow readers with Internet access to keep abreast of time-related items (such as deadlines for proxy votes, *TAJ* theme issue submissions, award nominations, and time-limited offers on videos) as well as to find out a little about the content of articles and columns. We hope you will find this new website feature helpful. We'd love to hear your comments, so send them to robinfryer@aol.com .

Please send information on your areas of expertise/interest, publications, and/or transactional analysis training and groups to R. Fryer, 1700 Ganges Ave., El Cerrito, CA 94530, USA, or robinfryer@aol.com .

TRANSACTIONAL ANALYSIS CONFERENCES WORLDWIDE

July 6-8, 2001: Vienna, Austria. EATA Conference. Contact: EATA, c/o Martine Huon, Les Toits de l'Aune Bat. E, 3, rue Hugo Ely, F-13090 Aix-en-Provence, France.

July 23-29, 2001: Sydney, Australia. ITAA/WPATA conference. Contact: ITAA, 436 14th St., Ste. 1301, Oakland, CA 94612-2710; phone: 510-625-7720; fax: 510-625-7725; email: itaa@itaa-net.org .

October 10-14, 2001: Vitoria, Brazil. XVIII Brazilian TA Conference. Contact: UNAT-Brazil at unat@unat.com.br; see their website at www.unat.com.br, or contact vice president Noeliza Lima at 27-324-4950 (phone) or vicepresidente@unat.com.br.

January 19-26, 2002: Frenchman's Cove near Port Antonio, Jamaica. Contact: K. Dianne Maki, phone: 973-763-7973; email: makisethi@aol.com .

July 5-7, 2002: Utrecht, Netherlands. ITAA/EATA/NVTA World TA Conference. Contact: Ahoevah Praag. 31 (0) 33.4721764 (phone); 31 (0) 33.4759129 (fax); ypraag@wxs.nl (email)

Announcing a Special Issue of the Transactional Analysis Journal

"For Our Clients"

This journal will contain a collection of articles designed to enhance personal growth and change. It will be guest edited by Carol Solomon, PhD, TM. Some ideas for topics might include:

* How to choose a therapist
* How therapy works
* What is therapeutic success?
* When is medication helpful?

Other topics might include spirituality, humor, money, anxiety, depression, and drug and alcohol use and abuse.

For more information, contact Dr. Carol Solomon via email at drcsol@pacbell.net or by phone at 415-929-0500. Please follow the instructions to authors on the inside cover of any recent issue of the *TAJ* and send manuscripts to Managing Editor Robin Fryer, 1700 Ganges Ave., El Cerrito, CA 94530-1938, USA.

WE NEED YOUR HELP!

Guest Editor Carol Solomon, PhD, is compiling an article entitled "Advice from Around the World" for the special journal on "For Our Clients." She is requesting thoughtful statements (50-100 words) from therapists from various countries answering the following questions: What is the most important piece of therapeutic wisdom you want to convey to your clients? Please let your culture show through and write in your native language as well as in English. Sense of humor appreciated. Send to Carol at drcsol@pacbell.net or to 3610 Sacramento St., San Francisco, CA 94118, USA

Call for Papers

TAJ Special Theme Issue

on

CASE STUDIES

Guest Editor: Bill Cornell

Deadline: 1 September 2001

You are invited to submit a detailed case study of the unfolding of your work with a single client, with particular attention to your thinking process as the therapist—diagnosis, evaluation, hypotheses, fantasies, self-corrections, countertransference, and so on—in contrast to a description primarily of the client and his or her functioning. We are particularly interested in cases that challenged your usual way of thinking and working or that changed your theoretical frame of reference. We also particularly invite case discussions of failed work and your subsequent thinking. Please follow the instructions to authors on the inside front cover of any recent issue of the *TAJ* and send your manuscripts to Managing Editor Robin Fryer at 1700 Ganges Ave., El Cerrito, CA 94530-1938, USA, by 1 September 2001.

New Book

Living as Healer

by Denton L. Roberts with Caddy Roberts-Williams

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Living as Healer is written for therapists and clients to provide a common understanding of the therapeutic process. The use of this book in conjunction with treatment has demonstrated that clinical work is greatly enhanced when clients know how to take responsibility for releasing their personal healing power. **Living as Healer** begins with the bold assertion that "you are a healer" whether you recognize it or not, and the one healing power that all people possess is the power to form healthful interdependent relationships. To actualize this natural power to the fullest, we need to know precisely how to function in the wounded/healing context.

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