The Script

INTERNATIONAL TRANSACTIONAL ANALYSIS ASSOCIATION

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Transactional Analysis Research

Challenges, Opportunities, and Dilemmas

In this issue we are pleased to offer more articles that reflect various perspectives on transactional analysis and research/science. This is an important topic for the transactional analysis community. Please let us know your thoughts about it.

Research and Transactional Analysis: A Difficult Relationship

by Moniek Thunnissen

In this article, I consider several questions:

1. What has been the place of research in transactional analysis?
2. Is this situation satisfactory?
3. What makes research difficult today?
4. Some ideas for the future

The Place of Research in Transactional Analysis

In 1997 the Research Task Force of the European Association for Transactional Analysis (EATA) (with myself as chair and members Elana Leigh and Marco Sambin) investigated research in transactional analysis worldwide. We found some interesting studies: One was a research project by Michael Krull and Frank Wons among about 100 clients of different transactional analysis therapists in Germany to investigate the effectiveness of the therapy up until six months after the end of treatment; another was a study by Ted Novey to do a similar kind of project in the United States and European countries. We also found that in its first decades—between 1960 and 1980—transactional analysis had a more active research tradition, and a significant number of studies were done. In fact, between 1963 and 1980 in the United States 124 doctoral dissertations were published on transactional analysis, mainly on two topics: (1) the validity and usefulness of certain transactional analysis concepts, especially ego states, and (2) the effectiveness of transactional analysis as a method of psychotherapy, counseling, and training. After that there was a long period in which little research was published in transactional analysis; in the last few years, more articles on research have again appeared in the *Transactional Analysis Journal*.

> "Could the paucity of research in transactional analysis during the last decades be partly to blame for its failure to receive more recognition within the wider field of psychotherapy?"

Is This Situation Satisfactory?

Transactional analysis has missed connecting with the "official field" of psychotherapy despite the great success it had in its early years and despite the wide use of certain of its concepts. In fact, concepts such as the drama triangle, script, Parent-Adult-Child, and games are used worldwide, often without knowing they come from transactional analysis. Could the paucity of research in transactional analysis during the last decades be partly to blame?

In his biography of Eric Berne, Ian Stewart (1992) emphasized Berne's rebellious

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Why Do We Ask Those Questions?

by Gianpiero Petriglieri

In the last couple of years, the debate on the extent to which transactional analysis is a scientific discipline has generated a lot of energy and interest at conferences, in publications, and on the Internet. Mostly, it has taken the form of two questions: Is transactional analysis a science or a set of beliefs? And is it enough to be based in the clinical tradition of research or do we need to provide scientific validation for transactional analysis? The debate about science and psychotherapy is not peculiar to transactional analysis, of course. It is common to the larger field of psychotherapy, and it involves many interested parties, ranging from clients and therapists all the way up to contemporary society.

I will finish a residency in psychiatry in four months, which means I have literally lived that debate for years. When it comes to discussing the pros and cons of the scientific and clinical methods, I can provide passionate arguments for both sides. But I am not going to. I have been, during the years of my training, dissatisfied with the push (from many different directions) to take one or the other side, even if only momentarily. Either I wore the analytical researcher's hat or the clinician's. Either I joined the sterile rigor of the "thinkers" or I mingled in the mud with the "doers." Clearly, no responsible professional would deny the importance of knowledge coming from both rigorous scientific research and clinical experience. So why are we even asking those questions? I feel something else probably lies underneath them, something that might have little to do with research methods. The possible covert, ulterior motives of such a debate are what I am really interested in exploring further here.



Admittedly, my interest is very personal, and I cannot think, therefore, of a better way to develop my argument than to reflect on my experience over the last ten years, which I spent in a contemporary general medical and then a psychiatric training program.

I have always had a passion for research and have tried hard to get it right within the scientific tradition. In fact, that is all the early years of my training were about. Later, when I picked up the challenge of seeing patients and developing my clinical skills, at first accompanying senior physicians on their rounds, I began realizing that the diagnostic processes I was being trained to follow and apply were no different from the linear, cause-and-effect logic I had been acquainted with in my research—with one addition. I was also supposed to be "human" and learn to listen, be empathic, understand, mirror, and reassure

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Using TA Concepts to Develop Assessment Tools

by Marco Sambin and Diego Rocco

We work at the University of Padova in Italy both as professors and as therapists in a psychological health service for students. In the academic years 1997-1998, 1998-1999, and 1999-2000 we ran groups, one each year, with 5-6 students. The psychiatric diagnosis for these students was primarily in the range of personality disorders with different degrees of severity. The number of sessions was 4 individual followed by 10 in group, with treatment lasting about 10 months. In the last few years we have assessed the results of the group therapy using a number of instruments, many of them based on transactional analysis concepts. In the following sections we briefly present the main ideas underlying our work.

> "Assessing the results and/or the process of therapy involves dealing with a complex subject, one that cannot be reduced to simple variables as is the common practice in experimental psychology."

The Evaluation of Complexity

Assessing the results and/or the process of therapy involves dealing with a complex subject, one that cannot be reduced to simple variables as is the common practice in experimental psychology. The methodology and the tools for assessment must offer enough complexity so that the subject is not oversimplified. That is, a hard methodology (e.g., one with a strong statistical requirement) or a too-simple tool can destroy what we hope to measure. This is valid in the clinical field in general and even more with regard to transactional analysis. Since transactional analysis as an approach is simple, active, efficient, effective, and short, it would be less appropriate to use a heavy apparatus (e.g., a demanding experimental design with a control group, large number of subjects, etc.) in assessing it.

Assessment Tools Derived from Transactional Analysis Concepts

In our opinion, transactional analysis has some theoretical features and a theory of technique that constitute a good basis for assessment tools.

First, transactional analysis theory is based on phenomenological observation. In fact, in many of his writings, Berne (1961) stressed the importance of observing the patient: his or her behavior, verbal and nonverbal communication, feelings, and thinking. This means that the theory is built directly on facts, that the data leading to the concepts are easily observable. We can say that the theory is based on intersubjective observations.

Second, transactional analysis theory is expressed using simple language. The use of

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EDITORIALLY YOURS

by Bill Cornell

On Learning, Knowing, and Telling: Further Reflections on Clinical Research and Case Studies

My column this month grows out of my pleasure at and reflections on the recent wonderful *Script* essays that have been written from varied perspectives about the complex issues of escape hatch closure and research and clinical models in transactional analysis.

For many years I published theoretical and technical articles, mostly in the *Transactional Analysis Journal* and the neo-Reichian literature, with no case material beyond brief, illustrative vignettes. Publishing cases always felt to me to be a violation of a client's personal privacy and the intimacy of the therapeutic relationship rather than an issue of confidentiality. It was easy to write as I did since detailed case studies have not been part of either the transactional analysis or the neo-Reichian traditions. This is especially ironic with regard to the latter because Reich himself published lengthy, brilliant case discussions on the treatment of schizophrenic, masochistic, hysteric, and impulsive character pathologies (the impulsive character being a thinly veiled autobiographical reflection on his own character). As I have begun to write for publications outside of my most familiar traditions, I have been challenged to write detailed case presentations and to examine my reservations.

Recently the *International Journal of Psychoanalysis* published an excellent article by Glen Gabbard (2000) entitled, "Disguise or Consent: Problems and Recommendations Concerning the Publication and Presentation of Clinical Material." The author is a psychoanalyst at the Menninger Clinic who has written extensively on a broad range of ethical dilemmas in psychoanalysis and psychotherapy. While I do not always agree with him, his writing makes me think and challenges my frame of reference. This particular article has been especially evocative and instructive. I read it along with some other articles published recently in the *IJP* and *Psychoanalytic Dialogues* discussing the ethical and clinical implications of publishing case material. This is part of my preparation for guest editing the upcoming special issue of the *Transactional Analysis Journal* devoted to case studies.

Gabbard and the other authors I read grapple with the competing and often conflicting goals of protecting a client's confidentiality while making use of case material in teaching and publishing. I was reminded of my experience not only as an author but as a trainer, supervisor, supervisee, and client. My clinical knowledge is shaped by my experience as a client and trainee and then informed, challenged, and constantly altered by my reading. Perhaps more than anything else, it is influenced by my ongoing supervision. During my career as a psychotherapist I have consistently remained in individual supervision, always with a therapist who works from a different frame of reference. For the last ten years I have consulted with the same man, and it has deeply influenced how I work with people, how I bring myself to clients, what I expect of both them and myself. This has required careful self-examination in the midst of presenting detailed case material in a way that protects the privacy of my clients.

As a supervisor and trainer for many years, I have long been aware of the complex issues related to ensuring client privacy and confidentiality while supporting therapists' clinical learning, especially since I practice in a relatively small city. I am well known not only as a therapist, but also as a trainer and supervisor. In fact, probably a third or more of my clients are themselves practicing psychotherapists. Obviously, confidentiality is an absolute necessity. Successful psychotherapy and psychotherapy supervision require a unique combination of privacy and openness, which are not always easy bedfellows. In the letter I give new clients to outline the structure and limits of my practice, I state that I am in weekly consultation and may occasionally discuss our work there. Many of my therapist clients ask whom I see for consultation, a question I answer freely. Sometimes clients already know my consultant and ask that I not discuss their therapy with him. I always respect such requests and agree that if I need consultation, I will seek it with a colleague out of state.

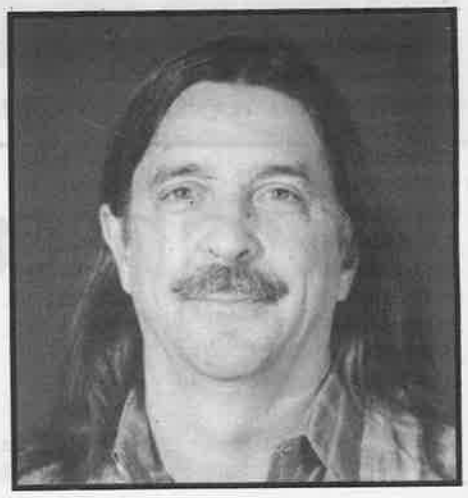
Presenting case material for clinical supervision is substantially different from presenting it for publication. The supervisory relationship is, in itself, confidential, which provides an another layer of protection for the client. In addition, in supervision the focus is on the dynamics of the therapy (rather than the facts of a client's life) as a way to deepen the understanding of a client and to improve the work. It addresses the therapist's issues and competence first and foremost. When my consultant confronts my enmeshment with a client with, "Bill, this is shitty psychotherapy. You know better than that. Stop it and speak to what needs to be addressed," he is talking about me, not my client. When he confronts my tendency to tolerate and absorb endless rage-filled sessions, he may comment on the client's motivations and conflicts, but primarily he will be addressing my script, my unexamined countertransference, my characterological blind spots, my grandiosity. Even so, clients may experience great vulnerability and/or anxious projection in the face of knowing that their work is being discussed with someone other than the therapist, someone whom they don't know but who may affect the course of their treatment.

In contrast, presenting case material for publication or professional education—a primary mode of teaching and learning within the clinical tradition—creates a complex web of issues. The most obvious difference is that this material goes into a permanent and public record, quite a different context from private consultation. For example, the library at the Western Psychiatric Library in Pittsburgh carries the *TAJ* and other journals in which I've published. In these days of the Internet, information dispersal is even wider and less predictable. I've had several calls for therapy based on articles of mine put out on the Internet that I didn't even know were online. In addition, the selection of a particular client to discuss in writing can reflect a myriad of unconscious or narcissistic motivations. In fact, case material in the professional literature tends to be self-serving.

"Imagine the implications, the vulnerability, for many clients of reading a case study about themselves in a journal or book."

In transactional analysis we have a long-standing tradition that raises similar issues. In supervision and certification examinations we use audiotapes of actual therapy sessions as a learning tool and to demonstrate therapist competence. Would an exam board sanction the presentation of a tape of a treatment failure, one designed to foster a frank discussion of what went wrong and of the capacity of the examinee for real clinical judgment and self-assessment? I think not. In fact, these days we prepare trainees carefully to foster clinically sanitized tapes demonstrating textbook transactional analysis.

Likewise, it is rare to see a clinical article that offers case material that both supports and challenges the author's perspective. And it is even rarer to have case failures written up in the professional literature, although a number of recent psychoanalytic articles have presented some exceptionally frank and reflective discussions along these lines. As Gabbard insightfully notes, "Many of us write in an effort to master complex and difficult countertransference situations in our clinical work. Adverse consequences from published case material may in some cases reflect our own unanalyzed hostility towards the patient we choose to use as a clinical example" (p.



1076). I would add to Gabbard's mention of unanalyzed hostility a brief list of other possible motivations, including unexamined overidentification, guilt and reparation, idealization, affection, narcissism or self-aggrandizing exploitation. And the list could be longer, much longer. Obviously, choosing a client to write about is not a casual decision, a decision without consequence.

A few years ago my therapist (a senior psychoanalyst in Pittsburgh) attended a local analytic seminar and became angry at the way in which clinical material was being discussed (distancing from clients, disidentifying with clients, pathologizing clients, etc.). He began speaking without any forethought about his current work with a man who was struggling with his loving attachments. Several people in the room accurately recognized, or thought they recognized, me. I was in the end stages of my divorce and feeling an intense need for privacy to sort out my life without interference, to protect myself, my ex-wife, and my kids. Suddenly my childhood and my love life were being presented to a group of local colleagues. One audience member, a client of mine, walked out; others sat in stunned silence. My therapist spoke of me and our work together with great kindness and respect and finished what he had to say with no awareness that he had violated my confidentiality. My private life hit the professional gossip circuit within hours. I was enraged. I had no idea what to do. I spoke with a few close colleagues, including my supervisor, and all reacted initially in those now all-too-familiar American ways: boundary violation, terminate, sue, bring him up on ethics charges. Even my therapist himself initially thought that I would have to terminate, that he had done something irreparable.

However, I am a firm believer that very little is irreparable if both parties are willing to engage in ruthless self-examination and honesty. Nevertheless, I still did not know what to do. I knew I would not terminate, bring him up on ethics charges, or sue—options that all seemed absurd and destructive to a wonderfully productive relationship. Fortunately, I finally spoke with Christopher Bollas (who knew my analyst). He laughed at great length, repeating over and over again, "What a glorious fuck up," which was a refreshing, if disconcerting, reaction. When he settled down, he said, "Well, we are always learning from our mistakes. What we and our patients owe to each other is honesty and a willingness to learn from what goes wrong. If we do everything right, if we have to be right, no one is going to learn very much. But we do seem to save our biggest mistakes for the patients we love. It's the patients we love the most, want the most for, where we act without thinking. What you and your therapist have to deal with is how much you love each other. You're very lucky to have each other, you know."

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The Script ITAA

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JOURNAL ENTRY

by Tony Tilney

Dictionaries and Creeds: What Are Core Concepts and Do We Need Them?

The term "core concepts" has sparked much controversy in the transactional analysis community. To some it raises fear of an attempt to impose a rigid orthodoxy (creed) on thinking, while to others it represents a much needed clarification and standardization (dictionary). Both creeds and dictionaries can have their place in different contexts, but do we need either in transactional analysis?

The human mind is programmed to use dichotomies to clarify meaning (e.g. hot/cold, long/short, big/little, etc.), and when challenged we tend to force meaning toward one polarity or the other by questions such as "Is it true or isn't it?" or "Are you with us or against us?" These seem to be clear questions that require clear answers, but clear answers are likely to be misleading because they buy into simplistic, dualistic thinking.

Language is needed to communicate, and communication fails if there is not a fixed relationship between words and meanings. The failure of this relationship can result in puzzlement or serious misunderstanding. It particularly comes as a shock to those who believe they are speaking the same language, such as the Americans and the British. For example, in Britain a muffler is a warm scarf and cars are fitted with silencers.

Even things that do not exist may have names (e.g., unicorn). The great American psychologist George Kelly, using his repertory grid technique, showed that for each individual words have a penumbra of associated meanings. Some of these are nearly universal (thus making poetry possible), but many are idiosyncratic. No two people really speak the same language. The British object relations theorist Wilfred Bion pointed out that meaning derives from experience, and if the hearer lacks the experience, he or she will not be able to access the meaning. However, by using a particular word or sign, an individual is indicating that a meaning exists; that is, he or she is drawing attention to a space that meaning might enter.

As science created new meanings and developed its own language, many new words and technical terms were created. Each speciality developed what was, in effect, an auxiliary language (which outsiders tended to dismiss as jargon), and these languages constantly needed to be communicated and updated. Words were added, words acquired new meanings, theories were disproved, and words disappeared. An extensive literature developed to keep track of this changing language. This consisted of books summarizing current knowledge and thinking plus publications whose main purpose was servicing the language. These were likely to be labeled dictionaries if they focused on meaning and encyclopedias if they focused on knowledge, although a clear distinction between them is not possible.

> ***"While I recognize a case for freezing language to minimize confusion, I think there might be problems in thawing it again when the time comes."***

This enormous and rapid turnover of language—which had never occurred on such a scale before—resulted from the fact that science had moved from being based largely on observations ("making discoveries"—an unstructured attempt to comprehend the universe) to experimentation driven by theory. Scientists had clear ideas about what they were looking for, what they had found, and most importantly, the meaning of what they had found. New theories were generated out of the discoveries, and these opened up the way to new experimentation.

Although boundaries developed between different areas of knowledge, sometimes areas flowed together. For example, biochemistry developed from the confluence of chemistry and biology, and major progress became possible in chemistry when it assimilated physicists' findings about atomic structure and bonding. This vast creative change was made possible by scientists' willingness to give up old ways of conceptualizing. No one suggested that the concept of the electron was unacceptable because it was "un-Faradayan" (i.e., Michael Faraday never mentioned it).

The situation in psychology is clearly different. Psychology developed later than the other sciences and was never able to keep the clear boundaries between its investigators and its subject matter, a factor that had helped the physical sciences so much in their early development. For its part, experimental psychology has been plagued with problems of methodology, and the applied psychology field of psychotherapy has faced even greater difficulties. While the physical sciences were driven forward by experimentation, which also served to clear away the accumulation of inappropriate past theory, no such process exists in psychotherapy. Theory is challenged by the constant accumulation of clinical experience, but with regard to psychotherapy, the criteria needed to sort this out are not generally agreed upon nor consistently applied.

The concept of core concepts in transactional analysis might be seen as a way of stabilizing a volatile situation or as a major obstacle to progress. I recently attended the keynote address at the 2001 Institute of Transactional Analysis conference at Keele University, England, given by Ian Stewart, who has kindly agreed to let us publish it in the next *TAJ*. One of the points he makes is that we may choose to set clear boundaries for the use of concept names without privileging one set of meanings over another. In fact, what we should be doing is stabilizing and



clarifying language rather than deciding what is right and wrong. This interesting viewpoint gets us out of the creed-versus-dictionary dilemma. I recommend that readers pursue Ian's sophisticated arguments, which I will not try to summarize here. And while I recognize a case for freezing language to minimize confusion, I think there might be problems in thawing it again when the time comes.

I offer these thoughts as a preface to announcing that there will be an upcoming special edition of the *TAJ* devoted to core concepts. It will be jointly edited by Claude Steiner and me. If you would like to contribute to this important debate, please consider submitting an article between 500 and 7000 words. We want to hear from as many people as possible.

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ON LEARNING

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I had not been feeling terribly lucky up till then, but suddenly I felt like my luck changed. My therapist and I followed Bollas's advice, and it was a turning point in my therapy. I'm in the end stages of my analysis now, and my therapist and I are coauthoring an article reflecting on our work together, with this incident at the heart of our writing. Whether it will ever see the pages of a professional publication remains to be seen, but the process has been a productive vehicle for reflection.

This very personal example is about a breach of confidentiality that occurred in the context of a verbal presentation to a small professional seminar group regarding a client who had a lot of psychotherapy under his belt, a lot of interpersonal and professional resources, and a competent, responsible psychotherapist. Imagine the implications, the vulnerability, for many clients of reading a case study about themselves in a journal or book. Gabbard speaks eloquently to tensions between guarding "the privacy inherent in privileged communications . . . [while allowing] free exchange of information for psychoanalysis to develop as a science" (p. 1072). He offers no simple solutions or ethical, cookbook recommendations, which is part of his eloquence. He does outline five strategies for dealing with these issues: (1) thickly disguising the patient's actual identity and external circumstance while preserving the scientific integrity and clinical veracity of the material; (2) sharing the material to be published with the patient and securing his or her informed consent; (3) using process records (transcripts or session notes) of actual sessions with little or no identifying information about the patient; (4) using composites of the clinical material drawn from several clients, organized around common clinical issues; and (5) using a colleague as author—typically a consultant or supervisor—and ensuring the complete anonymity of both therapist and patient.

Each of these strategies has its limitations and liabilities, conscious and unconscious, ethical and clinical. Each needs to be carefully considered within the contexts of the clinical needs and vulnerabilities of the individual client, the motivations of the author, the context of the professional presentation or publication, and the intention of the article. Gabbard's essay is not only a thoughtful discussion of publication-related issues, it is also a thoughtful reflection on the nature of the therapeutic process and therapists' motivations. (It is available in the *IJP* and on the *IJP* website and bulletin board at http://www.ijpa.org .)

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REFERENCE

Gabbard, G. (2000). Disguise or consent: Problems and recommendations concerning the publication and presentation of clinical material. *International Journal of Psychoanalysis, 81,* 1071-1086. □

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.

ITAA News

CEU Credits Available for Transactional Analysis Videotapes

Do you need continuing education units (CEUs)? Currently, social workers, marriage and family therapists, and licensed counselors can obtain credits (through NBCC and/or the California Board of Behavior Science Examiners) for viewing selected ITAA videotapes on transactional analysis and answering a short, multiple-choice questionnaire for each tape. Currently credits are available for the following tapes:

Jack Dusay on "Evolution of Transactional Analysis and Its Applications (1.5 CEUs)

Robert Goulding on "Scripts" (1 CEU)

Robert and Mary Goulding on "Redecision Therapy" (2 CEUs)

Muriel James on "Self-Reparenting: Theory and Practice for Group Leaders" and "Ego State Boundary Problems: Diagnosis and Treatment" (1 CEU for both tapes)

Stephen Karpman on "Game-Free Communication for Couples" (1 CEU)

Claude Steiner on "Emotional Literacy and Transactional Analysis" (1 CEU)

Abe Wagner on "Breaking the Communication Barrier: TA + NLP" (2 CEUs)

Cost: The cost for obtaining CEUs (which covers administrative expenses) is separate from the cost of the videos themselves (see below).

To Apply: If you already have the tape(s), please fill out the form below (indicating the tapes for which you seek credit) and send the form with a check covering the CEU application process to the ITAA office. If you do not have the tapes for which you seek CEU credit, you can order them using the form below. When ordering the tape(s), include the CEU application form below and add the cost of CEU application to your check or credit card payment.

Exam and Certificate: You will be sent the tape(s) and/or the short questionnaire for the tape(s). After viewing the tape and completing the questionnaire, return the latter to the ITAA office and a CEU certificate will be issued for the total number of credits obtained from the application (currently a minimum of 1 and a maximum of 9.5 CEUs).

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Tapes for which I want CEU credit:

☐ Dusay ☐ Goulding ☐ Gouldings
☐ James ☐ Karpman ☐ Steiner
☐ Wagner

Cost: One tape = $30; second and third tapes = $10/ea; each additional tape = $5; all seven at once = $55.

Total payment for _____ tape(s) for which seek CEU credit = $_____

☐ Check enclosed (payment must be in US funds drawn on a US bank)

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Signature _____

Exp. Date _____

Send form and payment to ITAA, 436 14th St., Suite 1301, Oakland, CA 94612-2710, USA or fax to 510-625-7725

*** Reminder ***

Eric Berne Memorial Award
Nominations Deadline:
1 December 2000

Hedges Capers Humanitarian Award
Nominations Deadline:
1 January 2001

Muriel James Living Principles Award
Nominations Deadline:
1 January 2001

For more details, see www.itaa-net.org

Statement of Financial Position

International Transactional Analysis Association
31 December 2000

Assets

	2000	1999
Current Assets		
Cash and cash equivalents	$ 117,501	$ 139,645
Accounts receivable	1,457	1,094
Note receivable	5,823	6,629
Investments	1,473,589	1,519,773
Inventory	10,900	10,452
Prepaid expenses	7,969	16,321
Total current assets	1,617,239	1,693,914
Property and equipment, less accumulated depreciation	7,541	9,946
Total Assets	$ 1,624,780	$ 1,703,860

Liabilities and Net Assets

Liabilities		
Accounts payable	$ 33,345	$ 26,523
Accrued vacation	7,705	3,572
Deferred membership	47,589	80,213
Conference registration paid in advance		2,040
Total Liabilities	88,639	112,348
Net Assets		
Unrestricted		
Board designated	212,584	204,090
Undesignated	1,175,362	1,241,150
Total unrestricted net assets	1,387,946	1,445,240
Temporarily restricted	148,195	146,272
Total Net Assets	1,536,141	1,591,512
Total Liabilities and Net Assets	$ 1,624,780	1,703,860

ITAA Professional Videotape Library

☐ John Dusay: "The Evolution of Transactional Analysis and Its Applications" (100 mins., $45 mem/$55 nonmem) $_____

☐ Fanita English: "The Forces Within Us: Acknowledging the Impact of Unconscious Drives in Practicing Transactional Analysis" (58 mins., $45 mem/$55 nonmem) $_____

☐ Founding Members "Introduction to Transactional Analysis" (TA 101) (2 tapes, 4+ hours, $100 mem/$120 nonmem) $_____

☐ Bob Goulding: "Scripts" (55 mins., $45 mem/$55 nonmems) $_____

☐ Bob and Mary Goulding: "Redecision Therapy" (70 mins., $85 mem/$95 nonmem) $_____

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Members' Forum

WHAT FORM THE ITAA?

Dear Editor:

In the May-June 2001 issue of *The Script*, you published a thoughtful letter from Nancy Porter-Steele in which she explained her vision of the future of ITAA. I have taken the liberty of summarizing her comments:

I want the ITAA to become an endowed, nonprofit with no members, with tasks of providing the *TAJ* and *The Script*, maintaining archives . . . of various kinds and serving as a way of communication for all transactional analysis organizations of the world. . . . I wish to do away with the BOC as the certifying agency for some jurisdictions, including ours here on the Atlantic Coast.

I want to belong to *one* organization for transactional analysis with modest dues membership that has limited geographic boundaries . . . with a membership that recognizes the basic goodness of human beings as a fundamental principle (I'm OK, You're OK, whether they say it that way or not) of persons trained in psychosynthesis, gestalt therapy, and contemplative psychotherapists . . . and not only psychotherapists, but also persons practicing in education, organizations and so forth.

Nancy ends by saying that quite likely she will end her membership in the ITAA in order to be in accord with the structures she described. "May we create the new forms that we need!"

I respect Nancy's commitment to vote with her feet and to state her views as her own with no intent to convince others. However, I believe that her vision is not a beneficial one for the worldwide transactional analysis movement.

A vital organization such as ours needs an income of money and talent. Without membership the ITAA would lose the flow of talented volunteers, and its work would have to be done by a paid staff guided by a board that would become a sinecure for a few entrenched, aging trustees. The endowment would dry up, and the ITAA would wither away. The vibrancy of a democratic membership organization would be lost, and the majority of the ongoing functions would cease without member/volunteers.

And that is only one problem with Nancy's plan. Equally as important is what would happen to the people who are members now and have no regional association in their area? Who would they look to for intellectual and moral support? And what about people thirsty for a connection to transactional analysis who live in a region in which there are one or more warring transactional analysis organizations?

Every major profession has a national or even international aspect and a regional aspect. As a psychologist I have the American Psychological Association and the California Psychological Association. The APA has stiff membership fees, but I pay them because they offer conferences, a journal, a newsletter, and an affiliation that I want. I would hate the APA to dismember and become an endowment.

No disrespect, but an organization such as Nancy describes is no longer a transactional analysis-centered organization, its value to local professionals notwithstanding. What can people interested in transactional analysis do in the Atlantic area do if they don't want to confer with persons trained in psychosynthesis, gestalt, or contemplative therapy but seek a transactional analysis-centered association to belong to and participate in? I imagine that there are people in the Atlantic area who would be unhappy if their ITAA membership affiliation disappeared.

I don't think that dismembering the ITAA is the "new form" we need. Instead, I believe that we are at this very time creating the ITAA that will be most helpful in disseminating transactional analysis around the world. Nancy, please don't pull your energy out from our effort.

Claude Steiner, Berkeley, California, USA

SPREADING THE WORD

Dear Bill:

The May-June issue of *The Script* came today. I was ecstatic about your article "Standing Within the Clinical Tradition." You write in a way that completely fits with my observations and experience. I especially appreciate your balanced and thoughtful writing. It bears reading, rereading, and filing away for future reference.

The Director of Psychotherapy Training at Dalhousie Department of Psychiatry, Ian Feltham, has become very interested in transactional analysis. I'd like to show him this article formatted so that it can be distributed to the residents and interested faculty. Would you be so kind as to email a copy to me?

Curtis Steele, Halifax, Nova Scotia, Canada

NET CONNECTION

Refurbished ITAA Website Better Than Ever

Increasingly, the ITAA is becoming an Internet-driven organization. At this point it is virtually a requirement that board of trustee members, committee chairs, and even committee members be Internet capable. More and more of our committee work and volunteer activity is mediated through email.

The ITAA website is by far our most important Internet activity. It offers a huge amount of transactional analysis-related information and serves as an instantaneous communication vehicle for our members. It opens up the door to anyone online, anywhere in the world, who wants to find out about and communicate with us. It also facilitates the distribution and sale of our products.

Under the technical aegis of Elaine Frances, our webmaster in the Oakland office, we launched a new website on April 10. We now have a shopping cart system so that ITAA books, videos, and back issues of the *TAJ* can be purchased online. Check it out at www.itaa-net.org .

In January 2001 we began tracking the number of individual visitors to our website. We found that the traffic into our website is steadily increasing, virtually doubling in the last six months from 2700 in January to 5800 in June. Where are these visitors from? In June, as an example, our visitors were largely from North America (3700,) followed by Europe (1300,) Asia (400,) Australia and Oceania (300,) South America (100,) and Africa (25).

Currently we have an email mailing list with 1350 subscribers from 80 countries. The three largest member lists are from the US (300,) UK (200), and India (125); the others are 50 or less. Of these subscribers, only 10% are ITAA members, and of the online orders we have received so far, only about 8% have been from ITAA members. This indicates that the large majority of visitors (90%) to our website are nonmembers. If you want to join the mailing list, click on www.itaa-net.org/join.htm and follow the simple procedure.

We have two website projects under way: The Library will contain extensive transactional analysis literature, and the Lounge will offer online chats and other interactive activities. We also plan to add a database of transactional analysis practitioners in the TA Community section. A password-protected Members Area with an online membership directory is also being considered.

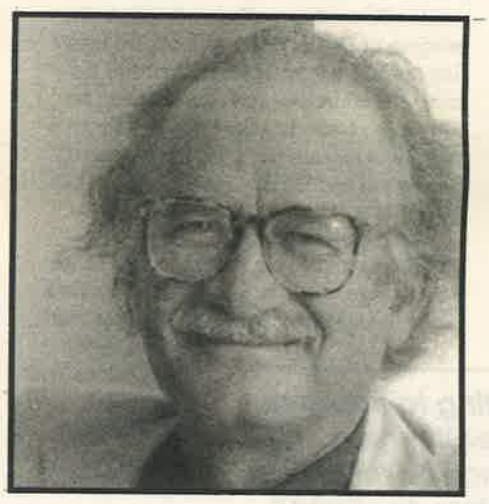
As I pursue my new responsibilities as Vice President of Research and Innovation, we are looking for a member to take over my job as Internet committee chair. My description of the job at this point is as follows:

1. Overseeing and editing the contents of the website in close cooperation with our webmaster, Elaine Frances
2. Encouraging our members to go online
3. Mediating or finding a mediator for The Forum, the ITAA Internet discussion list
4. Interacting with members of the committee
5. Writing articles for *The Script*
6. Leading in the innovation process using this essential, cutting-edge communication tool

When a suitable person is found, I am willing to serve as a consultant when needed. Please search your minds for names of likely prospects and let me know.

Finally, I want to commend Elaine Frances for the excellent job she has done of retooling and refurbishing the ITAA website. She is a hugely competent webmaster, and we are fortunate to have her on our staff.

Claude Steiner can be reached at 2901 Piedmont Ave., Berkeley, CA 94705, USA; phone: 510- 843-9667; or at csteiner@igc.org



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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, visit 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.

Send manuscripts to *TAJ* Managing Editor Robin Fryer, 1700 Ganges Ave., El Cerrito, CA 94530-1938, USA.

WHY DO WE ASK

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as much as I possibly could. Basically, after a careful and linear diagnostic assessment, the patient was served a customized pharmacological main course and a complimentary side dish of supportive bedside manners. And many times, even that simple side dish was missing.

With time, it became increasingly clear that the explanations and procedures provided by the biological and statistical sciences—although valid and useful for understanding disorders—were of little help in establishing a relationship with my patients. As I started seeing patients alone and putting into practice some of that learning, I could not but feel lost in my own fears. I was supposed to reassure, but who, or what, was going to reassure me? Every session with a patient exposed me to uncertainty: Am I going to be able to help? Will my tools be enough? Will I live up to the Hippocratic Oath of "at least, do no harm"?

Although I wasn't fully aware of it, I was being introduced to the uncertainty and anxiety built into the task of the profession itself. As a reaction, I turned to books and to the latest research even more forcefully. When I look back at what motivated me, I believe it was as much a desire to help my patients as it was a desire to be relieved of my anxiety, to be reassured and to feel in control. The increased knowledge and experience that resulted from such efforts certainly helped me become more effective, but at the same time, I wished science and experience would make those questions fade away. That is probably a common fantasy for those who do this work. Several authors, in fact, have observed that often when a professional task implies dealing with uncertainty, those who endeavor to perform it respond to the anxiety they feel about this uncertainty with a desire to cling to seemingly rational explanations.

Too rarely we hear nowadays that such uncertainty and the anxiety it provokes are, and should be, unavoidable if the therapeutic relationship is to be truly effective. The paradox of trying to use as much knowledge as possible while embracing the not knowing—the unsettling totally new in each session and with each patient—is one of the challenges set before us as we develop our competence. It is one we need to relearn to value rather than avoid, as we often do. Neither our patients nor, at times, we have an easy time acknowledging our painful fallibility. I, for one, am not sure I received much help embracing my fallibility in the years of my training. In fact, I often encountered an assumption that is widespread in the "helping professions"—that we need to be in control of, or mask, at least some of our feelings. And if feelings do show, they had better be friendly, soothing, "good" ones. Such a stance does not help us to explore either our own uncertainty or the disappointments, and even hatred at times, that, consciously or unconsciously, all therapists are bound to experience within the therapeutic relationship.

I believe those disowned feelings, and the fantasies of acting them out, alongside the anxiety stemming from the uncertainty built into the clinical task itself, are powerful unconscious forces that fuel the ever increasing pressure to provide empirical statistical validation to any form of psychotherapy.

If we accept this working hypothesis, we can observe the same psychological dynamic being played out on a social level as well. Large organizations such as governments, insurance companies, health organizations, and professional and patients' associations increasingly demand that professional clinicians assume larger chunks of responsibility and accountability for the well-being of patients. I believe this reflects a similar attempt among the interested parties to find reassurance on an institutional level. In the same way I asked my books to reassure as well as inform me, whenever these parties look to the scientific method and to quantitative indicators as the way to guide and validate the practice of a mental health professional—particularly a psychotherapist—they are trying to explain in rational terms a process that is largely rooted in the elusive realm of the irrational. That is a social attempt to put in place reassuring structures against the anxiety that derives from the task of the clinical institutions themselves.

In my case, this meant having to keep firmly in mind departmental and hospital policies about following evidence-based guidelines, as well as being often reminded of my legal responsibilities. These would have been helpful if the need for collaboration between patient and therapist had been emphasized with equal strength. Unfortunately, it seldom was. For good or bad, the spotlight was on the clinician's role. Possibly seduced, in the beginning, by being offered such a central role and almost supernatural powers, I was being set up, and was setting myself up, to bear alone the anxiety provoked by the uncertainty of the healing process.

I think that leaves just too much pressure to be borne by individual therapists. Caught between the uncertainty inherent in the task, the wish to deny the darker side of our nature, and the implicit collective demand to deliver flawless practice, we practicing clinicians might find some relief in the reassurance provided by empirically validated procedures, practical indicators, and rational guidelines.

In the Promethean effort to facilitate the bringing of health to humankind, we might find ourselves bound by the chains of the same procedures we have participated in putting in place, thus limiting our effectiveness and condemning ourselves to feeling diminished and helpless. We might, in fact, be trading away some of our most valuable therapeutic tools: bearing with our own uncertainty and trying to make sense of the whole range of feelings our patient systems evoke in us. Few of us would disagree that these tools provide us with essential information about our patients, lead us to a truly healing relationship, and greatly enhance our effectiveness as helpers.

> ***"While attempting to improve our clinical effectiveness, are we asking science to relieve us of our uncertainty, to silence social pressure, and to keep the least pleasant aspects of our profession at bay?"***

It is beyond any doubt that scientific advances have made solid contributions to the field of psychotherapy. Updated knowledge and competence are pillars of responsible clinical practice. What I have tried to explore here, starting from my own personal struggle to find myself in my professional role, are some of the less evident reasons we all, at times, turn to science. Perhaps one of the questions we need to ask ourselves is this: While attempting to improve our clinical effectiveness, are we also asking science to relieve us of our uncertainty, to silence social pressure, and to keep the least pleasant aspects of our own profession at bay?

Gianpiero Petriglieri, M.D., will soon be a certified social psychiatrist. He lives in Lausanne, Switzerland, and works as a clinician as well as an organizational consultant. His main area of interest is group dynamics. He can be reached at ginpet@tin.it or at Cret Berard, 1070 Puidoux -Switzerland.

USING TA CONCEPTS

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terms taken from everyday life a helps keep it from becoming overintellectualized or overcomplex. People who are used to doing clinical observation are easily able to pick up and describe changes. For example, at a recent meeting in Milan on short-term psychodynamic therapies (attended by clinicians from around the world), video recordings of first and subsequent interviews were shown. The differences were obvious after only a few frames, with no need of words from the patient or explanation by the therapist. The changes in the patient were evident to the whole audience, although with small differences among various observers. This is the level of intersubjective observation. But how can a theory be based on such observations? How do we assess the changes in a way that is not too far from the observed facts? Is it even possible?

> ***"The main concepts of transactional analysis introduce specificity but are also interconnected and partially redundant. Thus, choosing one concept means having not just a single point of view, but also connections with the whole picture."***

Our answer is yes, provided we use an assessment tool that does not reduce the complexity of the observation: a person with behavior, words, feelings, thoughts. Transactional analysis has concepts that can be developed into such assessment tools.

Which Concept to Use?

The main concepts of transactional analysis—such as ego states, script, transactions, and games—describe the clinical situation from overlapping points of view. Thus each concept has some features that are specific and some that it shares in common with other concepts. For example, describing reality via games involves scripts and ego states; describing it via transactions involves games, scripts, and ego states; and if we speak about script, we also mean games, transactions, and ego states. Thus the main concepts of transaction analysis introduce specificity but are also interconnected and partially redundant. For this reason, choosing one concept means having not just a single point of view but also connections with the whole picture.

In assessing our groups, we decided to use the drama triangle (DT) (Karpman, 1968) because it is based on a simple concept and is, at the same time, fully descriptive of intrapsychic and interpersonal features.

From Qualitative to Quantitative

Our aim was to transform the qualitative intuition underlying Karpman's theory of the drama triangle into a quantitative tool for assessment. To do this we operationalized the drama triangle, which means defining in a precise way the concepts and terms so that they become descriptive and shared at the highest possible level. To operationalize the drama triangle we reviewed the literature and classified each of the three classical positions of Persecutor, Victim, and Rescuer from five points of view: words, voice tones, gestures, body positions, and facial expressions. This was then synthesized on a grid that describes the drama triangle positions in a detailed, intersubjective way that can be used by any researcher after two or three hours of training, even one who does not have knowledge of transactional analysis.

Assessment Instruments Derived from Non-Transactional Analysis Models

In our assessment we also decided to use tools from psychoanalysis (specifically, the core conflictual relationship theme model or CCRT) (Luborksy & Crits-Christoph, 1997/1998) and from control mastery theory (CMT) (Weiss & Sampson, 1993). The first is an operationalization of transference and the main conflict in the treatment; the second can be used to check the patient's beliefs and general life plan. By using three assessment tools, we had the advantage of:

1. Different points of view on the same data: CCRT observes mainly intrapsychic changes, the drama triangle is based on interpersonal interactions, and CMT deals with general views
2. Comparing results among different ways of assessing
3. Matching a new instrument (operationalization of the drama triangle) with classical, well-known methodology (CCRT)
4. Crossing methodology of assessing among models, thus validating one point of view with others

Data and Conclusions

Our plan is to apply the DT, CCRT, and CMT to assess our patients at the beginning and at the end of the treatment. The research is underway. So far we have assessed three groups with the DT and the CCRT and one with CMT. Results so far are very good. All 16 patients show progress on the CCRT ranging from low to very high, the trend is confirmed by the data given via the DT, and CMT is showing a similar pattern. All the data, which we will not attempt to report here, are presented in more than 12 doctoral theses, parts of which have already been published in an Italian psychotherapy journal.

Conclusions from this research can be drawn at different levels:

1. The treatment plan is effective even though it is based on only 14 sessions. That is, transactional analysis as a method for short-term group therapy leads to results ranging from satisfactory to good.
2. The drama triangle can detect changes in a way that is similar to CCRT, but the drama triangle in this operationalized form is much simpler to learn and apply.
3. The use of three assessment instruments is a validating methodology that shows similar results across the instruments, even though each derives from a different theoretical model.

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attitude, suggesting that it became the basis for the "TA script" in which traditional psychotherapeutic approaches are fought with grandiose ideas from within transactional analysis rather than striving for acknowledgment and connection with other professionals outside transactional analysis. Berne himself set high standards for transactional analysis therapists (see, for example, his minimal scientific curriculum for clinical CTAs: knowledge of anatomy, biology, physiology, pharmacology, somatic diseases, psychopathology, child development, psychology, and psychoanalysis). While the standards for transactional analysis training vary from country to country, international exams offer, in many ways, a standard for quality, although they are not a guarantee of it. Research is not a part of the exam nor of the PTSTA training, although in EATA and ITAA there has been discussion about adding a compulsory workshop on research to the PTSTA training program.

In part, the criticism of transactional analysis is unfair. Because of its popularization in the 1970s and 1980s, transactional analysis is often presented in a simplified, unclear way in scientific journals and handbooks. It is true that Berne himself was not always clear; in fact, he was sometimes contradictory in his explanation of certain concepts. However, his critics have often not made the effort to understand what he meant, which contributed to the movement of transactional analysis from being an inspiring, fresh, useful theory to its being on the sidelines of the psychotherapy field.

Another important factor in the movement of transactional analysis away from the mainstream is that today many transactional analysis professionals work in private practices and their own institutes whereas in the early years they worked in universities, hospitals, and other institutions—places that had libraries, research facilities, journals, and so on. This may also have contributed to the fact that in a well-known psychotherapy research handbook (Bergin & Garfield, 1994) transactional analysis is not even mentioned, while there are many references to research on gestalt, hypnotherapy, and Rogerian therapy. One way to impact this situation is to have more research about transactional analysis by TA professionals published in journals other than the *TAJ;* this would help bring transactional analysis more to the attention of other professionals in various fields.

I think transactional analysis deserves more acknowledgment as a useful method of psychotherapy, counseling, and communication in many fields of humanistic science. What can we do to change the current situation so that this acknowledgment is forthcoming?

What Makes It Difficult

Research nowadays is, in certain respects, rather narrow. The "gold standard" for research is the randomized controlled trial (RCT), a difficult form of research with regard to psychotherapy. For example, to compare two therapy approaches is a long, painstaking process that requires a great deal of effort and money. Therefore, today usually only short-term (less costly) and behavioristic (measurable result) approaches are examined in research studies. Even worse, the conclusion drawn from these studies is often that long-term, insight-oriented analytic or psychodynamic psychotherapy does not work since it is not well researched. These may be unscientific conclusions, but they are convenient for politicians and managers who want quick results for little money.

Recently, the *Dutch Journal of Psychiatry* published an interesting article (Beurs, Dyck, Balkom, & Lange, 2001) in which RCTs were criticized: Often patients recovered statistically (like two standard deviations) in a short period, and the research concluded, therefore, that treatment X worked better than treatment Y. However, many patients did not yet feel really well, and the majority of them continued treatment much longer to reach a clinical recovery. So in reality the treatment period was much longer than the research suggested. Others argue that there is a huge difference between patients in research studies (e.g., to be included, patients often must meet high standards, such as no comorbidity, no use of medication, etc.) and ordinary patients like those with whom most clinicians work daily. Most transactional analysis psychotherapists and counselors have mixed practices with many different kinds of clients. To do research, it would be necessary to collect data from more clients than most of them have in their practices, so coordination and cooperation is important. Ted Novey's (1999) study following the Consumer Reports model is an effort to do just that. Cooperation with a university would be helpful in this area as well.

> ***"Integrating research and new theoretical thinking about the influence of genetics, developmental trauma, and other problems on the development of ego states and script is necessary to update the transactional analysis curriculum."***

Another recent development is the interesting new findings in brain research. In transactional analysis many people know about the infant research of Daniel Stern (1985, 1998) and others, but there is additional relevant research, such as that done by psychoanalyst and Nobel prize winner Eric Kandel (1998, 1999). He showed not only the influence of genetics on psychopathology, but also the influence of early, long-term pathological situations (e.g., the early separation of the child from the mother) on genetic expression and the later reactions of the child to stress. Alan Schore (1994) wrote an interesting book on *Affect Regulation and the Origin of the Self* that describes recent developments in neurobiology and links them to the emotional growth of the infant. It seems increasingly clear that genetics and the early development of the brain and nervous system (together with the hormonal, autoimmune, and other general body systems) define the limits of emotional and psychological development. I offer two examples: The role of the memory system in trauma is more important than is often assumed, and patients with a psychopathic personality structure have fundamental differences in their cognitive functions as compared to nonpsychopathic patients. If transactional analysis does not want to lose connection with mainstream psychotherapeutic and psychological theories, it must take steps to integrate these new findings into transactional analysis theory and practice. Integrating research and new theoretical thinking about the influence of genetics, developmental trauma, and other problems on the development of ego states and script is necessary to update the transactional analysis curriculum. A fine example of this is James Allen's (2000) *TAJ* article on biology and transactional analysis, in which he connects recent developments in neurophysiology to the theory of scripts and ego states. More books and articles on these themes would be welcome and useful.

Some Ideas for the Future

I see two interesting directions for future research in transactional analysis.

First, there is a general tendency toward psychotherapy integration: Methods are being integrated on theoretical and technical levels, research is being done to discover the most effective elements of different therapies, and individual methods are reaching out to each other. A good example is cognitive therapy and the schema-focused therapy developed by Jeffrey Young (1999) and his colleagues in New York. Departing from behavior therapy, they found out that with personality-disordered patients, cognitive methods alone did not work, so they added affective, gestalt elements and emphasized the therapeutic relationship. In fact, they use terms that could have been borrowed from transactional analysis, such as the vulnerable or angry child, the punitive parent, and limited reparenting. Thus schema therapy functions as a bridge between cognitive-behavior therapy, psychoanalytic therapy, and more experiential methods such as gestalt and transactional analysis. Transactional analysis is comparable to schema therapy in that it also fills a bridging function between theoretical and practice models. TA combines elements of behavioral, psychoanalytic, and experiential theories and methods, so research in transactional analysis could examine the effectiveness of various elements and which combination of or emphasis on these elements is most effective with which clients.

Second, one aspect of therapy integration is an emphasis on aspecific factors that are assumed to be most helpful in psychotherapy, an essential one being the therapeutic relationship. Clearly, transactional analysis has given much attention to different aspects of the therapeutic relationship and can be very useful in providing both a theory and a technique and method to foster the development of a good therapeutic relationship. For example, departing from the theory of ego states and transactional analysis, the therapeutic relationship could be scrutinized in terms of the effectiveness of separate transactions.

In Conclusion

I think that transactional analysis offers much promise for contributing to the development of a more useful and effective psychotherapy, and in so doing it can become more accepted as a useful theory in the present and in the future. But it is up to us to make this happen. Are we ready?

Moniek Thunnissen, MD, TSTA, is a psychiatrist. She can be reached at a.v.lex.thunn@worldonline.nl or at Psychotherapeutic Centre de Viersprong, Postbus 7, 4660 AA Halsteren, The Netherlands.

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EXAM CALENDAR

Exam	Exam Adm.	Exam Date	Location	App. Deadline
CTA Oral	COC COC BOC BOC	Nov. 2, 2001 Nov. 16, 2001 Nov. 17, 2001 Jan. 14, 2002	Grenoble, France Neustadt, Germany Christchurch, N. Zealand Chennai, India	Aug. 1, 2001* Sept. 1, 2001* Aug. 17, 2001 Oct. 14, 2001
TSTA Oral				
CTA Written	All Regions (Non-Europe)	Your choice	To be submitted to Regional Exam Coordinator after payment of $50 recording fee to T & C Council	Your choice
TEWs	PTSC PTSC	Nov. 17-19, 2001 July1-3, 2002	Neustadt, Germany Utrecht, Netherlands	July 17, 2001 March 1, 2002

* 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.

Keeping in Touch

REGION I—ASIA, AFRICA, THE PACIFIC

Jessica Leong, president of the Transactional Analysis Association of Singapore, writes that they invited Tony White to be their guest speaker at their annual General Meeting. The executive committee of TAA Singapore unanimously agreed to honor Tony as an Honorary Member of the TAA. The criteria were based on "persons who, by reasons of their eminence in the TA profession or their substantial contribution to the profession of TA or its practice, may be elected to Honorary Membership by the Annual General Meeting on the recommendation of the Executive Committee. An Honorary Member shall not be liable to pay a subscription but shall enjoy all other privileges of membership, except the right to vote and hold office." While in Singapore, Tony conducted a workshop on "Relating with Adolescent Anger." More than 40 participants attended, including social workers, teachers, counselors, parents, prison wardens, and supervisors of homes for adolescents. Jessica says, "One of the most insightful parts of Tony's sharing was when he discussed the option of unveiling the film of anger in order to connect and engage the adolescent in therapeutic conversation. Thanks, Tony."

Ken Mellor writes that his latest book, *ParentCraft: Essential Skills for Raising Children from Infancy to Adulthood,* is doing well. The book was reviewed in the October 2000 *TAJ*, although the website for ordering the book was incorrect. The correct address is www.biamenetwork.net

REGION III—EUROPE

Andy Szekely writes in the June 2001 issue of the *EATA Newsletter* that "the first TA 101 held in Iasi, Romania, in November 2000, means . . . the fulfillment of a huge wish and need of knowledge and personal development felt by Romanians." The 101 was given by Martin Bertok, PTSTA, and attended by 62 people, with 20 more having to be turned away.

REGION IV—CENTRAL AND SOUTH AMERICA

Edie Bogusky Beaujon was the chairperson and guiding force behind bringing Deepak Chopra—the spiritual guru who was named by *Time Magazine* as one of the 100 icons of the millennium—to Aruba. There were 900 people in attendance for the event. Edie has been organizing the seminar for the Quota Club International of Aruba for the past 13 years and has brought the number of attendees from 80 in 1987 to 900 this year. This is her last year as chairperson.

REGION V—UNITED STATES

Marion Weisberg gave a presentation on integrating transactional analysis and the Enneagram at the annual Enneagram Conference in Philadelphia, 3-5 August 2001. The hope is that more of these kinds of presentations can be given at the conferences of other professional organizations and that perhaps even joint conferences can be developed.



Tony White (fifth from left) and Jessica Leong (fourth from right) with TAA of Singapore group

IN MEMORIAM

Vin Manaktala, CTA, of West Hartford, Connecticut, USA, passed away on 9 November 2000.

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. This summary will allow readers with Internet access to keep abreast of time-related items as well as to find out a little about the content of articles and columns.

Special Issue of the TAJ

"For Our Clients"

This journal, guest edited by Carol Solomon, PhD, TM, will contain a collection of articles designed to enhance personal growth and change. Topics might include: how to choose a therapist, how therapy works, what is therapeutic success, when is medication helpful, spirituality, humor, money, anxiety, depression, and drug/alcohol use/abuse.

For more information, contact Dr. Carol Solomon at drcsol@pacbell.net; phone: 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!

Carol Solomon is compiling an article entitled "Advice from Around the World," and is requesting thoughtful statements (50-100 words) from therapists answering the following question: 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

Sue Fish Mourned

On 23 June 2001 Sue Fish passed away peacefully with her partner, Ann David, and her mother, Barbara Fish, and several friends surrounding her in love. Sue was diagnosed with leukemia three years ago. With the steadfast support and care of Ann, Sue lived the best that she could until her relapse in the early spring.

The transactional analysis community, both in England and around the world, has lost a great, powerful, and playful spirit. Sue was a superb storyteller, with a sense of humor matched by few. Her playfulness and loving heart touched her many friends, clients, and trainees. She had a wonderfully creative imagination, a gift that many of us who knew her will cherish always.

Sue felt strongly linked with South Africa, her country of origin, particularly with its beauty and its hold on her heart. She was also deeply troubled by the inequality and injustice in South Africa in the 1970s and wrote a number of short stories depicting her homeland and its struggles.

Before Sue was diagnosed, she had built a new life with her beloved Ann in an exquisitely beautiful part of Devon, England. They renovated a centuries-old farmhouse and stable, planting a beautiful garden that overlooked the famous Devon hills. Many of the trees in the garden were a gift of her many Metanoia friends and family when she left London and Metanoia to start her new life with Ann in the country. It was there that Sue was cared for by Ann until the end, in superb beauty of the natural world, supported by



many friends from near and far.

Sue made a major contribution to transactional analysis, cofounding Metanoia in London, England, training and supervising many psychotherapists and counselors, working with clients (particularly in groups), and writing a number of books. Her professional contributions will be presented in a future issue of *The Script*.

A memorial fund—the Sue Fish Bursary—is being established to support training that might otherwise be unaffordable. In addition, a booklet of people's recollections about Sue is being put together for sale to raise funds for the bursary and a website tribute is being developed. Anyone who wishes to contribute to these efforts may contact Metanoia at Kate@metanoia.ac.uk or 13 North Common Rd., Ealing W52QB, England.

In Honor of Sue Fish

You Would Have Been . . .

You would have been a crazy old woman.
None of us would have kept up with you.
Your enthusiasm, your silly jokes,
Your on-your-back-legs-in-the-air laughter
Would have had us reeling on our zimmer frames.

You would have been a mad old woman,
Dressed in vivid, floaty things (layers of them),
Tattoos everywhere, necklaces heavy with carvings,
And, of course, the shoes, one red, one green.
You'd have eclipsed our best imitations to ordinariness.

You would have been a queen of quizzes.
From the Sunday crossword to the meaning of life,
Your questions would've incised our scholarship and our souls.
And you'd have had answers, fearless certainties,
To nudge our tentative thoughts beyond opinion.

You would have been a witch (the good type, of course),
With magic spells and mystic charms
To guide and heal and make things happen.
Birds would have spoken, stars written poems,
And a certain dog—well, one dreads to think.

You would have been the best fairy godmother
Transforming our mice-and-pumpkin dreams
Into "You shall go to the ball" realities,
And, never one to miss a group occasion,
You'd have been up on that glittering coach beside us.

You would have been such a wise old crone (zany but wise),
Generous in your wisdom, giving your all
To solve the insoluble, shedding light in the dark.
We would have been drunk with your creative spirit
And no one meeting you would've remained untouched.

But what's all this nonsense "would have been"?
As if more time were needed for you to become
The woman you already were, are, will always be.
We need not wait. We are touched by you now.
And every tomorrow we will lovingly, so lovingly, touch again.

–Phil Lapworth