ITAA The Script

INTERNATIONAL TRANSACTIONAL ANALYSIS ASSOCIATION VOL. 35, NO. 9 DECEMBER 2005

Reaching Out

by Gianpiero Petriglieri

When Fritz Perls died, one of Berne's colleagues asked him, "What happens to the followers of a great man who dies?" He is said to have replied: "They always get screwed. Either way they get screwed. If they go on believing in the system it becomes a dead end, and if they go out on their own in reaction to the death of the leader they get equally lost" (Jorgensen & Jorgensen, 1984, pp. 8-9).

I first met Berne through his writing—and through the impact of his transactional analysis on my personal and professional life. Since then, for many years, I have regarded him as a genial author and practitioner, a phenomenally astute observer of the human condition, and a radical innovator in the behavioral sciences. He seemed to be a slightly muffled voice in mainstream textbooks on psychology, psychiatry, and organizational behavior and yet a



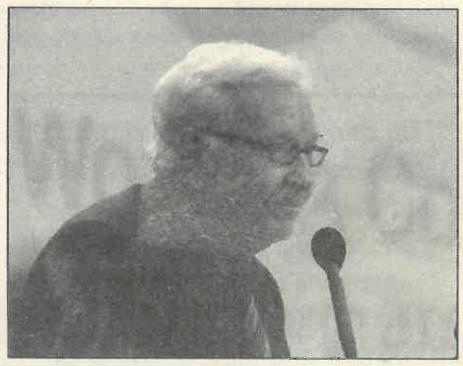
"The ITAA aspires to be a learning community that is respectful of tradition, welcoming of novelty and debate, and encouraging of individual initiative and thinking."

very lively presence in everyday discourse, in the psychotherapist's consulting room, and in many a classroom across the globe.

Three sides of Eric Berne stirred my curiosity and admiration. First, he was the revolutionary clinician who shifted the focus of psychotherapy from drives to transactions, from looking within to looking between, from the obscure and murky to the crisp and clear—in the process transforming social psychiatry from an oxymoron to a discipline. Second, he was the feverishly productive author, capable of integrating encyclopedic knowledge and intuitive insight into book after book packed with sophisticated yet accessible theories of pathological and healthy, individual and collective, patterns of human behavior. And third, he was the eccentric human being, the radical innovator who struggled for intimacy, carried out social experiments at the post office, and labored at rejuvenating the stale barriers embedded in the power relationship between therapist and client. Until recently, however, I had not given much thought to one more side of the founder of transactional analysis—Eric Berne the leader.

It has only been in the last couple of years that I started reflecting on Berne not only

continued on page 2



Freedom and Responsibility

Tensions, Paradoxes, and the Ethics of Everyday Decisions

by James R. Allen

We are happy to publish here the text of ITAA President Jim Allen's opening address given at the Edinburgh Conference on 8 July 2005.

It is an honor to be in Edinburgh and to be here at the time of the G8 meeting. Yesterday I watched happy demonstrators dancing in the shadow of Edinburgh Castle, which had been draped with a sign urging "Make Poverty History." I was reminded of a line in Words-worth's poem on the eve of the French Revo-lution that to be young then was "very heaven." Turning around a few minutes later, however, I suddenly became aware of Nelson's Monument on Calton Hill and remembered Robespierre and the Terror!

Many of us wish to be participants in some great world-historical event. Some of you from Europe and South America actually have been. However, generally we live the major part of our lives in a more everyday world, and this is what I wish to address.

In the medical school where I teach, we recommend that students read George Eliot's (1871/2003) novel *Middlemarch*. In it, Dr. Ludgate, a young doctor with high ideals, contends with the world as it is. His everyday attitudes and commitments, his friendships, and his marriage are gradually revealed to be influenced by the world of money and power. When he leaves the town of Middlemarch for an excellent practice elsewhere, he has altered so imperceptibly that he has no notion of the change. To the outer world he is never a failure. To the contrary, he becomes increasingly successful. The measure of his failure is the loss of his own early ethical resolve and the steady stream of minor accommodations and rationalizations he has made. He is a study in freedom and responsibility, loss and gain, compromise and success.

What Eliot described is the kind of moral decisions we make day in and day out and that create our character. For purposes of simplification, the influences to which we all are pressed to accommodate can be grouped into four categories: (1) our family and personal stories, which are the province of the therapy and counseling fields; (2) our institutional stories, including those of our schools and places of employment, which are the province of the educational and organizational/development fields; (3) our construction of "reality" as we understand it is envisioned in philosophy, religion, and science, which transactional analysis just touches on; and (4) transactional analysis theories and practices as interpreted by us individually and as interpreted in one of the four fields (psychotherapy, education, organizations, counseling). Educational transactional analysis, for example, is not the same thing as taking some transactional analysis concepts from therapy and applying them in an educational setting. The therapy and educational fields are different cultures. Indeed, even different institutes in the same country may interpret concepts differently.

Unfortunately, people in power can influence both our stories of understanding and the "evidence" on which they are based.

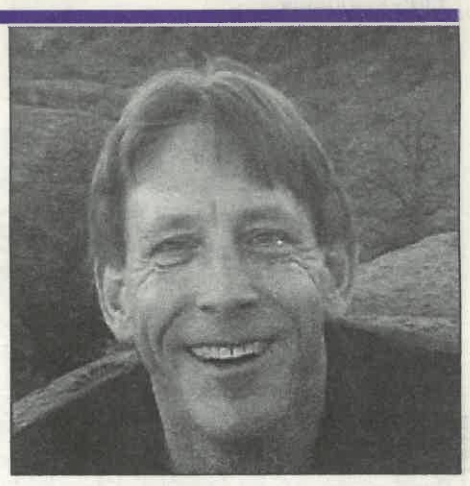
Incorporating Freedom and Responsibility into Our Scripts

We are our stories, our accounts of what has happened to us, and what we hope will happen. Memories and hope alone do not sustain a sense of personhood, however. We need a protagonist,

continued on page 6

Psychological Communication and Transactional Analysis

Steve Lankton Talks with Script Editor Bill Cornell



BILL: Thanks for making this time available, Steve. I thought it would be interesting to catch up with you prior to the December "Evolution of Psychotherapy" conference in Anaheim, California. I know that meeting is sponsored by the Milton H. Erickson Foundation and that it will bring together many luminaries from the field of therapy along with about 7,500 participants. As the Executive Director of the Phoenix Institute for Ericksonian Therapy, the author and editor of numerous books on Erickson's work, and an ITAA member, it seems to me you probably have an interesting perspective on the relationship between these two professional groups and their theories and methods.

STEVE: I suppose I do. While I don't play an official role with the conference, I am a permanent invited faculty for Erickson Foundation conferences and congresses. And yes, I use transactional analysis every day in my practice and my teaching at Arizona State University. I was active in the ITAA earlier in my career and then stopped for a while, but I never lost my love of TA. My transactional analysis training was just excellent, originally with the Ann Arbor group and then with a number of others, all of it fascinating. The synthesis of gestalt with transactional analysis as Bob Goulding demonstrated it—I have so many stories of the terrific material I learned—along with my training with Milton Erickson, was the best training I ever had.

"There are two TAs: the one we are trained to think in and use in understanding our clients, which is not simple, and the direct language we use in speaking to clients, which is simple."

BILL: So is your work now a blend of organizational training and clinical work?

STEVE: Yes, I teach at Arizona State University two days a week in the Department of Social and Behavioral Science, see clients two days a week, and edit the *American Journal of Clinical Hypnosis*. And then I train therapists, mostly at conferences or in overseas workshops. I also do some corporate work, although that varies from year to year, and I write quite a lot. This year I completed a chapter for the *APA Handbook of Clinical Hypnosis*, a text on treating depression, and a chapter in the *Oxford Handbook of Hypnosis: Theory, Research and Practice*. My

continued on page 5

Reaching Out

continued from page 1

as a thought leader, but also as an institutional leader. It had not occurred to me that one of his major accomplishments was to be found not in a book, but in the vitality of an organization. In developing transactional analysis, Berne the radical thought leader ventured into new ground to provide an alternative—an improvement—to a psychoanalysis that he perceived as obscure, slow, and client-unfriendly. In initiating the San Francisco Social Psychiatry Seminars, which soon became the International Transactional Analysis Association, Berne the visionary leader helped to shape an organization around principles somewhat different from those of contemporary psychoanalytic orthodoxy, where departure from the theoretical mainstream often led to schism and ostracism of dissenting voices.

"Every family is an institution, and the child does not learn much flexibility from them," wrote Berne (1972/1975, p. 57). And yet, despite his opinion of "institutions," one of Berne's major accomplishments was to found a successful one—the ITAA—which several decades later aspires to be a learning community that is respectful of tradition, welcoming of novelty and debate, and encouraging of individual initiative and thinking. Like most psychological associations and large organizations, the ITAA has become more diverse and differentiated as time has passed and transactional analysis has migrated globally. Local, national, and regional communities and associations have flourished across the world. Many theoretical and methodological variations have emerged over the years. One need only open the *Transactional Analysis Journal* or attend one of the international TA conferences around the globe to realize how rich, complex, and diverse the modern transactional analysis community has become. Holding that diversity is not always easy, and dissent and argument flourish. Schism, however, has not occurred, and transactional analysts with diverging views and theoretical orientations have kept working at sharing under the same roof, the same journal, and the same conferences—where we argue fiercely, play together, and debate in a lively way.

How do we pull that off? I believe it is because dialogue and reaching out are core values we all share, and because transactional analysis itself is a potent instrument for sustaining respectful, effective communication, even in the midst of painful disagreement. In an increasingly connected world, the evolution of psychotherapy—and the development of skillful therapists and behavioral professionals—depends on our willingness and capacity to reach out and sustain creative dialogues across boundaries of all kinds. In this endeavor, transactional analysis has much to offer. Transactional analysts have a remarkable and unique disposition to learn, supported by values and methods that make it possible to learn in dialogue—with one another and with professionals and critics from other currents and fields.

Berne recognized that "who we are" is inextricably linked to "how we interact," and that connecting with the "other" is part and parcel of forging and maintaining one's identity. He saw reaching out as a privilege and a necessity—and as another royal road that leads within. He taught us that to know others, deeply, is to know ourselves as well. This remains true today for transactional analysts as they reach out to each other, to other theoretical orientations, and to other psychological associations. Much like Berne, who was an avid reader of the biological and psychological theories of his time, transactional analysts today reach out, engage, and dialogue with the latest in the neurosciences, postmodern thinking, constructivism, depth psychologies, and cognitive behavioral theories and methods, to name a few—all the while working to integrate them into our unique identity. For a transactional analyst, "to be" is to be with. Alone, our spines "shrivel up."

Whether or not Berne's alleged opinion about the inevitable doom awaiting followers of a "great man who dies" proves itself an accurate prophecy for the ITAA depends largely on whether his followers and their institutions turn the system into a rigid, dead-end orthodoxy or rebel aimlessly and strike out on their own. These two alternatives, however, are not the only options we have before us. I believe that the norms fostered by Berne and the founders of transactional analysis—with their emphasis on creative followership, permission to think, commitment to dialogue, and dedication to individual and collective development—are powerful antidotes to the alternatives of institutional stasis or fragmentation. Commitment to, and capacity for, reaching out and engaging one another in mutual exploration and real dialogue are the core of transactional analysis. They are the living legacy of Eric Berne. And it is our responsibility to uphold them in our work together as we walk the path toward a vital and sustainable future.

Gianpiero Petriglieri, MD, is a psychiatrist and psychotherapist. He is Adjunct Professor of Organizational Behaviour at INSEAD in Fontainebleau, France, and president-elect of the International Transactional Analysis Association. He lives in Zürich, Switzerland, and can be reached at www.petriglieri.com or gp.mba@cbs.dk .

REFERENCES

Berne, E. (1975). *What do you say after you say hello? The psychology of human destiny.* London: Corgi. (Original work published 1972)

Jorgensen, E. W., & Jorgensen, H. I. (1984). *Eric Berne: Master gamesman.* New York: Grove Press.

ITAA *The Script*

The Newsletter of the International Transactional Analysis Association
2186 Rheem Dr., #B-1
Pleasanton, CA 94588-2775, USA
Phone: 925-600-8110
Fax: 925-600-8112
E-mail: itaa@itaa-net.org
Web site: http://www.itaa-net.org

Editor: William F. Cornell, MA
Managing Editor: Robin Fryer, MSW
Desktop Publishing: lockwood design
Printing: MarinSun Printing

Subscription Rates:
$10 as part of all ITAA membership dues; not available by separate subscription

Advertising Rates:
Classified Ads: $5/per 80 characters/spaces

Display Ads: Copy should be camera-ready

Ad Size	Rate	Width	Height
1/16 pg	$50	2" (5cm)	3" (7.6cm)
1/8 pg	$90	4½" (11.5cm)	3" (7.6cm)
1/4 pg	$170	4½" (11.5cm)	6" (15.2cm)
3/8 pg	$250	4½" (11.5cm)	9¼" (23.5cm)
1/2 pg H	$330	9¼" (23.5cm)	6" (15.2cm)
1/2 pg V	$330	4½" (11.5cm)	12¼" (32.4cm)
9/16 pg	$370	6¾" (17.2cm)	9¼" (23.5cm)
Full pg	$625	9¼" (23.5cm)	12¼" (32.4cm)

Deadlines for copy and advertising—first of the month prior to the month of publication. (*The Script* is not published in January, May, or September.) Deadline: 1 January for the January-February issue.

Note: Publication of advertising in *The Script* does not imply endorsement by the newsletter, the editor, or the ITAA.

The Script (ISSN 0164-7393) is published monthly except January, May, and September by the International Transactional Analysis Association. The subscription rate is $10/year as part of dues for all classes of membership. For information on dues rates for various membership classifications, contact the ITAA office at the above address. Periodicals postage paid at Pleasanton, California, and additional mailing office. POSTMASTER: Send address changes to *The Script*, 2186 Rheem Dr., #B-1, Pleasanton, CA 94558-2775.

© 2005 International Transactional Analysis Association, Inc.

Published on recycled paper

Remember, Remember

continued from page 3

and I find myself feeling calmed by her composure as the fireworks scream and shriek their way through the skies. This time I have remembered to close the curtains, and we feel snug, warm, and cosy wrapped up in our closeness. But this belies the truth of the situation, for we are about to part, and it is hard. Sometimes Maya tries to get rid of me rather quickly and

> *"The therapist's job is to hold the tension between the pressure and demands from the client to reflect a perfect mirror of her persona while looking for opportunities to 'echo' the often distant and subtle strains of feelings emanating from the heart and soul of the unknown or deeply repressed sense of self."*

"move on," as she puts it. Other times we struggle to find words to describe our experience together. I, too, at times, withdraw and feel distant. I do not like good-byes, and sometimes it feels too hard to be a psychotherapist. Another firework screams through the skies, and I think that Guy Fawkes night will never seem quite the same to me again.

Helena Hargaden, BA (Hons.), MSc (TA), is a Teaching and Supervising Transactional Analyst and a UKCP registered psychotherapist. She has a private practice in south London, is director of a post-qualified course on relational transactional analysis in Kent, England, and a tutor in the MSc course in transactional analysis at the Metanoia Institute. She can be reached by writing to Helena Hargaden, 43, Brockley Park, London SE23 1PT, United Kingdom; e-mail: helenahargaden27@hotmail.com .

REFERENCES

Berne, E. (1961). *Transactional analysis in psychotherapy: A systematic individual and social psychiatry.* New York: Grove Press.

Berne, E. (1994). *Principles of group treatment.* Menlo Park, CA: Shea Books. (Original work published 1966)

Cornell, W. F., & Hargaden, H. (2005). *From transactions to relations: The emergence of a relational tradition in transactional analysis.* Oxford: Haddon Press.

Hargaden, H., & Fenton, B. (2005). An analysis of nonverbal transactions drawing on theories of intersubectivity. *Transactional Analysis Journal, 35*, 173-186.

Hargaden, H., & Sills, C. (2002). *Transactional analysis: A relational perspective.* Hove, England:

Upcoming *TAJ* Theme Issue

"TRANSACTIONAL ANALYSIS AND PSYCHOANALYSIS: SECOND EDITION"

Coeditors:
Helena Hargaden and Bill Cornell

Deadline for Manuscripts:
1 February 2006

Please follow the instructions to authors on the inside front cover of any recent issue of the *TAJ*. Please e-mail manuscripts to *TAJ* Managing Editor Robin Fryer, MSW, at robinfryer@aol.com.

2006 WORLD TA CONFERENCE

26-29 JULY 2006
ISTANBUL, TURKEY

TRUST AND UNCERTAINTY IN THE 21ST CENTURY

Organized by The International Transactional Analysis Association (ITAA)
and the Turkish Transactional Analysis Association (TAD)
Supported by ASAM Child and Family Development Center

Preconference Institutes: 25-26 July
BOC Exams (CTA/TSTA): 26 July
Training Endorsement Workshop: 30-31 July

Call for Proposals

The conference program committee invites proposals for workshops from transactional analysts and other professionals and practitioners in education, counseling/therapy, and organizations. Please design your presentations in keeping with the conference theme of "Trust and Uncertainty in the 21st Century." Proposals should be no more than 200 words and submissions should include a resume of no more than 100 words describing the presenter or presenters. Please provide the following details on the cover page of your proposal: name of presenter(s), credentials of presenter(s) (TA certification and other), title of presentation, duration (1.5 hours/3 hours), seating arrangement (circle/theater/other), audiovisual aids needed (board/flip chart/LCD projector), and group size limitations.

Last date for submitting proposals: 15 December 2005

Send proposals and any conference questions to info@ta2006.org
Visit the conference Web site at www.ta2006.org

Remember, Remember, the Fifth of November

by Helena Hargaden

> Remember, remember,
> the fifth of November,
> Gunpowder, treason and plot.
> We see no reason why
> Gunpowder treason
> Should ever be forgot.

(Nursery rhyme about Guy Fawkes Night, celebrated in Britain on 5 November with fireworks, bonfires, and effigy burning to commemorate the 1605 "Gunpowder Plot" to blow up the English Parliament along with King James I in hopes of sparking an uprising of English Catholics over severe laws against the practice of their religion.)

It was dark and cold; it was that time of year, again. The clocks had gone back the previous week, and though it was now completely dark, I had forgotten to close the curtains. Maya sat opposite me, trembling with fear and jumping at every sound. I was not quite calm myself, for the cacophony of noise outside was, at times, deafening. Each year, with unfailing and, to my mind, depressing regularity, the noise of the thunderous Guy Fawkes fireworks shrieking through the November air often intruded on the environment.

Maya seemed unusually perturbed this night. I recalled her words from the same time last year: "I am terrified, I hate them." On inquiry, it seemed that the noise must have echoed somewhere in her unconscious from her days as a toddler, in World War II, hiding under the stairs from the falling bombs; she recalled only a sense of aloneness and feelings of terror. I looked at her now, feeling helpless. Nothing in the last year had apparently changed, and I was at a loss as to how to access these feelings and experiences and how, in some way, to facilitate a metabolization or transformation of the terror that so often seemed to be subsumed by a type of paralysis between us. Of course, we had talked and tried to make sense of what it would have been like for the child hiding under the stairs. We had both "felt" for her, but we were both left with a sense of futility about how to help and a sense of the artificiality of trying to conjure up the scene.

Some weeks later, we were again sitting opposite each other and sensing paralysis in the therapy, a type of frozenness between us—not that there were hard feelings, but just that it was hard to access any feelings except anxiety. I recalled how when I first met Maya I thought there was something hardened, not fluid, not accessible about her, and although I came to like her and appreciate her intelligence, I sometimes experienced her as rather cold and unaffected by serious upsets that had happened in her life. No amount of cognitive transacting could change this, and I often felt frustrated with the sense of paralysis in our relationship.

An idea began to formulate in my mind. As I sat feeling my "not feeling," I felt my presence as a type of obstacle to something, and it occurred to me that Maya needed to lie down on the couch. I had been on the couch in my own Jungian analysis for several years, so I did not feel that it was too strange a suggestion. In fact, the idea occurred to me with a type of urgency, that this was precisely what Maya needed. I was unsure how she might take it since I had never even indicated that it was a possibility, but I need not have worried. Maya seemed immediately to see the suggestion as a creative opportunity for something different to occur, and so we began a prolonged period (about 18 months) with Maya on the couch.

As soon as she laid down, Maya entered a type of dream world and began to engage with a stream of dark, negative, frightening images involving a small figure embarked on a terrifying journey through a dismal and bleak landscape. There were often winding paths, overgrown fields, dark and empty buildings, witches hats, threatening creatures, and dangerous looking machines. Pervasive themes included isolation, despair, bleakness, and threat. After each therapy hour, Maya returned home and painted, and each week she brought a new painting to her session. They represented her dream world from the previous week. We looked at them together, and I commented vaguely on what I saw, although intuitively I felt it would be unhelpful to say too much. Maya had embarked on a journey that seemed to have its own momentum and raison d'etre, and I participated as a type of benign, attentive, thoughtful, but essentially nonintrusive presence. I wondered what we were doing and how it was going, but I trusted that we would find out as we went along.



"In essence, the model returns to the psychoanalytic roots of transactional analysis while retaining and developing the notion of transactions between therapist and client. Our model thus acts as a conceptual bridge between intrapsychic processes and the therapeutic relationship."

I knew this did not sound like transactional analysis, but that is what I trained in, so what was I doing? I could account for the use of the couch as putting Maya in more direct contact with her Child ego state and her unconscious. And her inner landscape was consistent with Berne's (1961) descriptions of primal images, intuitions, fairy tales, and the transference drama. Nevertheless, over the years I had come to recognize that despite my struggle to stay true to traditional transactional analysis, I had failed miserably. My clinical experience had taught me that I needed to develop my thinking and methodology. Indeed, my clients taught me how to change the theory, and as a result, my colleague Charlotte Sills and I (Hargaden & Sills, 2002) developed a relational theory of transactional analysis.

In particular, Charlotte and I concentrated on a model of transferential domains that allows for multiple ways of relating with concomitant multiple technical choices. This model is based on the idea that transference is ubiquitous in life as well as in therapy and that there are three distinct types of transference: introjective, projective, and transformational. These are not necessarily discreet and may overlap and be interconnected. In essence, the model returns to the psychoanalytic roots of transactional analysis while retaining and developing the notion of transactions between therapist and client. Our model thus acts as a conceptual bridge between intrapsychic processes and the relationship between therapist and client. In my work with Maya, for example, I no longer had to remain within a narrow framework of what was considered transactional analysis. With the relational transactional analysis model, I had a variety of choices with regard to technique, intervention, and treatment direction.

One important effect of the model is that it allows for deeper engagement with the unconscious. With Maya, the time on the couch gave evidence of this unconscious processing, and my way of working with her can best be described as working within the introjective transference. This form of transference allows for the creation of a container in which both therapist and client appear to fence off elements of reality while "something" else happens. P. Casement described this as the "required relationship" (personal communication, November 2002). In this transferential domain, the therapist needs to become a type of Echo, but a conscious rather than an adapted or needy one as described in the myth of Narcissus. The therapist's job is to hold the tension between the pressure and demands from the client to reflect a perfect mirror of her persona, on the one hand, while looking for opportunities to "echo" the often distant and subtle strains of feelings emanating from the heart and soul of the unknown or deeply repressed sense of self.

It has now been well established by neurological findings that emotion operates as a central organizing process within the brain, that the emotional quality of early attachments influence an individual's ability to engage with and integrate experiences. This suggests that the evolving emotional sense of self will be the key to unlocking the client's true sense of self-love and worth. Thus, within the introjective transference, as the client uses the therapist as an emotional container who emo-tionally mirrors her, she is able to introject an emotional sense of self, as though she were part of the therapist rather than a separate being.

Maya was a fairly conservative woman, socially very skilled. The only way to unlock her Child, it seemed to me, was to remove myself—the Other to whom she needed to comply, be sociable, and be nice—from the situation by her going on the couch. In this way, I provided an emotional ambience without intruding my "self" into the relationship during this phase.

As well as an individual session, Maya also attended group once a week. There we engaged at a more openly relational level as the format seemed to release her ability to be angry with me. She felt I did not pay her enough attention, that she was insignificant and did not matter. She felt silenced by me and sometimes dismissed or made fun of. I looked to my own behavior, and when it was the case, I acknowledged the truth. But I also refused to conform to her needs to be made special. At the same time, I consciously stroked her for her achievements, in particular, the abilities she revealed in making a warm, convivial home for herself and her relatives and the talent she showed for engaging in fun relationships with her grandchildren. I was mindful that some of the dynamics described in her stream of consciousness and sometimes enacted with me replicated her relationship with her mother, who sounded seriously preoccupied with her own life and barely conscious of her daughter's existence or needs. In the group, Maya seemed able to project some of her introjected vicious Parent and conjoined angry Child ego states onto me and work them through. Charlotte Sills and I refer to this process as the projective transference, one in which the therapist is actively engaged in interpreting, illustrating, and confronting (Berne, 1966/1994). The countertransference with projective transference is more active and alive, whereas the countertransference with introjective transference requires a more concentrated type of focus on the emerging Child ego states.

The third domain of transference—transformation transference—is one in which unthought, unmetabolized, and primitive experience becomes transformed. Maya's time on the couch also reflected this process. Transformational transference is most similar to projective identification in that there is an unconscious relationship between therapist and client. We could say that this unconscious relatedness was reflected in my unusual decision to suggest the couch to Maya. Although a conservative person, she immediately agreed to it, almost as though she had suggested it. The pressure I felt when sitting opposite her to somehow remove myself had perhaps emanated from her in the first place—a communication from her unconscious to my unconscious that resulted in my behaving in ways I normally do not behave. This is a strong feature of projective identification and one that allows for processing experiences that are unconscious but lodged in some traumatic way within the client's psyche.

From the perspective of relational transactional analysis, the process with Maya could be understood to involve work in all three transferential domains. The projective one predominated in group, whereas in individual sessions we were in the introjective and transformational domains most of the time, with me as an attentive, nonintrusive, emotionally responsive person with no subjective life of my own and yet actively drawn into engaging with primitive and terrifying experiences. Both situations laid the foundation for us to move into a more intersubjective relationship, one in which both of our subjectivities could coexist (Hargaden & Fenton, 2005).

One day, Maya stopped lying on the couch. We did not really discuss it: She no longer felt the need and neither did I. We were now able, it seemed, to sit opposite each other without the dreadful sense of paralysis; instead, a sense of closeness began to emerge. We had been through a long, difficult journey together, and at that point we seemed to embark on a new relationship in which Maya could confide in me more easily, be less controlled with me and less controlling of me, and I began to feel a real sense of her warmth and softness.

Relational transactional analysis is concerned with interactions in which the whole person of the therapist—his or her subjectivity—is fundamentally implicated in the therapeutic encounter and the process of change (Cornell & Hargaden, 2005). In the therapy with Maya, it is clear how my subjectivity was engaged at every turn, but in a variety of ways. My reflections were largely intuitive, but on deeper inquiry, I can recognize significant aspects of who I am that influenced the work with Maya. Not the least of these, of course, was the time I spent on the couch with an echoing presence behind me, most often experienced as a loving acceptance of my rambling thoughts and emerging unthought-through feeling states, states that eventually came to feel a part of who I now am.

It was November again. I noticed I had forgotten to close the curtains, and the dark night yawned out in front of us through the windows. A screaming shriek of fireworks burst into the darkness. I jumped. Maya blinked several times, but not in fear—more in the way one might flick off an irritating mosquito. She was in full flight and her face was animated not by fear, but by sexual desire. She had met a man and she was keen, but just for sex, she said. I thought, hmm, I don't think it's just for sex, but then that might be me and the promptings of my now distant Catholic childhood. Eventually sex did feature hugely and wonderfully in their relationship, and indeed in ours. It brought us together like mother and daughter, bride and bridesmaid, friends giggling confidentially over well-kept secrets. Such was the warmth between us now that I could barely imagine how I had ever thought of Maya as cold or hard; it did not seem possible. It seemed that the terrifying images that had hidden behind her paralysis were now converted into energy that was, to my delighted surprise, deeply sexual.

It is November yet again. Maya is leaving in December to travel around the world with her new husband. She does not mention fireworks,

continued on page 2

The Origins of Integrative Transactional Analysis: A Personal Paradigm Shift

by Richard Erskine

Fifteen years ago, at the end of a 5-day workshop, a senior colleague described that there had been what he called a paradigm shift in how I was teaching transactional analysis theory and applying the concepts in clinical practice. He pointed out several concepts and methods that he thought were unique in what I was teaching and demonstrating. I was surprised. I knew that there was a significant difference in how I was understanding and interpreting transactional analysis theory from how I had previously learned and understood it. I was also experiencing some fundamental and positive changes in how clients were responding to my therapeutic interventions. But I had not realized that a profound shift had occurred in how I was relating to them, and I had not seen all of these changes in light of a paradigm shift. It was an interesting thought.

My original transactional analysis training was with David Kupfer and Hedges Capers. I was also significantly influenced by many of the first-generation transactional analysts: Bill Collins, Jack Dusay, Fanita English, Frank Ernst, Martin Groder, Bill Holloway, Morris and Natalie Haimowitz, Steve Karpman, and Jackie Schiff. I had the privilege of being one of the early second-generation transactional analysts at a time when there was a tremendous excitement and creativity in generating theory and exploring various methods. This was an era of clever ideas, quick therapy, intense emotional expression, and a focus on behavioral change, the ideal being 20-minute redecisions. I had been attracted to transactional analysis after my training in gestalt therapy with Fritz Perls, who had been my mentor and who provided a model of action, confrontation, and change. I found in the early energetic transactional analysis community an organization that encouraged me to be an active, confrontive, and knowledgeable therapist. There was a place for a brash young man like me.

I loved the metaphor that Frank Ernst popularized of the "cowboy therapist" who rides into town on his high horse, shoots down all the games and rackets with a revolver full of theories, lassos life scripts, and concludes the contract at the OK Corral. I strove to become that cowboy therapist. Explanation, confrontation, and behavioral change contracts were the tools of my trade.

In the mid 1970s I moved to New York City and began seeing a different population of clients. I became interested in the treatment of borderline personality disorder and eventually specialized in treating victims of childhood incest. To increase my understanding of these client populations, I again studied all of Berne's writings, searching for clues to understanding my clients' intense pull to regression, eruptive and persistent defensive behaviors, and raging self-condemnation. While studying *Transactional Analysis in Psychotherapy* (Berne, 1961), I kept remembering how David Kupfer, during my training with him almost a decade before, had repeatedly emphasized the use of Berne's original model of ego states. I began to think of my borderline and posttraumatic stress disorder clients as having not just one Child ego state that represented the feeling component of an individual but as having layers of Child ego states, fixated in time and continually influenced by lethal introjections (Parent ego states).

I came up with an experiment for myself. For a year I did all of my treatment planning based on Berne's original conceptual model of ego states (Trautmann & Erskine, 1981/1997). I no longer approached therapy with a tripartite distinction of Parent ego state as values, Adult ego state as thinking, and Child ego state as feeling, but rather with the concept that my clients' spontaneous regressions, defensive reactions, and internal criticisms were the manifestations of an ego that was fragmented into various fixated and defended states.

My experiment yielded some profound results in that therapy now focused on the developmental needs expressed in the clients' regression, the fears in their defensive processes, and their request for protection from lethal Parent ego states' attitudes, feelings, and punishments. Our work became intrapsychic and relational rather than cognitive and behavioral. The focus was on resolving the intrapsychic conflicts within and among the ego states and integrating those traumatic developmental experiences into a unitary Adult ego.

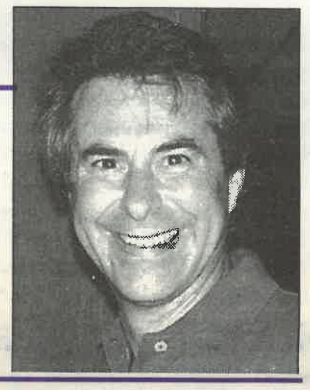
It became clear that the clients with whom I was working did not need predominantly cognitive interpretations or explanations of their psychological dynamics—such as crossed transactions, games, or rackets—as had become the customary mode of intervention in post-Bernean transactional analysis. Instead, they needed a therapist who could be molded into the quality of person that they needed for a reparative relationship. They required an attuned therapeutic relationship, one that was consistent, reliable, and respectful of their regressive and defensive processes. They needed to be experienced by the therapist, not from a theory of pathology, but from a heartfelt understanding of how little children desperately work to maintain an attachment to the significant grown-ups in their lives, despite neglect and abuse from those same individuals.

In the mid 1980s I began studying with Dr. Robert Melnicker at the Institute for Contemporary Psychoanalysis. We read the writings of Sandor Ferenczi (1988), as well as the British object relations theorists Ian Suttie (1935), Michael Balint (1952), Masud Khan (1963, 1974), Margaret Little (1981), Ronald Fairbairn (1952), Harry Guntrip (1961, 1968, 1971), John Bowlby (1969, 1973, 1980), and Donald Winnicott (1965). These theorists gave me a profound appreciation for the importance of an affectively and developmentally attuned relationship: one focused on the developmental level of the individual's neglectful or traumatic experiences, that takes into account the client's unique rhythm and way of making meaning out of their experiences with other people, and that provides a consistent, dependable, and protective mature other.

In the late 1980s my exposure to and discussions with the psychoanalytic self psychology study group in New York stimulated me to think a great deal about Heinz Kohut's (1977) concept of self-object functions and types of transferences. These concepts were eventually refined as the integrative transactional analysis concept of relational needs (Erskine, Moursund, & Trautmann, 1999; Erskine & Trautmann, 1996/1997).

Stolorow, Brandchaft, and Atwood's (1987) description of the significance of the intersubjective relationship in psychotherapy brought me back again to gestalt field theory and a greater appreciation of the profound interplay and cocreated experiences that both client and therapist bring to each therapeutic meeting. These refreshing concepts from the psychoanalytic self psychologists and British object relations theorists changed my metaphor from being a "cowboy therapist" to being an attuned therapist who brings the qualities of gentleness, kindness, respectfulness, and honesty to every therapeutic session. These ideas have dismounted me from my high horse of theoretically based explanations and confrontations and have grounded me in the significance of understanding the coconstruction of the therapeutic relationship. I am no longer lassoed and tied to the idea of the objectivity of my observations and interpretations or the truth of my theories. The client's perspectives, personal truths, and implicit memories have become much more important to me. This has given me a profound interest in exploring my therapeutic errors and in how the client experiences and compensates for my errors (Guistolese, 1997). It is through investigating and correcting such errors that I am continually learning more about shame, ego fragmentation, and psychological withdrawal (the schizoid process) (Erskine, 1994/1997, 2001).

> *"In an integrative transactional analysis, the therapeutic goal has now shifted to the interpersonal interaction between client and therapist rather than on the analysis of transactions, rackets, and games in which the therapist is an outside, supposedly objective, observer."*



My interest in and correction of errors creates the space for the client to influence me—to make an impact—and to be my teacher about the nature and quality of the psychotherapist that he or she requires. This mutual interaction is based on respect for the different subjective experiences of each person and allows for the cocreation of new relational experiences.

As a result of the paradigm shift that has occurred in both transactional analysis and psychoanalysis over the past 30 years, the majority of clinical transactional analysts now appreciate psychological development, intrapsychic conflicts, games, crossed transactions, and life scripts as emerging within and as shaped by a composite of early family and parental relationships, school-age peer groups, and even current relationships, including the therapeutic relationship.

Relational experiences have become central in understanding our clients, their developmental histories, and their life scripts. The content of our empathetic inquiry has shifted from a focus on crossed and ulterior transactions and game or racket analysis to understanding the significance of both past and current relational experiences and the resulting expectations based on real lived experiences. A relationally oriented integrative therapy creates the safe and accepting environment for a client to put into language, often for the first time, his or her symbolic processes, implicit memories, fantasies, and personal construction of meaning. Thus the unconscious becomes conscious.

In an integrative transactional analysis, the therapeutic goal has now shifted to the interpersonal interaction between client and therapist rather than on the analysis of transactions, rackets, and games in which the therapist is an outside, supposedly objective observer of the client's beliefs and behaviors. The therapeutic action is in the intimate meeting of two unique and distinct people in the service of the client's welfare. Although Eric Berne described transactions and games as a two-person phenomenon, the classic transactional analysis focus of the 1970s and 1980s was on the client's part in ulterior transactions, crossing transactions, and playing games. The intersubjective cocreative nature of transactions and games was seldom emphasized.

Transactional analysts now have a greater appreciation for the significance of countertransference: what the therapist brings to the encounter in terms of history, hopes, fears, and preferences; the capacity to be sensitive to the client's symbolic and affective expression; and openness to be impacted by the client's relational needs and unconscious communication. This working within the therapeutic relationship requires that we as therapists be in touch with our own affective experiences, constructions of meaning, and motivations and, at the same time, be open to receiving the subtle symbolic expressions of our client's communications with us. Healing the wounds of neglect and trauma and providing psychological integration occurs through an attuned and reparative therapeutic relationship.

Richard G. Erskine, PhD, is a Teaching and Supervising Transactional Analyst, a clinical psychologist, and training director of the Institute for Integrative Psychotherapy in New York. He can be reached at 500 East 85th St., PH B, New York, NY 10028, USA; e-mail: Integpsych @cs.com . *The ideas expressed in this article have been chronicled in the book* Theories and Methods of an Integrative Transactional Analysis: A Volume of Selected Articles *by Richard Erskine, published in 1997 by TA Press and available online at www.itaa-net.org or by e-mail at itaa@itaa-net.org .*

REFERENCES

Balint, M. (1952). *Primary love and psycho-analytic technique.* London: Tavistock Publications.

Berne, E. (1961). *Transactional analysis in psychotherapy: A systematic individual and social psychiatry.* New York: Grove Press.

Bowlby, J. (1969). *Attachment. Volume I of Attachment and loss.* New York: Basic Books.

Bowlby, J. (1973). *Separation: Anxiety and anger. Volume II of Attachment and loss.* New York: Basic Books.

Bowlby, J. (1980). *Loss: Sadness and depression. Volume III of Attachment and loss.* New York: Basic Books.

Erskine, R. G. (1997). Shame and self-righteousness: Transactional analysis perspectives and clinical interventions. In R. G. Erskine, *Theories and methods of an integrative transactional analysis: A volume of selected articles* (pp. 46-67). San Francisco: TA Press. (Original work published 1994)

Erskine, R. G. (2001). The schizoid process. *Transactional Analysis Journal, 31*, 4-6.

Erskine, R. G., Moursund, J. P., & Trautmann, R. L. (1999). *Beyond empathy: A therapy of contact-in-relationship.* Philadelphia: Brunner/Mazel.

Erskine, R. G., & Trautmann, R. L. (1997). Methods of an integrative psychotherapy. In R. G. Erskine, *Theories and methods of an integrative transactional analysis: A volume of selected articles* (pp. 20-36). San Francisco: TA Press. (Original work published 1996)

Fairbairn, W. R. D. (1952). *An object-relations theory of the personality.* New York: Basic Books.

Ferenczi, S. (1988). *The clinical diary of Sandor Ferenczi.* Cambridge, MA: Harvard University Press.

Guistolese, P. (1997). Failures in the therapeutic relationship: Inevitable and necessary? *Transactional Analysis Journal, 27*, 284-288.

Guntrip, H. (1961). *Personality structure and human interaction.* London: Hogarth Press.

Guntrip, H. (1968). *Schizoid phenomena object-relations and the self.* Madison, CT: International Universities Press.

continued on page 6

Psychological Level

continued from page 1

latest book came out in 2004 and was called *Assembling Ericksonian Therapy*. And then I still find the time to do the laundry and things like that.

Bill: Sounds like you keep really busy, to put it mildly. So, do you identify yourself primarily as a practitioner of clinical hypnosis?

Steve: That is how I'm known, but it's not really my choice and probably not the best label. I consider myself a gestalt-oriented, transactional analysis, Ericksonian therapist because those are the trainings that have been most valuable to me. But I don't write about transactional analysis or gestalt, and I do about hypnosis, so that's what people associate me with. I write about hypnosis because Erickson is so difficult to figure out. There is this ambiguity in his work that I want to understand, but in actual therapy that is only a part of what I do. Because of my 17 books about metaphor and hypnosis, clients often come with the expectation that I'm going to hypnotize them every session or tell them stories, though that's not actually what happens, of course. I use transactional analysis in the form of structural analysis, transactional analysis, and script analysis with just about every person I see. And while I use a fair amount of hypnosis, that is not my only emphasis.

Bill: I know you emphasize the process of psychological communication in psychotherapy, and I'd like to talk about that a bit.

Steve: Sure. I think it is essential that every psychotherapist attend to the ongoing psychological level of communication, that we each have a skill set that allows us to work at the level of psychological communication—unconscious communication—without necessarily bringing it to conscious awareness. Berne was right when he said, in the third rule of communication, that the ulterior psychological level of transactions determines the outcome of the communication. I wrote a couple of articles about this, and Steve Karpman called my approach a "school" of transactional analysis in his article in the January 1981 retrospective theme issue of the *Transactional Analysis Journal.*

I think therapies that ignore the psychological level of communications then try to make all communication congruent by eliminating the background noise of the psychological level. They only attend to the cognitive-behavioral level, which may be a nice idea, but it's easier said than done. When you read communication theorists such as Weakland and Watzlawick, you see that there is always a noise level, some degree of incongruity. Brain research by Gazanaga tells us that we're not really integrated in our experience or communication; there is almost always more than one thing going on at a time. There are all sorts of ego states at work simultaneously, and they each have a different kind of organization or experience—a different agenda. We may engage in cognitive problem solving in the here and now, but there are other kinds of perceptions going on, other ego states operating, if you will, that have much less to do with the here and now. There are always multiple levels, so there are many opportunities for the therapist to respond at the psychological level in ongoing communication.

A beautiful example is the corporate training I just conducted for Xerox. As a participant was saying vaguely, "Oh, I had some difficulties over the weekend . . . ," he was twisting his wedding ring. Now his social-level communication gave no clue about the nature of these difficulties, and he didn't really invite questions about it. But his nonverbal communication—you can call it ulterior or unconscious—was exemplifying the difficulty by fiddling with his relationship symbol, the wedding ring. Now you might ask directly, "Are you having trouble in your marriage? Is this something you need to talk about?" But that is not always the best option, and certainly not the only one. One choice, always, is to ignore what you see or expected or not to see it at all, which would be a sort of cognitive-behavioral intervention: Stick with the content. However, anyone with a gestalt or transactional analysis orientation is at least going to notice the behavior, even if he or she doesn't bring attention to it. A gestaltist might "dance" with it a bit, or invite the client's attention to the movement, just noticing, without an interpretation.

> *"It is essential that every psychotherapist attend to the ongoing psychological level of communication without necessarily bringing it to conscious awareness. Berne was right when he said that the ulterior psychological level of transactions determines the outcome of the communication."*

But there is also the option of continuing to communicate at the psychological level while keeping the communication out of the client's conscious awareness. To do this, you could fiddle with your own wedding band and say, "When problems like these arise, do you feel free to ask for help?" In this way you recognize something that is going on through a back channel of expression and communication, and the client will likely experience a kind of matching of experience and covert recognition of something that is going on. You're engaged in an ongoing communication and may gather information more rapidly than if you brought it to conscious attention.

In contrast, bringing the subject into the foreground can be disruptive to the client's experience. It involves a kind of process shifting: There's one channel of communication open, a content channel in this case, and then you shift to the process channel, which can trigger resistance. Even when someone is trying to be cooperative, a process shift is jolting to what the person had in mind and can convey a meta-communication that says something like, "I am hypervigilant. I am watching everything you do. Everything you say and do will be held against you in a court of law." That may not be the kind of relationship you want to set up at the level of meta-communication.

So, in other words, commenting in a way that makes the incongruent, nonverbal level become congruent with the verbal level may cause you to lose choices as a therapist, and we need more choices not fewer. Since we're always communicating at a psychological level anyway, we might as well understand more about what we are doing. The alternatives seem to be ignoring the background communication or bringing it directly into the foreground and into conscious communication. When we do that we're basing our therapy on a technology and understanding that is 100 years old.

Bill: I think in transactional analysis today, at least in some circles, there is real discomfort with notions of the unconscious and real valuing of Adult-Adult communication. Certainly Berne wanted to cathect the client's Adult. What you're describing is rather different than the valuing in transactional analysis of direct Adult-Adult communication. In your example, you are in your Adult, but you aren't exactly inviting the client into his Adult to look at what's going on.

Steve: Oh, I'm all in favor of Adult-Adult communication. These days we could use a lot more of that.

Bill: But as I'm understanding this, you are clearly in your Adult, but you don't necessarily want or need the client to be in Adult.

Steve: True, I don't need to "force" the client into Adult. Often the client is in Adult, but it's not the Adult that is doing all the communicating, and it's not necessarily the Adult ego state to whom I'm communicating—not when I'm communicating at the psychological level. Those nice middle-class people with whom Fritz Perls worked when he did the *Gestalt Therapy Verbatim* book—that all worked out so well. I don't know about you, but I have a lot of clients who are not so cooperative. I might get one part congruent, but I've still got a couple of other parts that aren't congruent. So, even when you as the therapist are in your Adult ego state, you are not necessarily going to be congruent in all that is going on inside. We can have several perceptual realities going on simultaneously. Then there is the spontaneous emergence of the Child ego state—that's an incongruence in reality—and you want to communicate directly with the Child. There are moments when we are 100% congruent, but I think those are rare.

I don't know if you've seen the Martin Scorcese documentary on Bob Dylan—it's amazing. There's a scene when Dylan is singing, "It's all right Ma, I'm only dying," and he seems to be 100% congruent in the context, person, and communication. But we don't see that sort of thing very often, and that's not what people bring to therapy. So, part of the problem in psychotherapy has been that we don't have good labels or descriptions for internal experience. We're getting better as we recognize different kinds of motivations and sensory systems. It's those second-by-second moments and transactions in the ongoing flow of therapy—we're more able to see them now, to work with them.

At the university level, we're way behind in teaching any of this well. Cognitive-behavioral therapy is getting its run, but it excludes monitoring and attention to so much of what is going on. If all we do is confront dysfunctional self-talk, much of it may be inaccurate. So someone reports, "I blew up at the postman." If I say, "Tell me what you are thinking when you blow up" (self-talk), he'll tell me what he thinks he was thinking, which is maybe only a part of what he was thinking: "I can't take it any more!" Maybe that's what he said to himself when he started screaming; maybe that's a summary of many other things he told himself; maybe he was hearing the voices of people who yelled at him to hurry up and threatened to slap him; maybe he was seeing his father's face. While cognitive-behaviorists theoretically deal with visual imagery, I've yet to see them doing so in video teaching tapes or at conferences.

In psychological-level communication in transactional analysis, we need to have choices about where and how to communicate. The cognitive-behavioral people don't have the moment-to-moment, transaction-to-transaction kind of detail we're trained to notice in gestalt and transactional analysis training.

When others see me work—tracking and matching at these different levels of communication they often say, "How do you have all of those things in your head simultaneously?" Well, I don't have all that in my head. Maybe what I have in my head is Erickson's raspy voice saying, "Use whatever the client gives you." Maybe I have nothing in my head. I have one thing going on, which is to use myself in every way possible to communicate to the client at whatever level the person can receive. That's not using only your head and body but also the client's head and body. The point is to pay attention to the ongoing flow of psychological communication and use myself as actively as I can. I think that heightens the

continued on page 6

Integrative Psychotherapy Workshops and Training Programs

with Richard G. Erskine, Ph.D.

Auckland, New Zealand: Five-day Residential Workshop
February 14-18, 2006

Exeter, England: Two-year Training Program
for experienced therapists and counselors
First module: March 4-6, 2006

Barcelona, Spain: Three-year Training Program
First five-day module: March 28-April 1, 2006; in Spanish and English

Vancouver, B.C., Canada: "Psychotherapy of the Schizoid Process"
Three-day workshop for experienced psychotherapists, April 7-9, 2006

Montpellier, France: Three-year Residential Training Program
First five-day module: May 21-25, 2006; in French and English

Valladolid, Spain: Three-year Training Program
First five-day module: May 27-31, 2006; in Spanish and English

Rome, Italy: Two-year Training Program
with Elena Guarella and Richard Erskine
First Module: June 24-25, 2006; in Italian and English

Rome, Italy: Four-day Residential Workshop
for experienced psychotherapists
June 26-29, 2006; in Italian and English

Kent, Connecticut: Ten-day Residential Workshop
July 28-August 6, 2006

Visit our Web site at: IntegrativeTherapy.com
For additional information and to register, call or write:
Institute for Integrative Psychotherapy, 500 East 85th Street, New York, NY 10028 ■ 212-734-5291 (phone) ■ 212-879-6618 (fax)
E-mail: IntegPsych@cs.com

Psychological Level

continued from page 1

chances of the client receiving what I am trying to communicate.

BILL: And the primary mode of communication may not be in the content of what you say or what the client is saying. You use multiple forms of communication to address different levels in the client's experience.

STEVE: I think each little psychological part you match and use adds a percentage of more effectiveness in getting through to clients, in making defenses less necessary. And, of course, we demonstrate our willingness to communicate over and over in a session. This increases permission, protection, and potency. The opportunities go on and on.

BILL: That's very clear. The effort is not all on the client. Any closing thoughts for our readers?

STEVE: I have some thoughts about the epistemology that suggests that we can be observers of a reality that we are apart from, that the labels we put on people and their experience are more or less accurate. If clients don't conform to our labels, it's easy enough to call them resistant. This has gone on for 100 years now; our profession has been built on this attitude, but it is not the most accurate way to perceive or the most efficient way to interact. Instead, we should be asking, how do we take the least amount of time and cause the least amount of pain?

In therapy we are not observing a static reality. We, the therapists, can make that reality by what we have projected, thought, and labeled onto it. And often clients agree. They come in with the labels they've been assigned. "I have bipolar, I have arthritis, I have fibromyalgia." Maybe they do, or maybe they've been living in a way that's unlivable, trapped in an adrenalin-drenched lifestyle, and the body is saying "Stop" at a psychological, unconscious level of communication. Rather than recognize that once we label an experience, a client will accept it and become unable to disempower the label and then be left to do nothing but take medicine, I think we need a radical change in medicine and psychotherapy toward recognizing and becoming more comfortable with ambiguity. We can act efficiently even when we don't "know" anything, when we don't have a reality, a truth out there we have to know, because we are, in fact, cocreating it as we go. With the client's agreement, we are cocreating reality whether we acknowledge it or not.

BILL: I don't know if you are aware of it, but this is one of the major changes in transactional analysis theory these days: models of constructivism, cocreation, mutuality of the therapeutic process, tolerance of not knowing and of ambiguity.

STEVE: Whenever I teach transactional analysis, I point out that it isn't taught much in universities because it uses a simple language that clients can understand. Transactional analysis needs someone to write a seminal article, or a book, saying there are two TAs: the one we are trained to think in and use in understanding our clients, which is not simple, and the direct language we use in speaking to clients, which is simple. The transactional analysis training technology is not simple; it is fine training in moment-to-moment attention. Transactional analysis is the only psychological or sociological theory that accounts for moment-to-moment transactions and the impact these have over time. Different elements of time—hours or days or even decades when we talk of script—are all seen through the lens of moment-to-moment interaction. There is no other theorist who has done what Berne did.

BILL: That's an excellent idea. Maybe now that you're more involved in ITAA again, you can write it.

STEVE: Maybe. So, rah-rah Eric Berne! Thanks for thinking of me for this interview; it's been fun. Any time you don't know who to interview, just call me up.

BILL: OK, "Steve Lankton, Part 2." Or "The Unknown Steve Lankton."

STEVE: "The Lost Years."

BILL: "The Dark Side of Steve Lankton." Quite a sequel.

STEVE: "Steve Lankton: No Direction Home." OK, thanks Bill.

Steve Lankton can be reached at steve@lankton.com .

TA CONFERENCES WORLDWIDE

JANUARY 25-29, 2006: Chennai, India. National Conference on Transactional Analysis 2006. Contact: Susan George at susan_g4@eth.net .

JANUARY 29-FEBRUARY 5, 2006: Frenchman's Cove, Jamaica. Eleventh Annual USATAA Gathering. Contact: Dianne Maki, 908-234-1873, e-mail: makisethi@aol.com .

JULY 26-29 2006: Istanbul, Turkey. International TA Conference sponsored by ITAA and TAD. Contact: info@ta2006.org or secretariat@ta2006.org; Website: www.ta2006.org .

SEPTEMBER 7-9 2006: Bahia, Brazil. XXVI Latin American TA Association Conference. Contact: Antonio Pedreira (ALAT President) at atpedreira@uol.com.br or call 71 3237-2035/3331-6855; or contact Noeliza Bianchini at noeliza@directnet.com.br .

Origins of Integrative TA

continued from page 4

Guntrip, H. (1971). *Psychoanalytic theory, therapy and the self.* New York: Basic Books.

Khan, M. M. (1963). The concept of cumulative trauma. In R. S. Eissler, A. Freud, H. Hartman, & M. Kris (Eds.), *Psychoanalytic study of the child* (Vol. XVIII, pp. 286-306). New York: International Universities Press.

Khan, M. M. (1974). *The privacy of the self.* London: Hogarth.

Kohut, H. (1977). *The restoration of the self.* New York: International Universities Press.

Little, M. (1981). *Transference neurosis and transference psychosis.* New York: Jason Aronson.

Stolorow, R. D., Brandchaft, B., & Atwood, G. (1987). *Psychoanalytic treatment: An intersubjective approach.* Hillsdale, NJ: The Analytic Press.

Suttie, I. (1935). *The origins of love and hate.* London: Kegan Paul, Trench, Trubner.

Trautmann, R. L. & Erskine, R. G. (1997). Ego state analysis: A comparative view. In R. G. Erskine, *Theories and methods of an integrative transactional analysis: A volume of selected articles* (pp. 99-108). San Francisco: TA Press. (Original work published 1981)

Winnicott, D. (1965). *The maturational process and the facilitating environment: Studies in the therapy of emotional development.* New York: International Universities Press.

Dues Increase

Following a decision taken by the ITAA Board of Trustees during their July 2005 meeting, ITAA dues and subscriptions will increase by 15% beginning in January. The new rates are: Associate/Student/Retired Member $69, Regular Member/Certified Member $115, Teaching Member $172.50, TAJ Subscription $60.

Freedom & Responsibility

continued from page 1

someone who does things or to whom things are done. Our past experiences need to be organized into a script—or a number of different ones. "See what happened to me" or "see what I did," our clients tell us and we tell ourselves. Sometimes this takes an autobiographical form and involves explicit memory. Sometimes it is revealed in the enactments wherein we unknowingly play out old scenarios and the organizing principles of our implicit memory.

In this storying process, the question "Why?" is never far distant. It is a question we need to answer in order to make sense of things—a drive of the brain's dominant hemisphere—and the answers that we elaborate then serve to guide us in our future interactions. They tend to gravitate toward "I did this" or "I am an innocent victim." That is, they tend to sort out around an axis of competence and pride/guilt—or victimization/incompetence.

Pathos and Remorse Versus Self-Pity and Guilt

A sense of pathos is the result of coming to terms with our relative helplessness in the face of the many aspects of our lives over which we truly have little or no control. It differs from a sense of innocent victimhood and the self-pity that slide over into the claims that, as victims, we may make—subtly or not so subtly—on others. Similarly, there are significant and important differences between remorse, on the one hand—acceptance of accountability for the suffering we have caused and recognition of the limited control we have had over ourselves—and the guilt that is a racket, on the other.

Hopefully, we bear our pathos and remorse and move on to new experiences, informed and perhaps transformed. Like the wrinkles in our skin, they make no claim on others. Rather, they are manifestations of a sense of vulnerability and maturity.

The Paradoxes of Freedom

Freedom, paradoxically, depends on the very things that limit or deny it. As David Hume pointed out in his *Treatise of Human Nature* (1739/2000), there is a perpetual struggle between authority and liberty and neither can absolutely prevail: A sacrifice of liberty has to be made to the authority that is essential to its very existence. The dialectics of freedom and fate, as the Mexican poet-essayist Octavio Paz has pointed out (MacAdam, 2003), is the theme of Greek tragedy. In Shakespeare, it appears as chance and the passions of love, hate, envy, or jealousy. In Spanish theater—especially in Calderón and Tirso de Molina—it is the language of Christianity: free will and divine providence. Here in Scotland in the eighteenth century, Adam Smith noted that we internalize the approval and disapproval of others and concentrate on actions that make us loved by others and ourselves—a Scottish Enlightenment description of either Adapted Child or very mature integrating Adult functioning.

The idea of conditional freedom implies the notions of choice and personal responsibility. Indeed, without choice we can hardly talk of freedom. However, if people are desperately

continued on page 7

SPECIAL INTRODUCTORY OFFER

Therapeutic Journey: Practice and Life



by James Allen and Barbara Allen



"This extraordinary book is a must read! From an introductory guide to the therapeutic encounter for the novice to clear and accessible expositions of such topics as constructivism and the inner neurobiology of intersubjectivity, it does, indeed, offer us a therapeutic journey full of insight, wisdom, and joy."

Mary Goulding, MSW

This book is a collection of papers by Jim and Barbara Allen, who spent 40 years integrating mental health principles into their public and private lives and their teaching. The topics they write about range widely and include what to do after meeting the patient, types of treatment, trauma, social constructivism, working with children and adolescents, the biological underpinnings of transactional analysis and mental health interventions, family therapy, transference, redecision therapy, and social issues related to drug use, American Indian adolescents, the Oklahoma City bombing, war, and the Tulsa race riots of the 1920s. While neither solely a textbook nor a memoir, these papers can be used by both beginning and experienced practitioners.

Special Introductory Offer Until 1 January 2006: **Free Surface Shipping**
Price: $50
Shipping after 1 January 2006: Surface: USA: $7, International: $12

To purchase, contact the ITAA, 2186 Rheem Dr., #B-1, Pleasanton, CA 94588-2775, USA; Phone: 925-600-8110; Fax: 925-600-8112; E-mail: itaa@itaa-net.org; Web site: www.itaa-net.org

Freedom & Responsibility

continued from page 6

poor—as in sub-Saharan Africa, where a child dies every few seconds, as the Edinburgh demonstrations of the past few days have reminded us—how much choice do they really have? As Berne, the Gouldings, and other early transactional analysts emphasized, in making decisions, each of us either creates or destroys his or her own freedom. Choice implies responsibility. For transactional analysts, as for Sartre, our choices determine who and what we are: Existence does, indeed, precede essence. In the neuroscience language of today, we might describe much of this process in terms of environmentally determined gene expression. More concretely, here in the affluent West, we see it most obviously in the sequelae of excesses in food and alcohol.

Positive and Negative Freedoms

Underlying both our Western ways of telling the story of human history and our own personal stories as well as our current therapeutic approaches are two fundamentally different conceptualizations of freedom—and consequently, of responsibility.

The first—exemplified by Hobbes, Locke, and the stream of British political events represented by the Magna Carta and later checks on Stuart autocracy—emphasizes individual fulfillment as the goal of a good life. Isaiah Berlin (1958) referred to this as "negative liberty." It is freedom from other men's selfish desires. Here in Scotland during the Scottish Enlightenment, it found its spokesman in Henry Home (Lord Kames). In this view, the essential function of the state, whether an absolute monarchy (Hobbes) or a democracy (Locke), is to provide the conditions for that fulfillment. "Life, liberty, and the pursuit of happiness" is now almost a cliché. In therapeutic practice, this is freedom from old inhibiting messages and ideas and from one's own Parent or Child hate, envy, and destructiveness. For the transactional analyst, it is the freedom gained through saying "No," whether to others or to aspects of ourselves and to old decisions. It is the freedom gained through Adult social control, Adult decontamination, Child redecision, and self-governance.

> *"The greatest strength of transactional analysis is that it gives us a rich framework for modeling mentalization, offering a relationship, and scrutinizing our relationships and dynamics."*

The second approach, derived from Aristotle and developed through Rousseau, Hegel, and other continental philosophers, takes as a basic premise that human satisfaction is realizable only in community, that humans are incomplete as individuals and require community to become fully actualized. Berlin called this "positive liberty." In this vein, in both transactional analysis and many other psychotherapies today, we find a growing emphasis on the activity and experience of relatedness.

It seems to me that these differing conceptualizations of freedom are closely related to our conceptualizations of ego states and of therapy and organizations. Are Parent and Child best regarded primarily as fixed, archaic relics or as potential information-processing networks capable of growth and change, as current findings in neuroscience might suggest? Do we include subsymbolic processing in our conceptualizations of Child ego state networks? For example, do we include the shared attention and attachment as well as the completion of nonverbal circles of communication that originally appear in the first few months of life (Allen, 2000/2005a)? Do we think of the therapeutic relationship in terms of repair and even reparenting or as a space for exploration, containment, cocreation, and intersubjective relatedness (Cornell, 2003)? The same can be asked of organizational meetings.

These differing conceptualizations of freedom also influence our interpretations of autonomy. Is it best conceptualized as self-governance, social control, and independence or in terms of interdependence or as some combination? Do we think more in terms of transactions between specific ego states with one person the expert or more in terms of total relatedness, coconstruction, and mutual influence (Allen, 2003)?

How do we handle this paradox? When is each approach most appropriate? Do we discount one side so that it is unrecognized—but remains nonetheless? Or do we hold the tension and work toward some synthesis or integration? Interestingly, both approaches can lead to self-scrutiny and to scrutiny of our transactions, relationships, and relatedness with others. Findings from either approach then can be fed back into the approach.

Attachment, Existential Positions, and Their Implications

If one takes the existential position "I'm OK, You're OK" seriously, then it appears that true intimacy requires that the other's autonomy also be respected and that our own autonomy include the notion of taking responsibility for our actions and feelings (Allen, 2005b; Allen, Bennett, & Kearns, 2004). These attitudes and behaviors are based on the ability to mentalize, the capacity to conceptualize both oneself and others as thinking and feeling entities—and on skill in manifesting this. These capabilities seem based in the Child's internalization of early intimate relationships, the development of a secure base, and internal models or organizing principles of an "OK" self with others encoded in implicit memory (Allen et al., 2004). Indeed, secure attachment seems the basis for autonomy, intimacy, and mentalizing (Fonagy et al., 1994). By school age, the securely attached child has the capacity for intimacy, the early stages of autonomy, a sense of a coherent self, and some ability to conceptualize himself or herself and others as both thinking and feeling (psychological mindedness or mentalizing).

To the ambivalently attached person, on the other hand, the world is unreliable, and so he or she clings. To the avoidantly attached person, the world seems rejecting, so he or she gets just close enough to remain in touch but not so close as to get hurt again. From this perspective, an aim of treatment and education is to transform insecure attachment into secure attachment, to help the client move from clinging or avoidance to a capacity for intimacy.

Whether this goal is best achieved from the "top down" through analyses and interpretations of transactions, games, scripts, or whatever that engage the brain's cortex, or from the "bottom up" through neurophysiological changes in the "lower centers" of the amygdala and limbic circuits that result from the emotional and nonverbal aspects of the therapeutic relationship—this is a matter for discussion. However, each of these processes influences the other; neither occurs in isolation. We are all both thinking and feeling entities! The greatest strength of transactional analysis, I believe, is that it gives us a rich framework for modeling mentalization, offering a relationship, and scrutinizing our relationships and dynamics.

Unfortunately, under the threat of danger, the ability to conceptualize others as well as oneself as thinking and feeling and the skill to act based on this is often severely challenged: people split, project, think in rigid or magical ways, and look for a leader with a clear and simple message. In this way, they tragically give up both their freedom and their acceptance of responsibility (Allen, 2005c). I hope that to the tragedy of the London bombings yesterday we do not add this second potential tragedy.

Ethics Derived from Principles Versus the Ethics of Everyday Decisions

Most people are aware, at least intuitively, that ethically we function within two different streams: the analytic and the existential. The former allows us to make specific decisions based on general principles. The latter urges us to go along with Kierkegaard. After scrutinizing Hegel's analytic triumphs with a certain awe, Kierkegaard reminded his readers that this genius who came up with a comprehensive theoretical explanation of anything and everything really had not much to tell us about how we ought to live.

> *"As Berne, the Gouldings, and other early transactional analysts emphasized, in making decisions, each of us either creates or destroys his or her own freedom."*

Most professional organizations have a code of ethics that emphasizes such general principles as autonomy, informed consent, and the "I'm OK, You're OK" existential position. These are useful in making the "big" decisions and at those times when we consciously make "ethical decisions." However, it is the poets and novelists, like George Eliot, who most move us to pursue a moral inquiry of a more wide-ranging kind. They move us to inquire into the small decisions of our everyday lives and to pursue more intense scrutiny of our individual values and assumptions.

The pivotal questions for this more wide-ranging inquiry are obvious. How free am I? To what have I accommodated? Who or what commands my time? How do I spend my money? How much is enough? What is my purpose, my "true self," my Free Child? Do I honor this? What balance is there in my commitments of energy? What compromises do I make and what is the cost? When and how ought we resist these compromises, these intrusions on our freedoms? When do reformers start succumbing to the very arrogance or cruelty they claim to fight?

An Invitation

At this conference we have the opportunity to ponder and to wonder, asking ourselves these very questions—questions about freedom, responsibility, risk, sacrifice, and rewards—at several levels (individual, family, group, nation, and planet) and to ask the price to be paid for not doing so.

And so, I am honored to have the privilege of inviting you, whatever your specific field and whatever your cultural-political heritage, to open yourselves to a consideration or reconsideration of these issues. I invite you to enter into a conversation with all your narratives—personal, caregiving, institutional, sociopolitical, and cultural—as well as into conversations with others. It is in such conversations of coconstruction that we discover what we think, what we feel, and who we are.

REFERENCES

Allen, J. R. (2003). Concepts, competencies, and interpretive communities. *Transactional Analysis Journal, 33*, 126-147.

Allen, J. R. (2005a). Biology and transactional analysis II: A status report on neurodevelopment. In J. R. Allen & B. A. Allen, *Therapeutic journey: Practice and life* (pp. 185-195). Oakland, CA: TA Press. (Original work published 2000)

Allen, J. R. (2005b). Other Yeastings. *The Script, 35*(2), 1, 2.

Allen, J. R. (2005c). Yeastings. *The Script, 35*(1), 1, 7.

Allen, J. R., Bennett, S., & Kearns, L. (2004). Psychological mindedness: A neglected developmental line in permissions to think. *Transactional Analysis Journal, 34*, 3-9.

Berlin, I. (1958). *Two concepts of liberty: An inaugural lecture delivered before the University of Oxford on 31 October 1958.* Oxford: Clarendon Press.

Cornell, W. F. (2003). Babies, brains, and bodies: Somatic foundations of the Child ego state. In C. Sills & H. Hargaden (Eds.), *Ego states* (Key concepts in transactional analysis: Contemporary views) (pp. 28-51). London: Worth Publishing.

Eliot, G. (2003). *Middlemarch.* New York: Barnes & Noble Classics. (Original work published 1871)

Fonagy, P., Steele, M., Steele, H., Higgitt, A., et al. (1994). The Emanuel Miller memorial lecture 1992: The theory and practice of resilience. *Journal of Child Psychology and Psychiatry, 35*(2), 231-257.

Hume, D. (2000). *A treatise of human nature* (D. F. Norton & M. J. Norton, Eds.). Oxford, England: Oxford University Press. (Original work published 1739)

MacAdam, M. (2003). Octavio Paz. In G. Plimptom & D. Walcott (Eds.), *The Paris review: Latin American writers at work* (pp. 72-108). New York: Modern Library.

EXAM CALENDAR

Exam	Exam Adm.	Exam Date	Location	App. Deadline
CTA Exam	BOC	Jan. 26, 2006	Chennai, India	Oct. 26, 2005
	BOC	Jul. 26, 2006	Istanbul, Turkey	Apr. 27, 2006
	COC	Nov. 17, 2006	Neustadt/Weinstrasse, Germany	Aug. 1, 2006
	COC	Nov. 16, 2007	Neustadt/Weinstrasse, Germany	Aug. 1, 2007
TSTA Exam	BOC	July 26, 2006	Istanbul, Turkey	April 27, 2006
	COC	Nov. 15, 2006	Germany	May 1, 2006
CTA Written	All Regions (Non-Europe)	Your choice	Submit to Regional Exam Coordinator after paying $50 fee to T&C Council	Your choice
TEWs	TSC	Jan. 23-25, 2006	Chennai, India	Oct. 24, 2005
	PTSC	Jul. 9-11, 2006	Compostela, Spain	Mar. 9, 2006
	TSC	Jul. 30-31, 2006	Istanbul, Turkey	April 1, 2006

* COC CTA exam candidates who are doing the COC written case study must submit it no later than six months before the oral exam date. Details/application available from the COC Language Group Coordinators.

Note: Exams subject to availability of examiners/exam supervisors. BOC not responsible for expenses incurred when unavailability of examiners/exam supervisors causes exams 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 arrange to take a BOC exam, contact the T&C Council, 2186 Rheem Dr., #B-1, Pleasanton, CA 94588-2775, USA. Note: COC people sitting for BOC exams must forward the equivalent of the EATA fee to the T & C Council office. **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:** $450 ITAA members/$600 non-ITAA members payable in US dollars to T&C Council, c/o the T & C Council office, 2186 Rheem Dr., #B-1, Pleasanton, CA 94588-2775, USA. **COC Training Endorsement Workshop:** to take a COC TEW, contact the European TEW Coordinator, c/o the EATA office.

Bringing Mental Health Services to Disaster Victims

by Laurie Hamilton

For many of us, disaster mental health work resonates with the desire to "help people" that originally led us into clinical work. It is hands-on, being-there-when-it-counts work. Therapists who have responded to terrorist bombings, earthquakes, tornadoes, and, most recently, enormously damaging hurricanes, say that the experience has a huge impact on them personally: "It's changed how I look at things."

Moving into a situation in which people are distressed and personal safety is at risk is a natural human instinct, one geared to survival of the community. There is also a natural tendency (usually outside awareness) to "place" ourselves in comparison to those who have experienced the greatest loss or immediate danger. Like a bull's-eye with the critical incident in the center, the closer we are, the greater our own perceived risk (e.g., a school shooting in your town and you have school-age children places you one ring from center; after the 2001 earthquake in Afghanistan that killed 20,000 people, most people in the United States were on the outer ring) (see Figure 1).

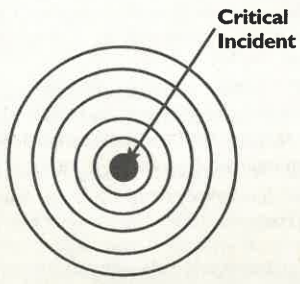


FIGURE 1
Critical Incident Bull's-Eye

In our media-dominant age, although we receive news about disasters faster and in more detail, the focus tends to be on some aspects to the exclusion of others. For example, with the 9/11 bombings in 2001, attention focused on the World Trade Center in New York with much less paid to the Pentagon bombing in Washington, DC, or the plane crash in Schenksville, Pennsylvania. In addition, most people were unaware that the Red Cross had six critical response areas in operation: Boston, San Francisco, Los Angeles, Schenksville, Washington, DC, and New York.

Mental health personnel are secondary responders to disaster scenes (first responders include fire fighters, law enforcement, paramedics, and often the military). We use a number of techniques to promote resiliency and the return to normalcy; these are variously described as psychological first aid, critical incident debriefing, and disaster counseling. The primary reactions to traumatic stress are physiological (fight, flight, or freeze); emotional (active fear, anger, and/or panic versus passive fear, immobilization, and/or disassociation); and cognitive (seek to control, seek to withdraw, seek to comply). Often people cycle through both active and passive responses and are not only upset with their circumstances (loss, discomfort, anxiety about the future) but with their feelings. Others' actions (coming from these same basic responses of fight, flight, freeze) can be very troubling to the survivor. In disaster work, we often refer to the impact of the disaster on an individual as a "footprint" (Figure 2); usually the physical devastation is the smallest, with the financial footprint several times larger than the physical, and the psychological footprint many times larger than the financial.

Historically, communities have sought to organize their response to chaotic, dangerous situations. In the United States, the American Red Cross has been designated one of the primary NGOs (nongovernmental organizations) to provide disaster assessment, mass care, and displaced person location as well as the primary provider for disaster mental health services (including for airline crashes). It is rather astonishing, when you think about it, that we count on volunteers to carry out such an enormous task. For mental health response, the Red Cross also becomes a gatekeeper, so that one can only really do disaster counseling under their auspices (and with proper Red Cross ID). There are numerous professional organizations (such as Green Cross or employee assistance programs) through which counselors are sometimes reimbursed (although they usually work pro bono) and that respond within their specific areas of expertise, although usually only when a direct request is received from someone "in charge." Many states have also organized DRNs (disaster response networks) through professional organizations for psychologists, social workers, psychiatrists, counselors, marriage/family therapists, and psychiatric nurses.

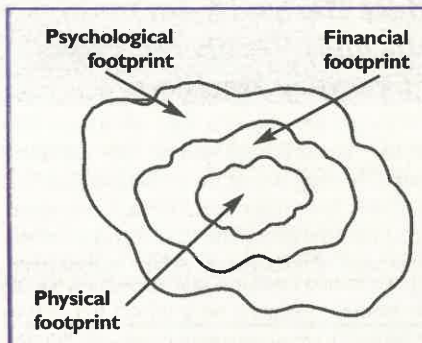


FIGURE 2
Disaster "Footprint"

For most mental health professionals, the gateway to providing disaster mental health services is the Red Cross. To be a member of the DSHR (Disaster Services Human Resources) network, you need to take the required training, which currently includes an orientation class and a 12-hour disaster mental health class as well as obtain a first aid/CPR certificate. Some states happily accept counselors into their DRN and gateway to local and state response, but national response requires DSHR membership. For people interested in international response, several organizations (Doctors Without Borders; Green Cross, ICISF) provide opportunities.

The "clients" to whom a disaster mental health worker responds cut a wide swath and include both the direct survivors and the responders. Often in Red Cross work, much effort is spent supporting the volunteers who come in from all over the country. Three adaptive coping strategies are seen frequently among both survivors and responders, all of which are normal responses in abnormal conditions: avoidant coping ("I will think/feel about it tomorrow"), instrumental coping ("There is so much work to do/it has to be done"), and psychological coping ("There is a reason for this/It's important that I'm here").

Clashes between strongly held attitudes and deep divisions related to class, race, and religion can become starkly apparent in disaster situations. This can be enormously distressing to people who want to help, and alienation often occurs (e.g., workers from hurricanes Katrina and Rita in the United States tell chilling stories of needing to leave certain east Texas locations due to hostile Ku Klux Klan "chatter"). A more subtle division occurs when disaster counselors find themselves wanting to take sides in a dispute between "helpers" (whether governmental, such as the Federal Emergency Management Agency/FEMA or NGOs such as the Red Cross) and "vietims." In my training classes, I spend a fair amount of time going over the concepts imbedded in the transactional analysis drama triangle (Karpman, 1968) (Figure 3). I use them to highlight several issues, including the way some responders create resentment by conveying that others (whether survivors or responders) are incompetent as well as how various organizations, states, politicians, and so on are blamed for "lack of proper response." This feeds into a dangerous attitude among some people that they do not have to be resourceful and rely on themselves (evacuating, stocking up on supplies, etc.) because "someone else will come to the rescue." Of course, as with Hurricane Katrina, there are those who because of financial limitations, health problems, social isolation, and so on are unable to look out for themselves. All of this leads back to the perception of a deliberate inequality of power and resources. In such circumstances, the rescuer blames the victim, the victim blames the rescuer, and things deteriorate from there. The ability of disaster counselors to maintain neutrality and facilitate communication in such volatile situations is one of the most valuable contributions they can make. My oft repeated mantra is, "Everyone is trying their best; no one makes mistakes deliberately."

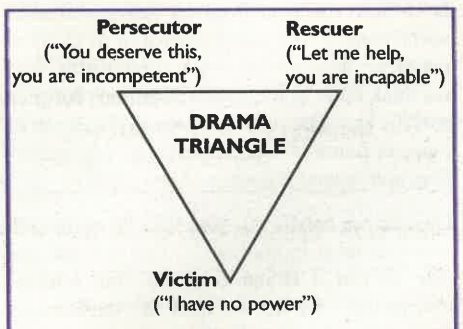


FIGURE 3
Drama Triangle Applied to a Disaster

We all feel best when we are able to help (i.e., instrumental coping/"I can do something" and psychological coping/"I am useful"). What makes disaster mental health work so life affecting is that we witness and experience vulnerability and the struggle for survival (physical, emotional, and spiritual) in the most naked way. Parking the Critical Parent ego state at the door and energizing the Nurturing Parent ego state while using the Adult ego state to think clearly (or at least attempting to) when people around you are not—and connecting, feeling, numbing, crying and musing—that is what disaster mental health is all about.



Laurie Hamilton, PhD, is former editor of The Script *and currently on the editorial board of the* Transactional Analysis Journal. *A traumatic stress specialist and cognitive neuroscientist in private practice in Asheville, North Carolina, she has been a national Red Cross DMH instructor for 13 years (training over 700 clinicians in disaster mental health), CISM member (having done over 2000 critical incident debriefings), and the coordinator for Red Cross-DMH in North Carolina. She can be reached at 43 Cave Lane "Mostly Better," Arden, NC 28704, USA; e-mail: mlhphd@aol.com .*

REFERENCE

Karpman, S. (1968). Fairy tales and script drama analysis. *Transactional Analysis Bulletin, 7*(26), 39-43.

Give a Holiday Gift to a Colleague or Yourself!
Special Offer for New Subscribers to the

Transactional Analysis Journal

The journal of the global transactional analysis community

Stay current *with the latest international developments in transactional analysis theory and methods*

Witness stimulating dialogue *between transactional analysis authors and practitioners from other fields*

Read the cutting-edge work *of leading academics and practitioners from the fields of psychotherapy, education, counseling, and organizational consulting*

One-year discounted subscription available to new subscribers: $40 ITAA members, $45 nonmembers

All gift orders will also include a copy of the December 2005 *Script* newsletter and a gift card sent in your name

To order go online at www.itaa-net.org or send this form to ITAA at 2186 Rheem Dr., #B-1, Pleasanton, CA 94588-2775, USA; fax: 925-600-8112; e-mail: itaa@itaa-net.org .

❑ This is a gift subscription for (print name, address, e-mail): _____

Payment options include: ❑ Check drawn on a US bank ❑ MasterCard ❑ Visa ❑ Discover ❑ JCB ❑ Amer. Express

Card number _____ Exp. Date _____

Signature _____

Name _____

Mailing Address _____

E-mail _____

Phone _____

❑ Yes, I would like information about ITAA membership ($69 Associate Membership includes the *TAJ*, the *Script* newsletter, and other discounts and benefits) and to be updated on ITAAA publications/products.