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Understanding the impact of childhood developmental stages on the therapeutic alliance: Deconstruction of the therapeutic alliance viewed from a developmental perspective

Abstract

The author challenges the usual divisions into one person and two person therapeutic approaches, and the emphases on I 'ness versus we 'ness, by applying the childhood stages of development through symbiosis/attachment followed by autonomy/ differentiation to what is needed as the client revisits these stages in creating a relationship with a practitioner. Regardless of therapeutic techniques used, the practitioner needs to be alert to the inevitable switch from positive attachment to the apparent conflict as the client seeks to establish a separation from a parent figure that may not have happened in childhood.

Key words

Symbiosis, attachment, autonomy, differentiation, transference, therapeutic alliance

Editor's Note

When this article was first submitted, I was concerned that it had such old TA references. However, as Brad McLean (2023) tells us, there is a lack of current material about relationship therapy, and many of the authors have continued developing their material outside the TA community. This article is therefore a very useful development of what our readers may not be familiar with, especially the younger ones. 😉

Introduction

If two people have a relationship of any length:

1. First they will form an attachment. This is where the relational school focuses and may well get lost in the 'we-ness' of relationships.

2. The people will then (after a period of time) set about detaching from each other. This is where the redecision school focuses, and may get lost in the 'I-ness' of relationships.

In symmetrical relationships, like a marriage or friendship, this happens equally on both sides. In asymmetrical relationships, like the therapeutic relationship or the teacher/student relationship, then it happens more to the less 'powerful 'party. Longer-term clients will do this especially so it needs to be dealt with. This article shows how I use the Bader & Pearson (1983, 1988) model as a way of understanding what the client will do and explaining the process that will occur, whether we are working in one- or two-person approaches.

Long-term relationship-based therapies are most often what Stark (1999) refers to as a two-person psychology, where both the therapist and the client are seen to be personally involved in the change of the client. Indeed, some see the therapist changing as well in the process. Freud (1989) began the tradition when he highlighted the importance of the transference relationship between the client and the therapist. Many since then have believed the same and discussed the therapeutic relationship between client and therapist at length including such prominent figures like Carl Rogers (1951).

However, much psychotherapy around the world probably uses the one-person psychology approach, such as cognitive behavioural therapy (CBT), about which Sequeira and Mytton (2023) state "… is arguably the most influential and widely validated psychotherapeutic model in the world." (p.352). Hanley and Winter (2023) discuss a wide variety of current psychotherapies and add to CBT, EMDR, exposure therapy, gestalt therapy, and compassion-focused therapy.

Another way in which we can consider the different therapy approaches is in the practitioner's perspective about locus of control (LOC). I (White, 2020) propose:

- "Internal LOC – the client is responsible for their own thoughts, feelings and behaviours. Script change comes from the client doing something to self. Redecision TA.
- External LOC – the client is not responsible for their own thoughts, feelings and behaviours. Script change comes from the therapist doing something to the client. Classical TA.
- Relational LOC – the client therapist relationship is responsible for their thoughts, feelings and behaviours. Script change comes from the client and therapist relating. Relational TA" (p.16-17). (bullets added).

Childhood Development

The three-phase model presented in Figure 1 illustrates the normal developmental process one finds in child development. After birth the child sets about finding an attachment to form with a mother-like person as shown in Figure 1a. In TA, as highlighted by Schiff (1975), the child is said to seek to enter into a symbiosis with a parent. Indeed this process is one of the core themes of study in the whole field of developmental psychology. If the child does not manage to form a successful symbiosis then ultimately it will die. Berne never actually discussed the idea of attachment; however as editor (Berne, 1969) he did devote an entire edition of the *Transactional Analysis Bulletin* to the work of Schiff and reparenting schizophrenics. Symbiosis is of course central to that approach of reparenting and Berne is clearly is speaking most highly of this approach to this major mental illness.

Bowlby (1971) wrote an entire book dedicated to attachment. Bowlby (1973) then set about writing an extensive treatise on 'Separation'. First the child seeks out an attachment or a fusion of identity with mother and then it seeks out liberation or detachment from mother. It seeks to establish its own individual identity. Indeed Bowlby (1973) called one of the final chapters of his book "Secure attachment and the growth of self reliance."(p.366). He said this is the penultimate chapter of the book about how a young person can achieve a state of self reliance with the encouragement of the parents for the child, and that the penultimate state is one of self reliance.

Margaret Mahler also spent an entire career studying the same topics, which she called separation and individuation (Mahler, Pine and Bergman, 1975). How the child both separates from mother and then individuates. It seeks to answer the question - Who am I? If I am not part of mother as I was in the attachment, then who am I? She, like Bowlby, proposed that the goal of child development is to achieve a state of individuation where the attachment with mother has been fully deconstructed. Mahler et al also suggested some phases and sub-phases: normal autistic phase, normal symbiosis phase, differentiation subphase, practicing subphase, rapprochement subphase and object constancy subphase. Below I will show how Bader and Pearson based their model on Mahler's phases.

Erik Erikson (1959) studied the same process with his developmental theory of the 'psychosocial and psychosexual epigenesis' of the child, and most notably his fifth stage of development of identity versus identity diffusion. Like Mahler and Bowlby, he viewed the child as seeking to understand and establish itself as a fully autonomous person with a clear identity. Such an identity gives the child a sense of being a person with a history, a stability and a continuity of self that is recognisable by others. The child and teenager seek to achieve the state as shown in Figure 1b. No longer is there a fusion of identity with mother in a symbiosis but now the person perceives self to have their own boundary around themself. A sense of being in one's own skin with a sense of self separate to any others. Berne (1964) originally presented this diagram and called it the structural diagram of ego states.

If this state is achieved then the person can go onto a relationship as shown in Figure 1c, where all the transactions can occur freely and by choice. The individual is able to use all transactions with all ego states and therefore have a 'full' relationship in this way. As we can see in Figure 1a, only a limited number of transactions can occur. One cannot be fully in a relationship unless they have firstly achieved a state of being fully not in a relationship. A state of full autonomy or of full individuation, where one has a sense of a complete boundary around self, allows one to enter into a full relationship. Some do not achieve that sense of full individuation and they return to the original symbiotic relationship (Figure 1a) but with someone other than the original parent figure.

Of course, some who enter psychotherapy are doing that. The person enters into a symbiosis with the therapist in an attempt to again achieve full separation shown in Figure 1b. They re-establish the original symbiosis with mother or father by transferring it onto the therapist. This is particularly so for people who have identity problems. They have never reached a fully established identity (Figure 1b) and thus develop what is called an identity disorder.

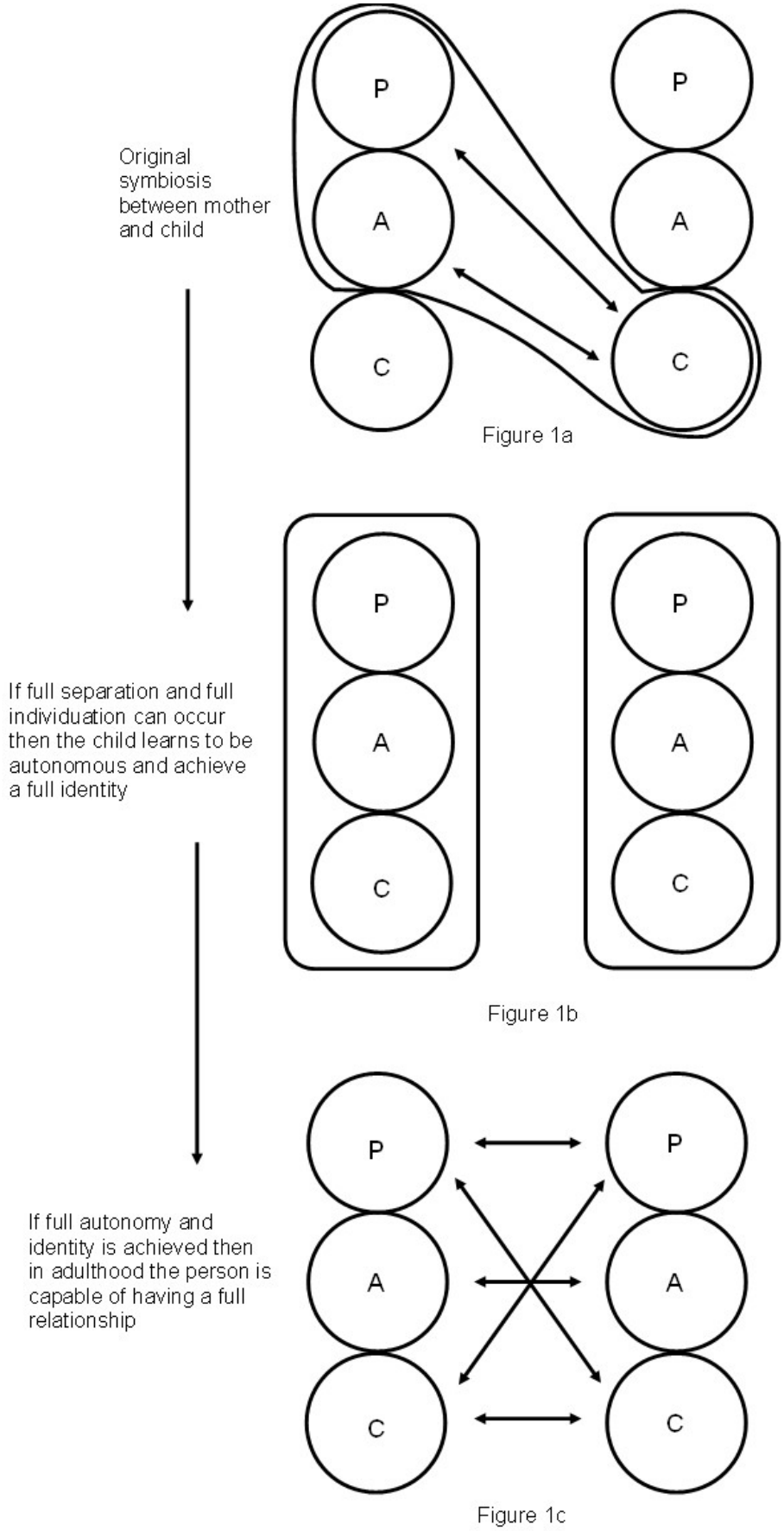

Figure 1: Stages of Development

They remain uncertain about a variety of issues related to identity, including their long term goals and career choices, friendship patterns, morals and values.

Adulthood Relationships

This process has been described by others over the years; firstly by Freud (1966) who talked about the transference being ambivalent. That is, it has positive, affectionate aspects as well as hostile and negative attitudes directed towards the therapist. Often, early in therapy, there will be therapeutic successes that accompany the positive and affectionate attitude to the therapist. In more recent times Hargaden and Sills (2002) have called this the idealising transference. They noted that the therapist is idealised by the client and this is often accompanied by feelings of love and tenderness. This positive transference is what helps the original symbiosis (and attachment) develop. The positive transference leads to attachment and symbiosis formation - Figure 1a; afterwards negative transference leads to separation and individuation - Figure 1b.

Freud observed that the client will initially seek to develop an attachment with the therapist through the positive transference and then seek to separate and individuate by the use of the negative transference. The client is naturally driven to repeat the process described in Figure 1. To move from Figure 1a to 1b and finally to 1c, hopefully avoiding returning to 1a as originally happened in childhood. It is natural and unconscious for the client to redo this process in relation to the therapist. However this is not unique to the therapeutic relationship but is describing the process in a multitude of relationships, romantic and non-romantic. Bader and Pearson (1988) demonstrated this by describing the same occurring in romantic relationships or indeed any coupling relationship between two adults.

It seems the process described so comprehensively by Bowlby begins with relationship formation of the young child and its attempt to form a connection or attachment to the other. Once done, it then sets about separating or detaching and breaking down the attachment it just so desperately sought. This same process of positive transference followed by negative transference is the pattern that is taken into many adult relationships, be they romantic, friendships, therapeutic, work relationships, teacher-student relationships, and so forth.

The Bader and Pearson model gives an explanation for this; that we all have a drive to be, know and feel ourselves as autonomous with a sense of individuality. At the same time we all have a desire to be able to be in a relationship and form emotional connections that can endure conflicts, disharmony and ruptures. When in a relationship the long-term outcome is fifty percent out of your control; the other fifty percent depends on what the other person decides to do. Therefore seeing that the relationship can withstand a period of 'negative transference' provides confidence in its longer term survival. It indicates that the Child ego state of the other is significantly involved in this relationship, thus building strength and trust in the longevity of the relationship.

The Bader & Pearson Model

We had Bowlby talk about attachment and separation and Freud talk of positive and negative transference. Fortunately this process of positive and then negative reactions has been significantly expanded upon by Bader and Pearson (1988), who used the work of Margaret Mahler to do this. The stages Bader and Pearson use are:

- Autistic phase
- Symbiosis phase
- Differentiation phase
- Practicing phase
- Rapprochement phase

The model being described here will focus on the symbiotic, differentiation and practicing phases to explain the development of the therapeutic relationship. Of course the situation discussed here is somewhat different than the Bader & Pearson model is describing. They are talking about the usual coupling between two people in a romantic relationship or perhaps a friendship type of relationship. The therapeutic relationship can be different sometimes as it can be an asymmetrical one like the child-parent relationship. Sometimes the power and competency of the two parties involved differs greatly. In such instances the process of the stages described here occurs primarily on the client's side, as also happens on the child's side in the mother-child relationship.

Autistic

The autistic stage is not relevant to the stages of couplehood as it is where the newborn child responds totally to its own internal needs in the first two months of life. It is trying to integrate itself physiologically into the world and to establish a homeostatic equilibrium in itself.

Symbiosis

In adulthood the first phase of couple formation begins with the symbiotic stage. This is the stage of being madly in love and sometimes referred to as the 'honeymoon stage 'of the relationship. The lives and personalities of the two parties merge and there is a fusion and loss of boundary between the two parties.

This is the process of attachment and, as noted above, why people are good at starting relationships. It is the 'feel good' time of the relationship, with a sense of affection and connection between the two people.

In most relationships this is a time of harmony and pleasant feelings for both parties. As mentioned before, this is when the client can experience an idealised transference of the therapist. Certain features or activities of therapists are seen to enhance especially this type of transference; Viederman (2011) says the therapist can do the following:

- Therapist conveys understanding of the client's experience (empathy);
- The therapist echoes back to the client their experience so the patient feels heard;
- They provide meaning and understanding to a client's behaviours and feelings, that the client was unaware of - leaving the client feeling the therapist is an 'expert;.
- The client has freedom of expression without criticism from the therapist;
- The therapist displays an attitude of hope for the client.

As one can imagine, this is a pleasant process for the client and there can be spontaneous changes in the client at this stage. However as Freud noted, changes in the period of positive transference are fragile as they can disappear when the negative transference arrives and the client can seem to go backwards. This is because giving up symptoms by the client in the positive transference can be seen as an attempt to obtain love from the therapist. When the negative transference arrives, the client is no longer seeking such love so the original problems then reappear. For example a client may spontaneously give up smoking in the positive transference when they have not even presented the problem of smoking as an issue to deal with. With the subsequent appearance of the negative transference, the client takes up smoking again and may even express disappointment in the therapy as a consequence of this. It is these spontaneous changes the client reports in the positive transference that one needs to be cautious with; ones that the client may have not mentioned before or presented for therapy and just occur anyway.

With regard to the symbiosis or the positive transference stage of treatment, Hargaden and Sills (2002) stated, "The first, and arguably the most important task facing the therapist as she [sic] embarks on the therapeutic journey with her client, is to establish and maintain a resilient working alliance with her client." (p.31). However there is a second subsequent part that also needs to be mentioned - the deconstruction of the working alliance with the client. The move from Figure 1a to 1b for the therapeutic relationship is just as important as initially establishing the relationship described in Figure 1a. Hence we arrive at the next two stages of the Bader & Pearson model which articulate how the client moves from Figure 1a to 1b.

Differentiation

After the attachment has begun to develop, the person will eventually feel the need to emerge from the symbiosis and establish their own boundaries and sense of individuality. The client seeks to understand and highlight their differences from the therapist. How am I different? The therapist needs to seize the moment when differences between them become apparent and highlight them. Often this can be differences in the Parent ego state such as values and views of what matters in life, plus any different Child ego state views about the meaning of life, what are desirable goals in life, feeling reactions and so forth.

This is also where the theory of emotional autonomy becomes apparent. White (2024) proposes two models of emotions, emotional autonomy theory (EAT) and emotional contagion theory (ECT). ECT is the view that, at least in some instances, people's emotions are not completely separate and one can transfer their feelings to another or one can somehow have the experience of another's emotions. On the other hand, EAT says that people's emotions are completely separate and different and one can only ever understand and feel their own emotions and never someone else's. This is a key part to differentiation as feelings are such personal things. The client needs to understand that this is an intimate and personal part of myself and my experience is separate and different from the therapist's. The role of the therapist is to bring this to the attention of the client. The more a client chooses to believe the idea of ECT for themselves, the less differentiation they will achieve and the more they will see the feelings between self and the therapist as confused and not with a clear boundary. Hence their sense of identity will remain more confused with others. The more the client accepts EAT, the more sense of differentiation they will feel from the therapist and the more the therapy alliance is deconstructed.

Historically in TA we have had a clear example of this EAT approach to differentiation for the client with the Goulding and Goulding development of redecision therapy, where the idea of a person being separate and an individual is at the core of the philosophy. For example Mary Goulding (1985) states "For twenty-

five years I have been teaching thousands of people some facts that you probably already know:

> You are in charge of your behaviour.
> You are in charge of your thoughts.
> You are in charge of your feelings.
> You are in charge of your body." (p.1).

In addition, McNeel (1975) completed a doctoral dissertation on how Goulding and Goulding worked and the central features of the redecision approach over a weekend therapy group. He noted this quality of differentiation with the following: "Separateness (S). Important for any client is the understanding that he [sic] is separate from other people ... Throughout the weekend the Gouldings encourage people to see themselves as separate and self sufficient." (p.122-123). This redecision philosophy approach will clearly assist the client to achieve a state of differentiation and begin the move from Figure 1a to 1b.

At this stage the therapist is beginning to deconstruct the therapeutic alliance, when the client starts to display their negative transference and a desire to highlight differences. The therapist begins to feel the client draw away and out of the therapeutic alliance. They demonstrate the desire to grow and separate from the therapist, and eventually outgrow the therapist where they are no longer needed like they once were. Instead of the central figure they once were in the client's life, the therapist now becomes just one of the group of relationships the client has. This of course takes some time to happen but most often the end result is the therapist loses their psychological importance to the client.

Games, enactments and relationship ruptures can also be attempts by the client to achieve a state of differentiation, especially with games and enactments that push people apart. For example, anger pushes people apart so if the client is starting to create relationship ruptures which are angry and conflictual, this could be because they are attempting to deconstruct that alliance and seek to achieve a sense of individuality and being non-relational.

Freud (1966) also noted this in his discussion of negative transference, which he said is typified by resistance and hostile feelings. Bowlby (1973) titles his book, *Separation: Anxiety and Anger*. Again we see the link being made between separation and anger and resistance. I wrote (White, 1997) "One of the advantages of anger is to provide a way of breaking the bond with mother and father, thereby allowing a new sense of independence." (p.196). The same theme is being presented here. Anger is a very useful emotion for people due to its separating properties. It allows people to separate psychologically and feel more individual. If a client is creating enactments or games which lead to hostile and conflictual outcomes then it must be considered that the client is wanting to deconstruct the therapeutic alliance. They have tired of the symbiosis or closeness of the alliance and want to feel more as an individual.

At this stage I may ask the client a question like, "What do you dislike about me or find tiresome?". Answers to this question vary widely. Some clients will find it hard to provide one example; when that happens it may be that the client is still in the phase of idealised transference. If a client is in the negative transference stage and is prepared to speak their mind, then the list can be long and brutal! So the therapist must be ready for that if they seek to use this way to encourage differentiation of the client from the therapist.

Practicing

The next phase Bader and Pearson (1988) proposed is the stage of practicing. This is the final phase in the deconstruction of the therapeutic alliance from the side of the client and the desire to reach a state of individuation as shown in Figure 1b. They wrote "Autonomy and individuation are primary; at this point the partners are rediscovering themselves as individuals." (p.11). As mentioned before, the therapeutic alliance is an asymmetrical relationship so it is the client who is primarily rediscovering self and striving for autonomy at this stage.

One key in doing this is the establishment of relationships away from the therapist. The client may become somewhat self-centred and have less interest in the thinking and feelings of the therapist. The therapist may begin to feel somewhat obsolete and the narcissistic therapist may struggle here as they start to feel like the client no longer views them as important or central to their life and well-being. Practicing is about the client having their relationships external to the therapeutic relationship increase in importance.

If the client is inclined they may begin studies or trainings of some kind with other psychotherapy trainers and therapists, or going to workshops or attending one off therapy groups with visiting therapists. Then reporting back on how great that teacher or therapist was and all the important information they received. When this happens the therapeutic alliance is now being seriously deconstructed by the client. Hopefully the therapist can handle this change and encourage the client with it instead of taking it personally and counter-transference problems arise. The therapist hopefully is actively encouraging the client to do this and seeking to discuss with the client their other important relationships outside the therapy room. Highlighting them, talking about the new (or even

old) attachments and friendships and what they mean to the client. Again this is how the therapist can actively seek to deconstruct the therapeutic alliance.

The conflict of the differentiation stage can still continue in practicing. Games, enactments and ruptures may happen here as well. Hopefully, conflict resolution can be successfully maintained. Providing the client with information about how relationships go through processes as shown in Figure 1 can be helpful, as can any way of providing Adult ego state support for the deconstruction process that is occurring anyway. Bibliotherapy can be useful here as it involves the client reading about others' experiences; Caroline Shrodes (1949) described three stages – 1. Identification, 2. Catharsis means feeling for who they are reading about, 3. Insight.

Rapprochement

This phase is not relevant to the development and deconstruction of the therapeutic relationship as its addresses the much longer-term relationship one can have in a non-therapeutic relationship such as a friendship or romantic relationship. The therapy relationship is about achieving a goal to assist one with their mental health. Once this goal is achieved the relationship will cease. There is no need to carry it on further as there is with a marriage or friendship.

Using the relationship for deconstruction

One finally needs to consider the effects on the symbiosis and individuation of the client that is not about WHAT is done in psychotherapy but HOW it is done. It could be said that this has more powerful effects on the client than all of the factors discussed already because it is more subtle, unconscious and occurs at a deep relational level. The client and therapist have a relationship so one must consider if that relationship supports building up the alliance or supports the deconstruction of the therapeutic alliance. This is what the client is currently living in with the therapist and hence can be seen as a powerful factor in the deconstruction of the relationship. What would happen if the client is ready to move into the differentiation phase of deconstruction and yet the relationship with the therapist is promoting relationship building found in the symbiosis stage?

Figure 2 is prompted by previous material (White, 2020, 2023) and illustrates how we can use both treatment options that Stark (1999) presents with her idea of a two-person and one-person psychology. In

Figure 2a (two-person approach) we see the client has a sense of the therapy as an encounter with therapist. The therapist brings the focus of treatment onto the relationship between the two. It is all about how they interact and the dynamics of their interactions. This of course builds and fosters the development of the relationship and so is useful in the alliance building phase of treatment as shown in Figure 1a or the symbiosis stage. However eventually most clients move onto the phase of differentiation or negative transference and then they are wanting to deconstruct this relationship. To help the client do this the therapist has to change the therapy away from focusing on their relationship to encouraging the client to do therapy that is about the client alone, and to help the client get a sense of therapy as not involving the therapist. Figure 2b shows how the therapist can refocus the therapy away from them (and relationship building) onto a one person treatment style. The client then gets a sense of the therapy not involving the therapist and more as an activity which they do more on their own without the therapist involved in everything. The client gets a sense of the therapy being free from the therapist and their relationship. Exactly what feeds into the mindset of the average teenager: "Will you give me some space and let me do it on my own!"

In White (2023) I showed Figure 2 with the two chair technique that one finds in redecision therapy but it can be any technique. The important point is that, as you compare Figures 2a and 2b, you can see how the client gets a different sense of the therapy; the move away from a sense of "We" are doing this therapy, to a sense of "I" am doing this therapy. If a therapist is wanting to help the client separate but uses the two person approach then they are contradicting self and sending a double message to the client - Do as I say, not as I do. The therapist is saying to the client that their separation is a good thing to be expected but the way they are doing therapy (Figure 2a) is saying that you are not separate in how we are doing the current therapy.

This paper has highlighted the progression of the therapeutic relationship over time, and adopted Freud's idea that often the negative transference will follow the positive or idealising transference with the client. It has taken the work of Bader and Pearson and apples it more generally to the therapeutic relationship. Their developmental view of couples is applied to a developmental view of the therapeutic alliance. In addition it also adopts the work of Stark, with the one- and two-person approaches, to describe how the therapist can work with both to help the client deconstruct the relationship.

Tony White is a Teaching & Supervising Transactional Analyst (Psychotherapy), a psychologist and psychotherapist, and author of numerous articles and several books. He can be contacted on agbw@bigpond.com.

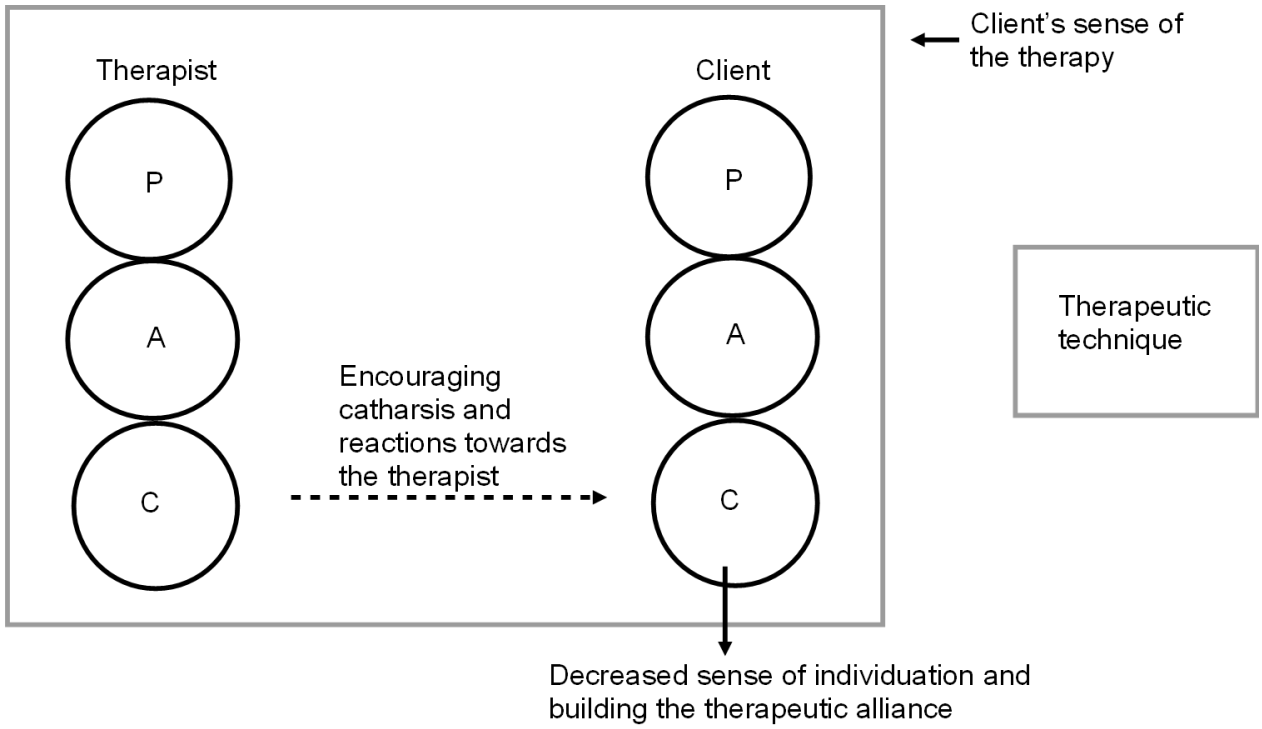

Figure 2a. Two person psychology

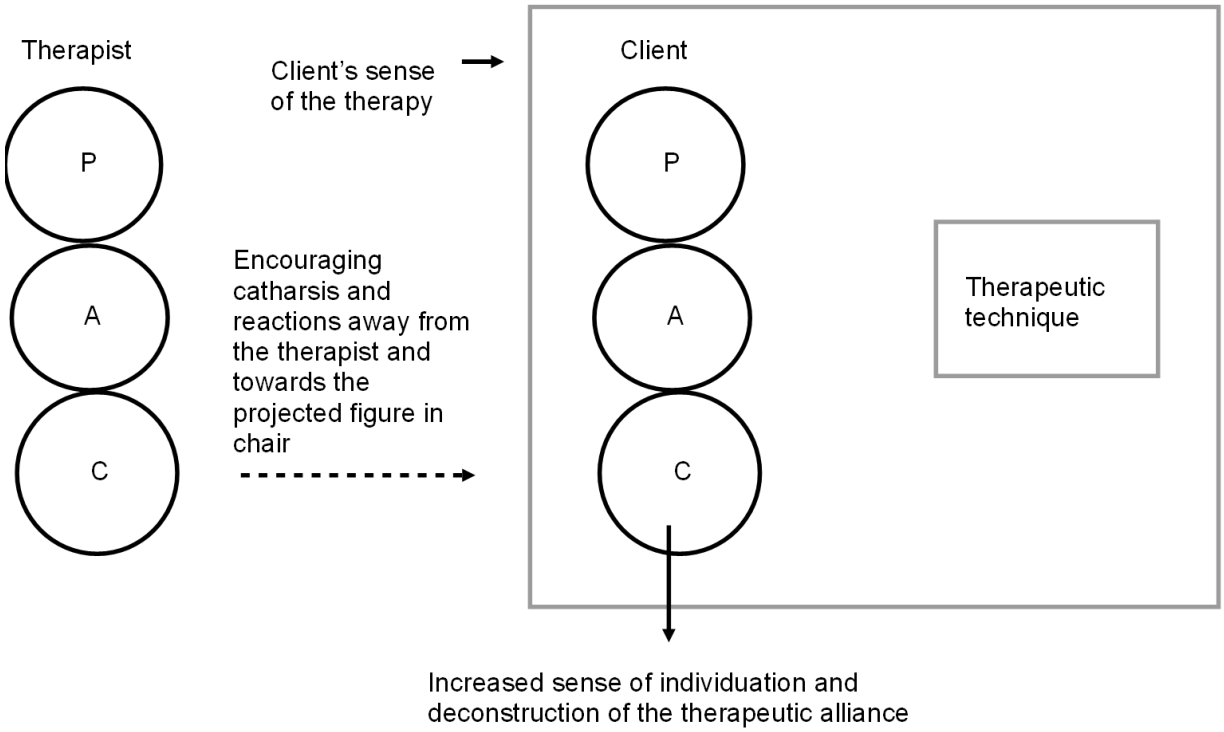

Figure 2b. One person psychology

Figure 2: One- or two-person psychology

References

Bader, E., & Pearson, P.T. (1983). The Developmental Stages of Couplehood. *Transactional Analysis Journal, 13*(1), 28-32. https://doi.org/10.1177/036215378301300107

Bader, E., & Pearson, P.T. (1988). *In Quest of the Mythical Mate: A Developmental Approach to Diagnosis and Treatment in Couples Therapy*. Brunner/Mazel.Berne, E. (1964). *Games People Play*. Grove Press.

Berne, E. (1969). Introduction to TAB issue on reparenting in schizophrenia. *Transactional Analysis Bulletin, 8*(31), 45-47.

Bowlby, J. (1971). *Attachment.* Penguin Books.Bowlby, J. (1973). *Separation: Anxiety and Anger*. Penguin Books.

Erikson, E. (1959). *Identity and the Life Cycle. Vol. 1. Selected Papers, Psychological Issues.* International Universities Press.

Freud, S. (1966). *Introductory Lectures on Psychoanalysis*. W.W. Norton & Co.

Freud, S. (1989). *An Outline of Psychoanalysis.* W.W. Norton & Co.

Goulding, M. 1985. Who's Been Living in Your Head. WIGFT Publishers

Hanley, T., & Winter, L. A. (2023). *The Sage Handbook of Counselling & Psychotherapy: Fifth edition.* Sage.

Hargaden, H., & Sills, C. (200)2. *Transactional Analysis: A Relational Perceptive*. Brunner-Routledge.

Mahler, M., Pine, F., & Bergman, A. (1975). *The Psychological Birth of the Human Infant.* Basic Books.

McLean, B. (2023) Transactional Analysis and Relationship Psychotherapy: A Need for Renewed Interest nd Contemporary Thinking. *Transactional Analysis Journal, 53*(2), 113-129. https://doi.org/10.1080/03621537.2023.2184144

McNeel, J.R. (1975). Redecisions in Psychotherapy: A Study of the Effects of an Intensive Weekend Group Workshop (Doctoral dissertation). The California School of Professional Psychology.

Rogers, C. R. (1951). *Client-Centered Therapy*. Houghton Mifflin Company.

Schiff, J.L. (1975). *Cathexis Reader*. Harper & Row.

Sequeira, H., & Mytton, J. (2023). Cognitive behavioural therapy. In T. Hanley & L. Winter. (Eds). The Sage Handbook of Counselling & Psychotherapy: Fifth edition (352-359). Sage.

Shrodes, C. (1949). Bibliotherapy: A theoretical and clinical study. Doctoral Dissertation. University of California.

Stark, M. (1999). Modes of Therapeutic Action. Jason Aronson Inc.

Viederman, A. (2011). The induction of non interpreted benevolent transference as a vehicle for change. American Journal of Psychotherapy. 65(4), 337-354.

White, T. (1997). Is a happy teenager a healthy teenager? Four levels of adolescent anger. Transactional Analysis Journal, 27(3), 192-196.

White, T. 2020. Redecision Therapy Today: A Redecision Relational Approach to Transactional Analysis. TA Books.

White, T. (2023). The empty chair and its use in psychotherapy. Educational Transactional Analysis, 12, 15-29.

White, T. (2024). Towards a theory of emotional autonomy. International Journal of Transactional Analysis Research and Practice, 15(1), 24-27.