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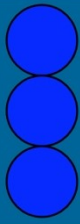
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Editorial

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As we move into our 13th year of publication, I'm pleased to confirm that 13 is not unlucky for us as we have a great selection of articles to publish. So if you, dear reader, are suffering from dekatriophobia or triskaidekaphobia, hopefully reading this issue will enable you to challenge that superstition, and in TA terms, make a new decision.

We begin with some great research studies. First we read about the development in Brazil of a new ego state questionnaire by Renata Cristina Brandão Rossini, Ederaldo José Lopes and Joaquim Carlos Rossini. Although the inventory needs still to be validated with more samples, it is ready to use with individuals as a basis for monitoring progress, and the authors have kindly provided the 37 items, in Portuguese and translated into English, so you can do that. This is a really exciting initial research – and I look forward to hearing in future from the same authors and from others – maybe you! - who continue the research processes with more samples.

Next we have an interpretative phenomenological study by Claire Daplyn, who explores how three psychotherapists in the UK have dealt with Covid-stimulated lockdowns. Again, this author provides material other researcher/practitioners can use – in this case it is the details of how to set up a similar study. Plus of course the results in considerable detail, showing much of what happened as practitioners and clients moved to work online.

We continue with an account from Anna Pierzchała, Edyta Widawska and Piotr Jusik of the development of another inventory – this time of passivity – and the authors conducted their research in Guatemala, Poland, the UK and Ukraine (before the unfortunate events happening there now). This article appeared already in another open access journal, the ERSJ, which publishes material generally on business and economics – and whose Editor kindly agree we could publish it too because of the TA theme.

And in the IJTARP version, Anna has given us the questionnaire to use in four languages.

Our fourth article contains a great new theoretical idea from Tony White in Australia– that changing life script requires changes in seven different aspects of an individual – with an explanation of how these seven 'corners' fit together into a very rigid 7-sided heptagon so that change in one of the corners will be resisted by the other six corners. Tony reviews how different therapeutic approaches may be limited when they work only on a selection of corners.

We then have three articles that use narrative research to bring us overviews of existing materials, leading into significant new thinking about transactional analysis and self-empathy, mentoring and Alzheimer's disease. These were originally published in Brazil in Portuguese and I'm delighted to be continuing the process of cooperating with UNAT-Brazil to publish this material in English.

Jane Maria Pancinha Costa and Ronel Alberti da Rosa provide us with intriguing thoughts that link emotions, self-awareness, the human nervous system and neuroscience, before going on to explain how self-empathy can equip us to regulate our instincts to increase our well-being and evolution.

Next we have Carolina Schmitz da Silva, Dione de Quadros Teodoro, Goreti Maestri, Leonardo Koslovski Silva, Maria Imaculada Gonçalves de Almeida, Rita Varela and Rubens Correia Filho providing a thorough overview of relational integrative mentoring, demonstrating how various TA concepts contribute to the various stages of the mentoring journey.

We conclude with Ede Lanir Ferreira Paiva describing how Steiner's mindless script and the Don't think injunction or injunctive message may be contributors to Alzheimer's Disease, when people 'expect' to 'forget things' as they get older.



Development of a New Ego States Inventory – Report on a Brazilian Sample with a Portuguese Version

© 2022 Renata Cristina Brandão Rossini, Ederaldo José Lopes and Joaquim Carlos Rossini

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Abstract

This study was conducted in Brazil and presents a new inventory built for the evaluation of ego states, an important concept within transactional analysis theory. The study involved the participation of 295 volunteers of both sexes, aged between 18 and 70 years. Exploratory factor analyses indicated an instrument in Portuguese consisting of 37 items adequately characterised in six factors: Critical Parent (CP), Nurturing Parent (NP), Adult (A), Free Child (FC), Adapted Child – Submissive (ACS), and Adapted Child - Rebellious (ACR). The result is a useful measure for investigation and mapping of ego states for application with individuals, and as the basis for future research in a range of languages.

Keywords

ego states; factor analysis; inventory; transactional analysis; egogram; personality, exploratory factor analysis (EFA)

Introduction

Transactional analysis (TA) theory predicts that each individual has a set of behavioural standards which is conveyed in everyday relationships via transactions, and expressed by different modes or states, known as ego states. The ego states are represented by a tripartite psychological structure composed of three main concepts called the Parent, Adult and Child. This primary structure has functional dimensions subdivided into Critical Parent (CP), Nurturing Parent

(NP), Adult (A), Free Child (FC), and Adapted Child (AC). This study set out to develop an instrument, in Portuguese, for measuring these functional, or behavioural, manifestations.

Each of the ego states has a magnitude which can be understood as a psychic energy, or *cathexis* (Berne, 1985; Dusay, 1972). The magnitude of the cathexis distributed among the ego states is regarded as constant (hypothesis of constancy) and represented in the typical behaviours of each state. This implies that, when an ego state is invested with more cathexis, necessarily there is a reduction and redistribution of cathexis expressed by the other ego states, although the overall magnitude of the total constant cathexis is maintained.

The constancy hypothesis was represented visually by Dusay (1972, 1977) in a graph known as an egogram. The egogram aims to schematically represent the magnitude of self-perceived behaviour in different ego states, which is a technique widely used by TA practitioners, as well as in other areas of behavioural study, and serves to provide an individual self-representation in regard to the intensity of experienced behaviour in each ego state. The importance of the egogram in practice lies in the possibility of guiding the client's diagnostic and self-awareness process about their relational patterns, as well as in mapping the therapeutic process. Figure 1 shows the typical diagram used to show the functional ego states and a schematic egogram.

As you will see in the Literature Review below, we decided within this research to include consideration of an instrument that characterises Submissive Child and Rebellious Child as two distinct dimensions of the construct Adapted Child. The exploratory results showed the feasibility of an instrument with six factors and support the performance of confirmatory analyses, with new samples, in future research.

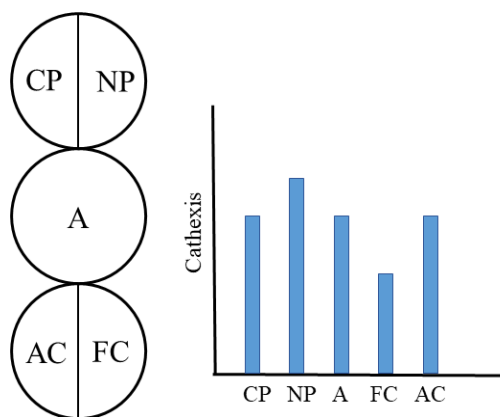


Figure 1. Functional analysis of the Ego States and a representation of a hypothetical egogram.

Literature Review

Initially, the egogram was the result of a large number of therapeutic reports, in which patients were asked about how they would like to be and how they perceived themselves. In the last five decades, some initiatives have tried to objectively measure the cathexis distribution in each ego state (for a review see Vos & van Rijn, 2021). During the 1970's, Dusay (1972) investigated the cathexis distribution in the egogram by means of clinical self-reports. Price (1975), in a more structured fashion, developed a self-report instrument (Likert-type scale) called the Price Ego State Scale, which presented, however, unsatisfactory levels of reliability. Brennan and McClenaghan (1978) developed a psychometric tool they called the Transaction Behavior Questionnaire (TBQ), which aimed to measure four important concepts of TA theory including ego states; however, this method also displayed subpar psychometric readings. Even though the authors reported a high clinical validity using the TBQ, they did not fully discuss the convergent validity (correlations between the TBQ and constructs represented in other related instruments). In the 1980's, Williams and Williams (1980) developed a procedure to evaluate the ego states and their functional aspects using an adjective classification procedure, known as the Adjective Check List (TA-Scales), developed by Gough (1960). In this investigation, fifteen specialists in TA theory classified 300 adjectives according to the ego states. A total of 65 adjectives were selected as valid representatives of the investigated ego states. The objective of this study was to develop a classification of adjectives which could assist the patient in the description and scoring process involved in the construction of an egogram. Although the results of the Williams and Williams study pointed, once again, to a possible relevance in clinical applications, there were no psychometric

reliability parameters reported in the investigation. Subsequently, Turner (1988) proposed the creation of a projective instrument, the Parent-Adult-Child Drawing Task (PAC-D), developed in order to assess the ego states during the therapeutic process; this instrument presented with a non-validated interpretation method and poor psychometric quality.

In the 1990's, Suematsu, Shinzato and Wada (1993) proposed an instrument to assess five ego states, known as the Tokyo University Egogram. Since then, numerous investigations used the questionnaire, indicating good psychometric qualities (Bando, 2018; Bando and Yokoyama, 2018; Shinoda, Nakashita, Hamada, Hirono, Ito, Miyagi ... and Maeda, 2018; Yokoyama and Bando, 2018, 2019). However, this instrument has only been validated for use in Japan and China (Vos & van Rijn, 2021).

Loffredo and Omizo (1997) proposed a self-report questionnaire known as the Ego State Questionnaire (ESQ). This instrument was validated based on content validity criteria and showed a psychometric reliability index (*Cronbach's alpha*), considered modest. Loffredo, Harrington and Okech (2002) expanded on this investigation by carrying out a new analysis and introducing new items to this questionnaire, which resulted in a revised version of the instrument consisting of 40 items (Loffredo, Harrington, Munoz and Knowles, 2004) and showed good psychometric ratings. However, despite the significant advances obtained by Loffredo et al. (2002, 2004), this instrument still does not have a broad translation nor a cross-cultural adaptation. Laghi, Crea, Filipponi and Cavallero (2020) investigated the psychometric properties of the Italian version of the ESQ-R and showed a good construct validity of the five ego states. However, the reliability index of Adapted Child (AC) was relatively low (.57). This fact may suggest the need to represent AC as a state composed by distinct dimensions characterised as Submissive Child and Rebellious Child.

Method

Participants

The present study had the voluntary participation of 295 healthy individuals, of both sexes, distributed in the age group of 18 to 70 years. Table 1 presents a summary of the demographic information of the investigated sample. All procedures adopted in this investigation were approved by the Research Ethics Committee of the Federal University of Uberlândia, Brazil.

Instrument

Initially, 70 items were proposed, taking into consideration the theoretical aspects of ego states (Berne, 1985; Heathcote, 2010; Laghi et al., 2020). Items were constructed taking into account the characteristics of the six ego states:

Variables		Frequency	%
Sex	Male	137	46.44
	Female	158	53.56
Age	18 – 20 years old	108	36.61
	21 – 30 years old	110	37.29
	31 – 40 years old	40	13.56
	41 – 50 years old	19	6.44
	51 – 60 years old	11	3.73
	61 – 81 years old	07	2.37
Level of Schooling	Completed basic studies	3	1.02
	Yet to finish high school	13	4.41
	Completed high school	63	21.36
	Yet to finish college	169	57.29
	Complete college	29	9.83
	Obtained a graduate degree	18	6.10
Civil Status	Single	212	71.86
	Married	76	25.76
	Divorced	04	1.36
	Widowed	02	0.68
	SR	01	0.34

Note. SR = No answer

Table 1: Sociodemographic data (295 participants)

- **Critical Parent:** represented by behaviours that reflect the structuring of norms, principles and precepts that can present positive and negative aspects. Its positive aspect is the behaviours that represent guidelines towards others that aim at their protection and well-being. Its negative aspect is expressed in discounting behaviours and non-constructive criticism about the actions of others.
- **Nurturing Parent:** represented by behaviours towards others that reflect sheltering, encouragement and recognition in the face of the need for attention and care. Its negative aspect is manifested in harmful behaviours when excessive solicitude becomes an obstacle to the development of autonomy.
- **Adult:** represented by behaviours that reflect the integration of feelings, the analysis of objective data, information and experiences of the here-and-now, as well as knowledge about everyday reality. Its positive aspect is assertiveness and thoughtfulness. Its negative aspect is manifested in excessively rational and emotionally detached behaviours.
- **Free Child:** represented by behaviours that reflect the fundamental needs for interaction, emotions and sensations that naturally emerge in early stages of development in the individual and ignore rules established by parental limits. Its positive aspect is the flexibility and openness to new experiences. Its negative aspect is irresponsible behaviour and lack of restraint.
- **Adapted Child - Submissive:** represented by adaptive submission behaviours. Its negative aspect is the excessive need for approval and passivity in face of what is imposed on it. Its positive aspect is represented by behaviours that reflect social adaptation.
- **Adapted Child - Rebellious:** represented by behaviours of opposition to the rules in order to draw attention in a contesting manner, it is cunning, rebellious, envious, disorderly and takes pleasure in opposing whatever or whoever. Its positive aspect is represented by questioning behaviours that reinforce autonomy.

The items were subjected to a qualitative assessment as to the theoretical relevance, the clarity of language, and the practical pertinence. Each item was analysed by experts in therapeutic practices and members of the National Union of Transactional Analysts (UNAT-Brazil). After this preliminary qualitative analysis, and conducting theoretical and semantic adjustments, the items was answered by the sample of participants through a Likert scale of five points (0) Not at all characteristic; (1) Not very characteristic; (2) Characteristic; (3) Very characteristic, and (4) Totally characteristic.

Procedure

The participation was voluntary and the responses were anonymous. Participants responded to the inventory in a suitable place. The inventory took between 20 and 30 minutes to complete.

Data analysis

The JASP program version 0.14.1 (JASP Team, 2020) was used to analyse the data. An exploratory factor analysis (EFA) was performed with an estimation method of principal axis factoring with varimax orthogonal rotation solution to explore the factor structure of the inventory. The reliability of scales was estimated using the McDonald's reliability index and values above .70 were considered desirable.

Results

The exploratory analysis of the 70 items confirmed that the six factors model was adequate. The suitability of the intercorrelation matrix for factor analysis was demonstrated by KMO (.812), and a significant Bartlett's test of sphericity ($\chi^2[2415] = 8481.872, p < .001$) suggested a suitable factor loading. The Scree Test indicated a six-factors solution as adequately fits the data (Figure 2). The factorial load analysis

suggested that 37 items are robust to represent the six factors model.

Table 2 shows the 37 items selected to represent the six factors investigated (English translation), followed by the original Portuguese version. In some aspects, the English translation will fail to catch the exact meaning in Portuguese version, but will give readers some idea of the content. Rather than include another table, we have added into Table 2 a column showing the factor loads of items for each ego state. Table 3 shows the scale parameters (reliability, mean, standard deviation).

Limitations

The instrument has been developed in one country (Brazil) and in the Portuguese language. More studies are needed for its application in other contexts. Second, many of the participants were under the age of 30 years, had not finished college and were single. These aspects limit the generalisability of the present results, and a future investigation, with a new sample, will allow us to carry out a confirmatory factor analysis of the instrument.

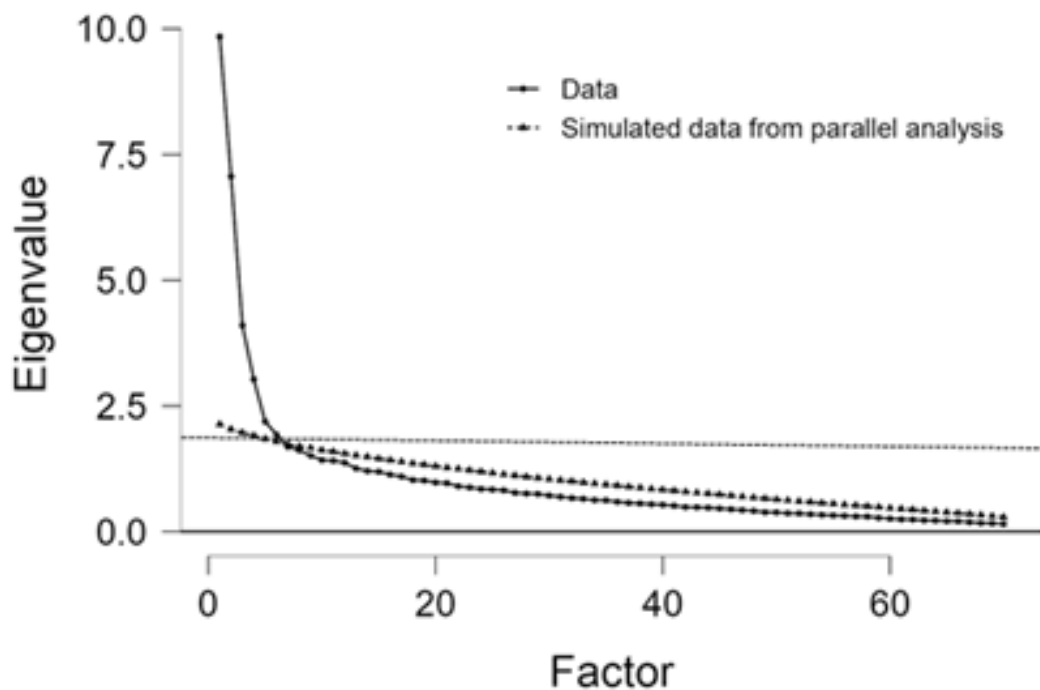


Figure 2. Scree plot of six selected factor suggested by parallel analysis.

		Exploratory factor load
CP	1. I'm happy to contradict people	.518
	2. I think about revenge when someone contradicts me	.644
	3. I have a hard time accepting people as they are	.505
	4. I like to tease people	.586
	5. I like to confront people	.513
	6. I get annoyed when people don't do what I say	.591
NP	1. I know how to deal with emotional situations	.610
	2. I'm a competent person	.599
	3. I can express my feelings	.530
	4. I feel willing to carry out activities	.520
	5. I solve the problems presented to me	.585
	6. My ideas help the development of others	.530
	7. In group situations, I get ready to perform tasks.	.380
ARC	1. I confront the rules	.402
	2. I do what I want regardless of what people will think about me	.392
	3. I feel like the world would be better without rules	.335
	4. I do what I want	.341
	5. I'm a questioning person	.315
A	1. I analyze the facts and data before making decisions	.519
	2. I make decisions based on the information collected	.528
	3. Before I take action, I take into account my information	.626
	4. I'm sincere in my opinions	.434
	5. I plan everything	.365
	6. I'm waiting for my turn to be answered	.386
	7. I'm attentive to people	.378
ASC	1. I feel like I should take care of people	.491
	2. I do other people's activities to help them	.470
	3. I'm in the habit of praising people	.354
	4. I feel it's my duty to advise others	.548
	5. I feel like I should protect people	.466
	6. Even without need, I worry about others	.494
FC	1. I like to get involved in new activities	.364
	2. I like to enjoy life	.493
	3. I like to share good times with my friends	.554
	4. I like being with spontaneous people	.351
	5. I like to go to parties	.658
	6. I like to organize festive meetings	.551

Table 2: Inventory Content (English) and Factor Loads

CP	<ol style="list-style-type: none"> 1. Sinto prazer em contrariar as pessoas. 2. Penso em me vingar quando sou contrariado. 3. Tenho dificuldade em aceitar as pessoas como elas são. 4. Gosto de provocar as pessoas. 5. Gosto de confrontar as pessoas. 6. Quando não fazem o que digo, fico irritado.
NP	<ol style="list-style-type: none"> 1. Sei lidar com situações emotivas. 2. Considero-me uma pessoa competente. 3. Consigo expressar meus sentimentos. 4. Me sinto disposto (a) para realizar atividades. 5. Quando me apresentam um problema, resolvo-o. 6. Minhas ideias auxiliam o desenvolvimento dos outros. 7. Em situações grupais, me disponho a assumir tarefas
ARC	<ol style="list-style-type: none"> 1. Questiono regras. 2. Gosto de fazer o que quero, independentemente do que as pessoas vão pensar. 3. Sinto que o mundo seria melhor sem regras. 4. Faço o que quero. 5. Sou uma pessoa questionadora.
A	<ol style="list-style-type: none"> 1. Analiso fatos e dados para tomar decisões. 2. Tomo decisões com base em informações coletadas. 3. Antes de agir frente a situações, levo em conta as informações que tenho. 4. Sou sincero(a) em minhas opiniões. 5. Planejo tudo antecipadamente. 6.guardo minha vez ao ser atendido(a). 7. Sou atencioso(a) com as pessoas.
ASC	<ol style="list-style-type: none"> 1. Sinto que devo cuidar das pessoas. 2. Faço atividades de outros para ajudá-los. 3. Costumo elogiar as pessoas 4. É meu dever aconselhar os outros. 5. Sinto que devo proteger as pessoas. 6. Mesmo sem necessidade, me preocupo com os outros.
FC	<ol style="list-style-type: none"> 6. Gosto de me envolver em novas atividades. 7. Gosto de aproveitar a vida. 8. Gosto de compartilhar bons momentos com meus amigos. 9. Gosto de estar com pessoas espontâneas. 10. Gosto de ir a festas. 11. Gosto de organizar encontros festivos.

Table 2 continued: Inventory Content (Portuguese)

	Reliability	Mean (sd)
Scales	ω	General
CP	0.75	.803 (.676)
NP	0.79	2.414 (.694)
ARC	0.70	1.641 (.768)
A	0.72	2.882 (.608)
ASC	0.72	2.418 (.701)
FC	0.75	2.680 (.740)

Note. CP = Critical Parent, NP = Nurturing Parent, A = Adult, FC = Free Child, ARC = Adapted Rebellious Child, ASC = Adapted Submissive Child. (ω) = McDonald's omega.

Table 3: Scales parameters (reliability, mean, standard deviation)

Conclusion

TA theory leads us to hypothesise the existence of a certain amount of psychic energy allocated in each of the ego states. This psychic energy is called cathexis (Berne, 1961; Heathcote, 2010; Messina & Sambin, 2015) and expresses the magnitude of the characteristic behaviours of each ego state, which, in turn, characterises the personality patterns. The present investigation aimed to propose a new psychometric instrument to objectively measure the ego states. This instrument is characterised by six factors: Critical Parent (CP), Nurturing Parent (NP), Adult (A), Free Child (FC), Adapted Child – Submissive (ACS), and Adapted Child – Rebellious (ACR). This instrument allows the representation of an egogram of six ego states. Although it requires more research to better confirm the validation of the instrument (confirmatory factor analysis with a new sample), this instrument is promising and can be used in monitoring the progress of therapeutic interventions.

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Interpretative Phenomenological Analysis of Therapists' Experience of Working Through the COVID-19 Global Emergency using Transactional Analysis

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Abstract

This is a qualitative research study using Interpretative Phenomenological Analysis (IPA) (Smith, 1995) into the experiences of UK-based Transactional Analysis therapists working with clients prior to and during the COVID-19 global pandemic. Aimed at identifying what it is like to transition from working therapeutically in established, predominantly in-person, relationships with clients to abruptly having to manage major adjustments both personally and professionally in parallel with clients navigating analogous challenges in their own lives, findings suggest that the participants experienced traumatic stress reactions. Participants initially felt unprepared to manage the multiple challenges of moving from in-person to online therapy with clients. In addition to technological and ethical issues, they experienced changes to the quality and nature of the therapeutic relationship. However, they also found positive aspects of online working as time progressed and experienced a sense of professional empowerment. They perceived the role of professional bodies and training establishments as significant. The diversity of online training available across countries and communities was appreciated although the quality of the learning experiences varied.

Introduction

This article describes a research study using Interpretative Phenomenological Analysis (IPA) with three Transactional Analyst therapists before, during and emerging from the COVID-19 pandemic, first declared by the World Health Organisation (2020).

The motivation for conducting this research originated from my own personal challenges home schooling young children alongside working as a therapist and running a busy multi-therapist practice at this time. Juggling work and family life often felt chaotic and stressful. I was acutely aware of my own vulnerability during this period and the idea for this research

followed discussions with colleagues, many of whom described similar struggles.

This study aims to document, through the words of the therapists, the feelings and thoughts which arose and different stages of the crisis as it unfolded.

Literature Review

The COVID-19 pandemic was a major global health crisis. The World Health Organisation (2022) stated that as at 13 May 2022 there had been over 517,000,000 confirmed cases, including over 6,260,000 deaths. Such extensive outbreaks are associated with "adverse mental health consequences" (US National Library of Medicine National Institutes of Health, 2020). At the time of writing (February 2022), available literature related to what these consequences might look like has emerged from only a few of the countries affected by COVID-19 and may not reflect the experiences of those living in other regions.

Existing literature on the COVID-19 pandemic related to mental health was retrieved via a literature search of reputable online sources such as PubMed and Google Scholar, academic journals, and podcasts. Published articles and broadcasts were classified according to their overall themes and summarised. Although quantitative research data has been published, depth studies and longer-term outcomes are not currently available whilst the pandemic continues. The lack of qualitative data currently available was a significant influencing factor in the initiation of this research and more research is needed.

Literature addressing the mental health impact of COVID-19 on the general population

At 28 March 2022 the data showed that the number of individuals in the UK contacting the NHS for support with mental health issues was now at a record high (UK Parliament, 2021).

The UK-based Mental Health Foundation (2021) produced a report which suggested that on a population-wide basis “the negative mental health effects of the pandemic are likely to last much longer than its physical health impacts. The effects of physical distancing, social isolation, and lockdown on individual mental wellbeing, as well as the loss of a loved one, increase the mental health challenges for the UK population” (p.2).

This trend is supported by a quantitative study by Brooks, Webster, Smith, Woodland, Wessely, Greenberg & Rubin (2020) in *The Lancet*, which stated an increase in self-reported mental health difficulties as a direct result of COVID-19 including anxiety, depression (16-28%) and stress (8%). Researchers are also investigating the direct effects of the virus on the brain and the mental health consequences of infection.

The Mental Health Foundation further highlights how mental health difficulties are unequally distributed across society, with some social groups bearing much more of the mental health burden than others. The negative impacts are largely dependent on people’s socioeconomic status with groups such as: single parents, the unemployed, young adults, those with long-term disabling health conditions and pre-existing health conditions much more likely to report mental distress than the population as a whole (p.3-4).

This suggests that the COVID-19 pandemic presents an immense mental health as well as physical health challenge to UK society. These needs arise in the context of underfunded mental health services facing a care backlog and long waiting lists. Whilst there is no vaccine to protect us from the mental health impact of the virus, the evidence strongly indicates that funding for mental health should be given equal priority with physical health, as outlined in the UK National Health Service (NHS) Long Term Plan (2019). Governments, public agencies, and communities must also work together more broadly across society to reduce inequalities, support resilience, and protect those most at risk of harm to prevent mental distress from escalating into severe and enduring mental health problems.

Literature addressing the mental health impact of COVID-19 on healthcare workers

Several papers published in China indicate that healthcare workers, including mental health workers, were at a significantly higher risk of adverse mental health outcomes during than prior to the pandemic. Reasons for this included longer working hours, risk of infection, shortages of protective equipment, loneliness, tiredness, and separation from families (Kang, Li, Hu, Chen, Yang, Yang, Wang, Hu, Lai, Ma, Chen, Guan, Wang, Ma and Liu, 2020).

This is supported by Professor Sir Simon Wessley, King’s College London regius professor of psychiatry, who carried out a study into the impact of COVID-19 on NHS staff (Policy Institute, 2021). Although this study carried out across 20 NHS trusts is still in progress, results so far suggest substantial mental health challenges for many NHS staff during the pandemic, reflective of the general population. The study’s preliminary data estimates that in 2019, one in ten people in the UK suffered with depression, and in 2020 this increased to one in five. In the NHS, Wessley reports in a podcast interview that this is also true, although it is “not a single picture ... some groups are doing better than others and for example I’m afraid as ever, doctors are doing better than nurses and they are doing better than ancillary staff” (NHS Providers, 2020). Early findings indicate that there may also be differences in the staff’s ability to access support. It is suggested that leadership, particularly in frontline supervisor roles – has “an important impact on staff mental health and in creating a supportive working culture within the NHS” and that informal interventions such as ‘time-out zones’ and ‘wobble rooms’ appear to be more powerful than more traditional forms of support such as Employee Assistance Programmes (EAPs) (Policy Institute, 2021, p.5-6).

In the USA, Sampaio, Navarro Haro, De Sousa, Melo and Hoffman (2021) conducted a 29-item online survey of American therapists which reported a 39% increase in the number working online with clients during the pandemic versus previously. This study also reported high treatment effectiveness using tele-psychotherapy and a significant increase in how burned out the participants felt during this period. The subjects of this research, however, were self-selecting and therefore not necessarily either a representative or objective sample of therapists from across the nation.

Transactional Analysis literature and COVID-19

In addition to the tragedy of the millions of lives lost globally, the rapid spread of COVID-19 has, as previously indicated, highlighted social disparities and injustices in both the UK and globally. To date, transactional analysis (TA) literature related to COVID-19 has focused on describing these as well as other shifting cultural paradigms.

Shadbolt (2020) writes passionately of the interconnectedness of politics, society and mental health and introduces the concept of the ‘COVID Third’ which “accounts for the life-changing impact of the pandemic” (p.1). Whilst opinion-led, rather than research based, her paper serves to both historically contextualise and encapsulate the zeitgeist in portraying the changed nature of the client-therapist relationship during this period and encourages practitioners to “acknowledge, accept and face the

shared vulnerability without losing the self-agency of the therapeutic relationship..." (p.10).

Campos (2021) further described how the COVID-19 pandemic has exacerbated inequalities - illustrating how the negative effects of ageism has resulted in older persons often being classified "...as having the lowest priority for life-saving treatment regardless of other factors, such as functional health status..." (p.357). In the same issue, Barrow and Pandya (2021) widen the scope of the problem and highlight how the pandemic has drawn attention to 'global inequalities' related to health care, clean water and regional epidemics and the interconnected nature of our planet; "...it has taken this peculiar time...to discover that the deep wound of the Earth itself is our species' wound too, that we are interconnected with everything else that lives on this planet" (p.302).

Study Objectives

The aim of this research was to document the experiences of TA therapists who have worked with clients through the COVID-19 pandemic and to conceptualise their experiences using TA.

The researcher conducted a small-scale qualitative study using Interpretative Phenomenological Analysis (IPA) (Smith, Flowers and Larkin, 1995).

Participants would be invited to describe their experiences focusing on their feelings and beliefs so that a better understanding of the impact of working therapeutically through a global crisis might be achieved.

By focusing on the emotional and cognitive processes of the participants, the emerging themes would be a reflective account of what it is like to work through a social emergency which impacts upon both therapist and client simultaneously.

These themes would be analysed and interpreted using TA concepts, with the intention of supporting therapists in understanding which intra and inter-psychic processes might get evoked at such times.

In using IPA, I describe the shared experiences and perceptions of three TA therapists and interpret their experiences using the concepts of TA. I did not set out to analyse the transcripts with a specific TA concept in mind but to let the accounts speak for themselves.

Methodology

Interpretive Phenomenological Analysis (IPA) was selected because it invites the individual to talk about and reflect on their experiences and how they have made meaning of what has happened to them. This is in turn analysed by the researcher creating a double hermeneutic (McLeod, 2011; Pietkiewicz and Smith, 2012; Smith, Flowers and Larkin, 2009). McQuaid (2015) makes the point that this correlates with the TA

concept of script (Berne, 1972) in that each individual's life script is unique to them and may not "necessarily make sense to someone else as they have a different Script and view life through an alternative frame of reference" (Schiff, 1975; cited by McQuaid, 2015, p.32).

Sample sizes are usually small to allow for an in-depth analysis and it is this depth rather than a broad overview across numerous participants which is one of the main strengths of IPA (Hefferon and Gil-Rodriguez, 2017; McLeod, 2011).

Firstly, a web-based demographics questionnaire was sent to participants in order to establish quantitative factual information concerning, age, living situation, length of time practicing as a therapist, etc. (Appendix A).

Secondly, IPA (Smith, 1995) was applied to data from all three participants who shared their experiences during semi-structured interviews, based on questions shown in Appendix B aimed at prompting the feelings and beliefs that arose from their experience. This method was adopted to ensure participants were asked the same questions in order for comparisons to be made whilst offering the flexibility to pursue specific individual experiences in depth. The researcher asked for further information at relevant points and sought clarification as needed.

The questions were grouped into the three time-separated categories intended to elicit a perspective of how the therapists' experience changed as events unfolded. The first question invites the therapists to provide a working and familial context pre-COVID. Question 2 invites participants to consider how they thought and felt differently in the pre-lockdown phase of the UK pandemic. Question 3 focuses particularly on the 'precise moment' of the government lockdown announcement to encourage a specific separation regarding how participants felt about themselves before and after this seismic material societal change. Questions 4-6 were intended to explore feelings towards the change in living and working circumstances during the pandemic itself. Finally questions 5-8 invite reflection and consideration of how they are feeling and working now as we exit the pandemic.

The interviews were held online and recorded over a video conferencing platform. All therapists invited were already very capable of working with their autonomic nervous systems (Rothschild, 2000) and returning to Adult (Berne, 1961) to avoid being overwhelmed.

Afterwards, verbatim transcripts were produced and read through multiple times to ensure that a general sense of the whole nature of the participants' accounts were obtained. Notes were made of each transcript to identify any common themes and specific words and

phrases were highlighted including the use of metaphor and euphemisms. Attention was also paid to the coherence of narrative, hesitation, and pauses.

Following individual analysis of the transcripts, the researcher compared the emerging themes with the other transcripts. Themes and sub-themes were subsequently defined more precisely, and inter-relationships identified to make statements intended to provide an account of both the meaning and spirit of the participants' experiences.

Having completed this initial analysis, the researcher sought for explanations using TA to further reflect upon the data received. These TA concepts were allowed to emerge from the analysis already undertaken, rather than searching for the theory from the outset.

Study participants

Recruitment was carried out through a call for participants in the TA community of the researcher. All three therapists interviewed were recruited from the professional networks to which the researcher belongs. Names have been changed to maintain anonymity. Participant demographics are shown in Table 1.

All participants were selected for invitation based on having worked for a significant length of time in private practice prior to the pandemic. This was to be able to draw comparisons in the study to changes experienced by the participants over time as the pandemic progressed. The invitation to take part was initially sent to several therapists via email.

All participants worked in private practice. Carla and Rachel also worked in a larger group therapy practice.

The material covered was stimulating for all participants as the pandemic had not been declared 'over' at the time the research took place. All three participants reported in conversations which took place after the research had been completed that the reflective process of the interviews was useful for furthering understanding and making meaning (Levine, 1997) of their experiences.

Ethical Considerations

The ethical procedures of The Berne Institute and Middlesex University were followed, including submission of the proposal to undertake this research. This was accepted which meant that the participants were satisfied that the project paid attention to and demonstrated ethical governance in carrying out the research.

All participants were informed of the nature and purpose of the project. This included a copy of the research proposal, details on how the research would be conducted, the amount of time involved for the participant, potential risks, benefits, confidentiality, and possibilities for opting out at any point (Appendix B). A permission request was presented to participants. Interviews were arranged with the participants and time was given for them to discuss and question the nature of the interviews. Confidentiality and anonymity were assured for participants and any clients or family members mentioned during the interviews.

Participant	Gender	Age Range	Years Worked as Therapist	Number of clients seen in typical week	Number living in household pre-pandemic	Number living in household during pandemic	Professional Bodies
Carla	Female	55-64	11	20+	2	2	UKCP, UKATA, NSC
Rachel	Female	45-54	6	15-20	2	2-6	BACP, UKATA, IARTA
Harry	Male	49-54	Over 15	20+	2	2-8	BACP, UKCP

Table 1 - Participant Demographics

Participants were encouraged to gain support through friends and family or from another therapist should any aspects of the research prove distressing.

It was emphasised that the participants could withdraw from the study at any stage in the proceedings; all were happy to proceed. Permission was gained for recording and details were given of how to raise a complaint or concern with the researcher's supervisor should the need arise.

This project was devised as a result of the researcher's experience of living and working with clients through the COVID-19 pandemic. A balance was therefore required between accounting for the researcher's own experiences, including being open about any prejudice she may have, and the experiences of the participants in the project. As it would not be possible to be aware of all my own preconceptions in advance, IPA was specifically selected for this project for its hermeneutic emphasis in which "reflective practices, and a cyclical approach to bracketing are required" (Smith et al, 2009, p. 35).

Consideration was also given to the potential for positive bias in favour of the participants as this was a piece of 'insider research' (Herr and Anderson, 2005) in which all participants were personally known by the researcher. There are advantages and disadvantages to this position versus research conducted by an 'outsider'. However, I agree with the authors when they argue that "knowledge production from all positions is valid as long as one is honest and reflective about one's multiple positionalities" (p.26).

Ethically, this requires me to acknowledge my own subjectivity whilst accounting for the fact that the interviews will also be subjective from the participants' perspectives as it is the phenomenological experience which is being investigated.

In addition, I sought supervision throughout this project from my Clinical Supervisor and Academic Adviser.

Results

Themes Identified

Table 2 illustrates the three main themes that were identified: the personal impact of the pandemic on the therapist, with two sub-themes; the professional impact of the pandemic on the therapist, with three sub-themes; and the perceived role of professional bodies and training establishments, with one sub-theme.

Each of these themes is addressed below using quotes of the participants.

Theme 1: The personal impact of the pandemic on the mental and physical health of the therapist

This theme addressed how the participants experienced themselves; specifically, the impact on their physical and mental health.

Sub-Theme 1: Physical Safety Concerns

All three participants stated that they felt physically vulnerable and frightened for themselves and their friends and family both prior to (Q2) and at the precise moment when the first lockdown was announced (Q3).

"I'm on the extremely clinically vulnerable list ... and at times, (I was) thinking, well I'm just going to die if I get this. I won't survive it. At moments I was really, really scared ... it was a horrible time." [Carla]

"I remember there being this great statistic where if you met these criteria, you were much more at risk ... and of course I've got all three ... And I remember thinking 'Oh Shit!' ... I was scared ... it was like becoming obsessive compulsive in terms of clean. I was detoxing, washing, sterilising hands, and spraying everything." [Harry]

	Main Theme	Sub-Theme
Theme 1	The personal impact of the pandemic on the physical and mental health of the therapist	Physical Safety Concerns
		Feelings Evoked
Theme 2	The professional impact of the pandemic on the therapist	Preparedness
		Changed Relationship with Clients
		Professional Empowerment
Theme 3	The perceived role of professional bodies and training establishments	Gains and Losses

Table 2: Themes and Sub-Themes

"I think some of those concerns were about not knowing what Coronavirus was, what it looked like and how it was going to strike... And things like my mum lives abroad.... the idea of if something happened to her, I wouldn't be able to get there. Would I be able to go if she was ill?" [Rachel]

Sub-Theme 2: Strong Feelings Evoked in Participants

This theme was noted in that all participants reported new and strong feelings in relation to the impact of the pandemic's enforced restrictions, pressures, and limitations on their lives. The predominant feelings reported were fear and vulnerability related to physical safety concerns (sub-theme one), shock, anger, and heightened anxiety (high levels of hyperarousal) alongside a sense of personal responsibility to 'keep calm and carry on'.

Shock

"I definitely felt initially, like things were going to be quite short term ... I had no inkling that schools would shut down or anything like that ... a sort of circuit breaker mentality that maybe they'd be two weeks where we'd all be locked in our homes, and then we'd all be sort of let out again." [Rachel]

"We go through this traumatic reaction; we go through shock and denial and disbelief, and we act out ... I think for me ... being a bit of a rescuer ... I just wanted to be this heroic character that would manage every condition ... At no point did I question myself and think I need to stop seeing clients ... in that style of just persevering ... I felt more than ever actually that it [psychotherapy] needed to continue." [Harry]

Anger

"... I had letters saying, you literally have to, you've got to stay in your bedroom. You can have your meals up there. You can come out occasionally, but you mustn't even mix with people in your house ... I got quite angry about it ... if I get this I'm probably going to die and what's that going to be like? I'm leaving my family. Yeah, I definitely felt angry about it." [Carla]

"... you know, politically, I was so disillusioned and angry ... I just didn't quite know where I was, I remember feeling disorientated by it." [Harry]

"... I think I felt quite angry, but I think a lot of the anger was anger at myself for sort of (pause) ... running before you could walk ... I think part of it was that I hadn't really taken into account what the pressures were going to be on me personally and how I was going to struggle..." [Rachel]

Anxiety

"I was aware that I was in this unknown time, and I remember feeling quite agitated and frightened,

frightened, and a bit avoidant if I'm honest ... it was sort of almost like a pre-war feeling... huddling together with the family hearing these announcements." [Harry]

"I worried more about my vulnerable clients and wondering ... am I projecting things onto this person about my own worries and my own family? ... I feel like parallel process was a big thing..." [Rachel]

"When things opened back up ... for me that was more triggering ... that worry of going back out ... it was really quite scary ... being near people ... thinking is it on my hands? On the chopping board? Where is it?..." [Carla]

Theme 2: The professional impact of the pandemic on the therapist

This theme relates to the impact of the pandemic on the working lives of the participants. Prior to COVID-19 all three therapists had only ever worked in-person with their clients and felt they were required to transition practically 'overnight' to working online with their clients in order to keep their practices alive. Challenges included both the practical and relational aspects of transitioning quickly to a new model.

Sub-Theme 1: Preparedness

At the start of the first lockdown in March 2020, all three participants reported that they felt uncertain, unprepared and under-resourced to manage not only the technical difficulties of moving to an online model of therapy but also the robust challenge this presented to their frame of reference (Schiff, 1975) in a deeply held notion that working in person was unequivocally "better" than any alternative.

Will They Come?

Initially, for both Rachel and Carla there was uncertainty and anxiety as to whether their income would dry up completely as they were not at all sure that clients would be happy to move to an online way of working. Harry could envisage moving to telephone therapy but also was unclear as to how many clients would be willing to work this way.

"...I thought when I ask them [clients] to go online are they all just going to disappear? I don't know why but I certainly remember thinking, oh am I going to have any clients? Are they all going to want to do this?" [Rachel]

"...there was a little bit of for God's sake, this is completely the wrong time ... I'm not going to have any money. I convinced myself I would be on the breadline..." [Carla]

"I was a complete technophobe ... no kind of skill with technology at all. ... I didn't even know Zoom existed. ... I was thinking it would be all on the telephone ... I was lucky that I wasn't just found waving a white serviette in the air for two years at least!" [Harry]

Core Beliefs Related to In-Person Work

"I'd had no experience of working online with clients ... no experience with my own therapist of being online so my knowledge around that was quite limited ... my belief was that it would be a lot better face-to-face and in person ... I didn't offer that [online] and nobody asked. So everybody I saw was in person." [Carla]

"...you lost a bit of the person to person; I think that there was a lot of fantasy for me around that sort of embodied experience ... it raised a kind of not good enough belief in me ... a sort of is this [online work] the best experience you can offer? Is this really professional? ... I think the potency of being in a room with someone to me feels greater than not" [Rachel]

"I was a bit of a snob about it... I sort of felt like the room had a very nostalgic setting ... my office was a really sacred space...the container for a great deal, you know ... the room would really get used by clients in terms of their projection ... the client would give you lots of information by being in the room..." [Harry]

Technological Challenges

"At the beginning ... I was shouting at the screen ... sitting forward too much ... I felt almost like I was needing to keep the internet up ... bolstering the connection by putting more energy into your therapy sessions. So it was exhausting ... because I wasn't comfortable with it." [Harry]

"...if I'm with a client, in my private practice, that's upset, I might lean forward or push the tissues, you know, as an example, but you can't do that online. You know, and if I lean forward into the screen, that could be more intimidating ..." [Carla]

"I think there was another challenge in that sometimes people wanted to introduce you to their whole family and bring in the dogs..." [Rachel]

Sub-Theme 2: Changed Relationship with Clients

Every therapist reported a shift in the nature of their working relationships with clients in moving to online therapy. This included an increase in feelings of anxiety and ethical responsibility as some 'at risk' clients were unable to work online safely at home as well as a material challenge to traditional client/therapist boundaries. The psychosocial and political contexts also became a more significant and shared aspect of the co-created (Summers & Tudor, 2000) therapeutic frame.

"I felt quite sad ... I understood why they wouldn't want to work [online] but I could also see that these two women both needed the support and the help. I felt sad for them ... on a human level. But you know, gosh, also ... I was concerned for them ... how are they going to manage during this time?" [Carla]

"...with the young people that I work with, I think their environment and allowing them that space was a challenge because parents would sometimes come in and just making sure the doors were shut off – things like that they hadn't even thought about ..." [Rachel]

"I was now having the strangest of meetings with my clients ... answering Zoom calls on their beds ... smoking, drinking, being on the move ... in all sorts of peculiar landscapes ... so different boundaries were immediately being presented, because the room that I held was no longer relevant." [Harry]

"I remember being more relational, maybe in a way sharing more of myself ... I felt less intellectually defended from it, you know, I didn't have an amount of theory that I could say, this is what we do ... this is what pandemics look like, you know, here's the response..." [Harry]

Sub-Theme 3: Professional Empowerment

As time went on the participants become more comfortable working online with clients and able to challenge ethical concerns from a more Adult (Berne, 1961) position which supported their sense of professional growth and empowerment. All therapists reported that they now perceive their future working lives as encompassing a permanently 'blended' model of in-person/online working.

"The way I work has changed in that I now feel confident to work online, it has changed my beliefs about what that would be like ... I am now proactive in offering that as an option ... I still prefer face-to-face, but I've definitely become less rigid in my thinking ... And it does work. And for some people, it's a really good, positive thing ... they like working in that way. So yes, it's changed my belief system." [Carla]

"I think if I'm honest, I will do this blended ... it sounds awful as it sounds like a sort of, sort of a scam, but I'll give my clients the choice the option to, to experiment with coming and going and finding me [in-person] or online" [Harry]

"...there have been some really special moments online, which I think, do show me that. It's different. It's a different experience. But that's not to say it's better or worse. And maybe for some people, there is a safety in online therapy that allows them to access it that they wouldn't do, where they're to be face to face, that might feel too much." [Rachel]

Theme 3: The perceived role of professional bodies and training establishments

Both Carla and Rachel described how it took some time for guidance to be available for therapists from professional bodies. All participants identified that they needed to work hard to identify gaps in their own knowledge and prepare themselves for transitioning to

online work. They found it helpful that training was made available to them online from registered training establishments, especially at the start of the pandemic. However, concerns were raised that competition between organisations seemed to increase during this period and organisational politics sometimes interfered unhelpfully in the learning process. Therapists also identified a lack of speed, consistency, preparedness, and clarity from umbrella organisations such as the British Association for Counselling & Psychotherapy (BACP) and the UK Council for Psychotherapy (UKCP) particularly in relation to the ethics of working online with clients.

"I was aware then that I was moving online with clients ... I think I was really nervous. I think I was. I'm also really aware, I'm someone who loves a course and can't do enough training. And, and I think I was really aware of wanting to sort of get some sort of online training and really feel like I was ready to go online rather than I did feel - like I was sort of winging it a bit and not really knowing where to go ... particularly around [managing] confidentiality" [Rachel]

"I think that in some of my experience of the training, there's, in some ways that's been really brilliant loads on offer, but it's my experience that there's been a bit of competitiveness in the TA world as well. That's not always been healthy. It stirred up a lot, I think for people about who's providing what, how much are people providing what's being charged?"

I've been on a couple of training things (I'll talk for myself) And there have been so many people on there, that for me, there's been too many ... so it gets diluted in the numbers ... I have been on a couple of things where there's been a huge amount of people and something for me has been lost in that ... training isn't always about 'isn't this great - we've got 150 people', it's about the quality of the training, rather than the quantity of the numbers. [Carla]

"...next time there's a tsunami or there's a disaster or whatever, you know, maybe we do need to have a strategy ... rather than just staying in our old-fashioned little rooms, trying to keep people communicating. Maybe we need to know what we're going to do and where we stand in the moments of disaster or emergency ... we need to have a maternity bag packed." [Harry]

Discussion

In addition to analysing the data into the themes described above, it can be considered more directly in terms of the timeline of the pandemic based on the original research questions.

Thoughts and feelings of therapists in the months leading up to the first official UK lockdown

Fear and vulnerability were the predominant feelings experienced by participants at the start of the

pandemic. Therapists reported most clients working with similar emotional arousal at this time and framed this as a parallel process (Searles, 1955). For both therapists and clients, their physical safety concerns and strong feelings of shock, anger and anxiety came at a time when the numbers dying from COVID were increasing exponentially in the UK. The specific emotions reported align with emerging research which indicates that traumatic stress symptoms – including traumatic stress and heightened arousal - are a common feature of living through this ongoing global stressor "which could lead to PTSD symptomology" (Bridgland, Moeck, Green, Swain, Nayda and Matson, 2021, p.1).

From a TA perspective, it is important to account for the social and political context of this period. The lived reality of COVID-19 at the end of 2019 and into 2020 included a daily digest of televised messages from the government highlighting caution and propagating an atmosphere of fear and uncertainty. With hindsight, it is possible to consider this as a form of cultural scripting (White and White, 1975) designed to prepare the 'hearts and minds' of the nation and ensure maximum compliance with the lockdown announcement in the spring.

As Shadbolt (2020), identifies, the huge personal human cost of COVID and societal inequalities were brought into sharp focus at this time. Considered within the realm of radical psychiatry (Steiner, 1975) and second wave feminism the slogan 'the personal is political' became a lived phenomenological reality reported by the participants of this study.

Moving to online working when the first official UK lockdown was announced

In the UK, therapists are classified as frontline essential workers. However, as therapists were forced to move their working practices online 'overnight', participants described feeling ill-prepared for the challenges that they and their clients would face. All three were concerned that they needed more skills on how to manage crisis situations during online therapy and were anxious about security, confidentiality, and technological competence. Therapist resistance to working online is a philosophy which should be seen within the context of training establishments and professional bodies, the Cultural Parents (Drego, 1983) of our profession, who had largely discouraged this practice until the pandemic hit and continue to perpetuate the concept of in-person therapy being 'better'. For instance, it was not until Sept 2021 (18 months after the first official UK lockdown) that the BACP updated its guidance for trainees allowing up to 50% of placement hours to be delivered online or via phone. They did concede, however, that if government restrictions continued, they would not place limits on the number of remote sessions allowed "provided you

can return to face to face work as soon as is reasonable, practical and safe to do so" (BACP, 2021).

The respondents reported an increase in mental health difficulties and symptoms amongst clients at the start of lockdown as well as concern for some vulnerable clients who could no longer practically attend. This led to an increase in demand on the therapists' own resources. This factor, alongside managing their own home lives and the switch to online therapy which required them to seek out 'just-in-time' training led to therapists feeling significantly more fatigued and overwhelmed than prior to the pandemic.

Professional bodies were perceived as being slow to react in supporting their members in practical ways. Several training organisations offered online training courses more quickly. Many of these were well-received although there was a sense of over-reaching and strategic opportunism here which led to a feeling of distrust by one of the therapists. Participants identified a future desire for increased specialised training and education.

Thoughts and feelings of therapists as the pandemic progressed

All therapists reported that their frames of reference (Schiff, 1975) and core beliefs regarding online therapy were challenged. However, all of them became more comfortable working this way as time progressed and they became more familiar with the technology and confident in enforcing appropriate ethical boundaries with clients. This led to an increased sense of competence and professional empowerment resulting in each therapist predicting they would continue with a 'blended' in-person/online model of working even post-pandemic.

All participants reported 'showing more' of themselves to clients during this period and engaged in a shared vulnerability and co-created responsibility (Summers & Tudor, 2000) in new ways which had not been available to them prior to this global crisis. Therapists illustrated how the social and political context of 'out there' demanded to be accounted for (Schiff, 1975) and incorporated into the work resulting in new relational possibilities.

Limitations and Future Research

This was a small-scale study focusing on the experience of only three people; while this is an acceptable sample size for IPA (Smith et al, 2009, p. 51) further studies on this subject with an increased number of participants using an alternative research method such as focus group discussions (FGDs) would provide a larger body of evidence of similarities and differences of therapists' experience. This study also refers only to TA psychotherapists working in the UK; it would be interesting to conduct the research

again with therapists from other countries and of different therapeutic modalities.

The researcher kept the questions as open as possible to let the subjective experiences of the participants be heard. Consequently, there is a risk that the data is not fully corroborated because there is no certainty that the recorded perspectives of the participants' did not include any misunderstandings or confused communication. The researcher's own subjectivity will also have played a part in how the data was analysed. In addition, as previously discussed, this is a piece of 'insider research' (Herr & Anderson, 2005) so there is the potential for positive bias in favour of these participants as they were all personally known to me.

It may have been pertinent to ask more probing questions on how the therapists' clients might have described working with the therapist prior to and during the pandemic or how the therapists' families experienced them during this time. However, to do so would have made this research too large and complex for IPA methodology so additional research using an approach such as in person depth-interviews from these perspectives is a consideration for future exploration.

Conclusion

The research has yielded in-depth information which supports understanding of therapists' phenomenological experiences both personally and professionally during the COVID-19 pandemic. The response to the initial questions led to the identification of three themes and six sub-themes as shown in Table 2. From these, it is possible to suggest several recommendations for future action.

Ethical Practice Implications

Therapists raised concerns about equity, as many clients lost access to therapy as their living situation changed and they were no longer able to leave the house to attend in-person therapy. Other inequities mentioned include not having privacy for sessions (living in a small house with other family members, making it hard to speak freely), not having proper access to technology as well as financial and time constraints due to changes in working arrangements, juggling work with children being schooled at home, etc.

Whilst none of the participants interviewed for this research worked during the pandemic for Employee Assistance Programmes (EAPs), this issue of fair pay arose for those who did. At the start of the pandemic many providers reduced their contracted rates of pay to therapists, some by as much as 50%, for those who were delivering phone or online services because of the enforced lockdown. After mounting pressure from professional bodies such as the BACP and the UK

Employment Assistance Programme Association, several providers agreed to back track and pay full rates (Banning, 2020).

To better assess increased inequity due to these issues, further research and advocacy in this area is recommended.

Burnout Prevention

Burnout is defined as a “state of mental and physical exhaustion caused by one’s professional life” (Freudenberger, 1974, p.159). Although working online has allowed therapists to continue helping their clients during the pandemic, COVID-19 has also increased the number of ‘traumatic stressors’ they have had to contend with. As well as supporting clients with heightened difficulties and symptoms during this period, all three therapists described a parallel intensification of their own emotional responses including stress, fear, and anger.

Professional bodies should consider offering therapists additional training in their own self-care and stress-management skills during a collective crisis e.g., mindfulness, meditation, and other coping strategies to help prevent burn-out. It is also likely that the number of therapists needed in the UK and worldwide (World Health Organisation, 2020) will need to increase to help mitigate the long-term psychological consequences of the pandemic. This requires investment from governments and improvements to the economic accessibility of therapeutic training. Research is required to determine whether computer-augmented therapy may be an economically viable support option during a crisis in the absence of enough highly trained therapists – “to help increase dissemination of effective psychological stress reduction treatments” (Sampaio, Navarro Haro, De Sousa, Melo, Hoffman 2021, p.13).

Training and Development Implications

All therapists suggested that it would have been indispensable to increase their access to training on how to use tele-health systems with their clients, including training regarding legal regulations and compliance related to online work, the need to use secured online communications, training on how to work with young people online and manage emergencies such as suicidal, self-harming or clients at risk of abuse. None of the therapists interviewed had received any training on working remotely with clients during their academic years, nor had any of their own training been delivered online prior to the pandemic.

In SCoPEd (BACP, 2022), the shared standards’ framework covering practice and education for counselling and psychotherapy developed by six bodies accredited by the Professional Standards Authority, including the BACP, UKCP and others, was updated in January 2022. The list of ‘core

competencies’ for therapists now includes six references to “technologically mediated’ therapy, including the ‘ability to identify and respond to the impact of the technologically mediated environment on issues of identity and presence, including fantasies and assumptions about the therapist and client or patient.” This is a six-fold increase on the previous version published in July 2020 in which only one rather perfunctory mention is included of considering the practicalities and ethics of “technologically mediated communication” (p. 18).

It would appear that there is a major philosophical shift occurring at the top level, which is somewhat belatedly accounting for the inevitability that technology will form a lasting and ongoing part of therapeutic professional practice. It is recommended that all therapist training courses include in-depth modules and workshops related to working and delivering training online and that future technologies and preparedness to work with whatever form these may take are included as a core part of this training. Therapists need access to straightforward, accurate information in order to immediately boost their knowledge in areas likely to arise during any future global crisis. For instance, there is growing interest and studies being conducted into the effectiveness of immersive virtual reality (VR) (Sampaio et.al, 2021) - enabling therapists and clients to feel as if they are ‘meeting’ together in a shared world. Whilst this has not yet been widely adopted into clinical practices, it is anticipated that this will form an ever-larger role in the delivery of psychological treatments into the future. Training and support should come from trusted sources such as therapists’ professional membership organisations for them to have confidence that the training they are receiving is both accurate and impartial.

Further research into the effectiveness of online therapy, training, and VR versus in-person work in a post-pandemic society is recommended. Professional bodies should assess the evidence regularly and update ethical frameworks and guidance for training organisations, trainees, and members accordingly.

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Appendix A: Demographics Questions

* 1. Name

* 2. What is your age?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

* 3. What is your gender?

- Female
- Male
- Non-Binary
- Prefer not to Say
- None of the above

* 4. Who else lives with you in your home? 0

- Partner/Spouse
- Children Aged 16+ (if yes, please specify how many in 'other' box below)
- Children Aged Under 16 (if yes, please specify how many in 'other' box below)
- Dependent Relatives (if yes, please specify how many in 'other' box below)
- Other (please specify)

* 5. Employment Status

- Employed full time (40 or more hours per week)
- Employed part time (up to 39 hours per week)

- Unemployed and currently looking for work
- Unemployed and not currently looking for work
- Student
- Retired
- Homemaker
- Self-employed
- Unable to work

* 6. How many years have you worked as a therapist?

7. On average, how many clients do you typically see in a normal working week? 0

- 0-5
- 5-10
- 10-15
- 15-20
- 20+

* 8. Which professional bodies do you belong to? (select all that apply)

- BACP
- UKCP
- UKATA
- NSC

Other (please specify)

Appendix B: Discussion Guide

1. **To begin with, could you please explain a bit about yourself, and the type of therapy work you carried out pre-pandemic?**
 - *(Prompts: Living situation, balance between online and in-person work?)*
2. **How did you feel in the months leading up to the first official UK lockdown?**
 - *(Prompts: Personally? Professionally? How do you feel this impacted your client work?)*
3. **What was your experience at the precise moment when the COVID-19 lockdown was officially announced?**
 - **How did you feel about it?** *(Prompts: Personally? Professionally?)*
 - **What did you believe about yourself as a therapist at that time?**
4. **What was your experience during the weeks which followed this first lockdown announcement?**
 - **How did you feel about it?**
 - **What did you believe about yourself as a therapist at that time?**
5. **How would you describe your experience of working through a social emergency at the same time as your clients?**
 - *(Prompt: What were the main challenges (home/work)?)*
6. **How would you describe the support available to you during this period?**
 - *Prompts: at home – family, friends, partner? professionally?)*
7. **As the country begins to open again post-pandemic, what is your experience of working with clients now?**
 - **Has anything changed in your beliefs about yourself as a therapist now?**
 - *Prompts: in what ways better/worse? Which changes do you think will last/disappear? How do you feel about these changes?*
8. **If there were a similar global emergency over the coming years, what do you believe future therapists could learn following your own experience of the COVID-19 pandemic?**
 - *Prompts: what would be a positive development/s in your opinion? what risk factors could be easily ignored/overlooked?*

Appendix C: Participant Information Sheet

Therapists' Experience of Working Through a Pandemic Alongside Their Clients

I would like to invite you to take part in this study which will be exploring the views and experiences of a small number of therapists who have worked through the COVID-19 pandemic alongside their clients.

You will be asked to participate in a short, written questionnaire as well as a longer in-person or online discussion ('interview'). The purpose of this discussion is not to test you or your knowledge but to ask simple questions to learn about your lived experiences, beliefs, and feelings.

What is the purpose of the study?

The aim of this research is to document the experiences of TA therapists who have worked with clients through the COVID-19 pandemic and to subsequently conceptualise their experiences using TA.

You will be invited to describe your experiences focusing on your feelings and beliefs so that a better understanding of the impact of working therapeutically through a global crisis might be achieved.

By focusing on your emotional and cognitive processes, the emerging themes would be a reflective account of what it is like to work through a social emergency which impacts upon both therapist and client simultaneously.

These themes will be analysed and interpreted using TA concepts. The intention is that your participation will help support current and future therapists in understanding which intra and inter-psycho processes might get evoked at such times.

Why have I been invited?

I am distributing this invitation to a small number of experienced TA therapists working within private practice before, during and after the COVID-19 pandemic.

Do I have to take part?

Participation is entirely voluntary, and you may choose not to take part, or to withdraw at any point without giving a reason up to the point at which any publication of the final research document takes place.

What will happen if I agree to take part?

You will be asked to complete a web-based questionnaire which is estimated will take you 5-10 minutes.

I will then contact you to a date and time for a Zoom interview which will be recorded (audio). This is expected to take between 45-mins to 1 hour. The interview will be informal in tone and is intended to capture the depth of your lived experience in working therapeutically through the pandemic in whichever way you choose to talk about it.

A transcript of the content of our discussion will be created after we have spoken to help me recall details of our discussion. Verbatim extracts from our conversation are also likely to be included without attribution (anonymously) as part of the writing up of this project.

What are the potential disadvantages and risks of taking part?

Participating in the research is not anticipated to cause you any disadvantages or discomfort. The potential physical and/or psychological harm or distress will be the same as any experienced in everyday life.

What are the possible benefits of taking part?

Whilst this research does not offer any immediate benefits to the participants, it is hoped that the results of this project will support therapists in understanding which intra and inter-psycho processes might get evoked during any future global crisis.

Results will be shared with participants to inform their professional work.

What if there is a problem?

Any complaint about the way you have been dealt with during the study or any possible harm you might suffer will be addressed. Contact details are provided at the end of this document.

Will my taking part in the study be kept confidential?

Yes, all personal details of participants, their views and opinions will be handled in confidence following ethical and legal practice. Any data collected about you in the online questionnaire will be stored online in a form protected by passwords and other relevant security processes and technologies.

What will happen to the results of the research project?

The results of the research will be written up and may be published although your personal information will remain completely confidential.

What if I decide I do not want to continue participating?

You do not have to provide any explanation for withdrawing from the research at any time. Simply make contact using the details at the end of this document.

If you are happy to take part:

Please take as much time as you need to consider your decision and ask any questions that you need to. If you are happy to take part, please complete:

1. Consent Form – to confirm your consent
2. Supplementary Information Form – so we know a little more about you and how to get in touch with you.

Please return these via email to the principal researcher.

Contact details

For further information about the project, to withdraw consent at any time, or to make a complaint, please contact:

Claire Daplyn (Principal Researcher) at Inner Space Counselling Ltd.
(07847 573533) or claire@innerspacecounselling.co.uk

Or

Mark Widdowson (Research Supervisor) - therapyexcellence1@gmail.com



Cross-cultural Study of Teacher Passivity through the Lens of Educational Transactional Analysis

© 2022 Anna Pierzchała, Edyta Widawska and Piotr Jusik

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Like IJTARP, the ESJR is a refereed open access publication. It covers a wide variety of topics in the fields of business and economics, and can be accessed at www.ersj.eu.

We have used minimal editing, which has included formatting and English spelling.

Abstract

Purpose: *The purpose of the article is to present the research results based on the concept of passivity in accordance with the assumptions of transactional analysis – one of the psychotherapeutic modalities in the humanistic school of thought. Passivity is defined as behaviors that block constructive and solution-oriented actions.*

Design/Methodology/Approach: *The main research methods included diagnostic surveys and questionnaire techniques. The study used the “Reality of an Educator” questionnaire by Anna Pierzchała (2013). 441 respondents provided their answers from Guatemala, Poland, the UK and Ukraine. The differences were identified using the Kruskal–Wallis test, the equivalent of a one-factor analysis of variance (ANOVA) that is commonly used for independent samples.*

Findings: *The comparative cross-cultural research on teacher passive behaviours indicated significant educational differences between countries. The lowest levels of passivity were reported in Guatemala [1] and the highest in Ukraine. The Hofstede Model of Cultural Dimensions enabled the authors to outline some generic tendencies concerning passive behaviours in the countries studied. Individually reported levels of passivity were*

bridged with cultural determinants resulting from teachers’ social functioning.

Practical Implications: *The study offers some guidelines for tackling teacher passivity and identifies strategies of enhancing problem-solving skills. The most common passive behaviour across all countries was overadaptation, which underlined the importance of developing teachers’ awareness of interpersonal phenomena from the point of view of transactional analysis.*

Originality/Value: *The research presented has not been carried out before and at this stage has an exploratory character, indicating certain inter-culturally declared patterns and at the same time determining areas for further investigation. Transactional analysis appears to be a useful theoretical construct in the design of cross-cultural comparative studies.*

Keywords

Passivity, transactional analysis, teacher, cross-cultural studies.

Introduction

A significant number of institutions and governments around the world are currently trying to improve teaching and learning, both at the individual and at the systemic level. For years, discussions have taken place internationally regarding the direction, process, and rationale for changing education systems and ensuring that every child has access to a quality education (UNICEF, 2019). Years ago, it was noted that education in its present form does not respond to the challenges of the 21st century, and the current, post-industrial educational process is outdated (Robinson and Aronica, 2009). It seems that despite numerous discussions in the field of education, much remains to be done. Taking an interdisciplinary perspective based on the concepts that have been developed beyond the strict domain of education provides valuable opportunities for

innovative diagnosis and in-depth analysis. Hence, in this study, it was decided to use elements of educational transactional analysis to offer a fresh perspective.

Introducing reforms through legislation is only a starting point, and teachers are the final agents of change that implement new strategies. Having an in-depth understanding of educators' circumstances, especially the factors that impede or hinder the transformation of teaching and learning, is useful when considering changes, both at the individual and at the structural level.

In this study, the authors used the concept of passivity derived from transactional analysis to explain the factors that may be slowing down the strategic implementation of change, considered within the context of social functioning. Unfortunately a lot of research in the field of psychology traditionally ignored the impact of culture, even though "there are noteworthy conceptual differences regarding the ways in which culture and behavior interrelate." (Segall, Lonner and Berry, 1998, p.xx). Recently, we are witnessing greater developments in social sciences that challenge the Western-centric approach to the study of human behaviour and the extrapolation of the data from WEIRD (Western Educated Industrialised Rich Democratic) societies that may lead to skewed and reductionist conclusions in psychological research (Heinrich, 2020). With this in mind, the authors took account of the need to validate intercultural the concept of passivity by comparing and contrasting teacher passivity in various cultural contexts (i.e., Guatemala, United Kingdom, Poland, and Ukraine).

Theoretical Incentive for the Research

There are a number of approaches to explain teacher functioning in the education process, one of which is transactional analysis (TA); this particular theory was originally developed in the 1950's by Eric Berne. TA is a theory of personality, a system of psychotherapy and psychological counselling, a method for improving organisations, and a description of human development that also applies to the field of education (Stewart and Joines, 2009). The creator of TA was a Canadian psychiatrist and psychoanalyst who believed that psychological concepts should be more accessible in order to effectively support individuals in times of challenge. TA is a very practical and pragmatic approach that is based on psychodynamic, behavioural, and systemic thinking (Berne, 1963) without the unnecessary use of the hermetic language of psychoanalysis. Thus, it paves the way for precise qualitative and quantitative descriptions of specific classroom teacher behaviors.

Moreover, TA enables us to formulate hypotheses regarding teachers' internal motivational mechanisms. This combination of intrapsychic processes with interpersonal processes bridges the gap between teacher phenomenology and their externally observable behaviour. Due to this, TA is becoming increasingly popular in education (Barrow, Bradshaw and Newton, 2001; Jagieła, 2004; Łęski, 1997; Pierzchała, 2010; 2013; Widawska, 2016a; 2016b).

Considering the main research problem indicated in the introduction concerning the role of teacher behaviour in the planning and implementation of changes in educational systems around the world, this study constitutes an attempt to describe a significant aspect of individual social functioning, namely passivity. Diagnosing the major passive strategies amongst teachers can be a starting point for designing policies that effectively reduce the risk of failure during educational reforms. A comprehensive picture of educational passivity is also helpful for describing and understanding interpersonal classroom phenomena that undermine the effectiveness of an educational endeavour. The very notion of passivity in TA is related to the concepts of frame of reference and discounting, which will be explained below.

Frame of Reference

People perceive reality through a specific filter of their subjectivity, called a frame of reference. "An individual's frame of reference is the structure of associated (conditioned) responses (neural pathways) [...] in response to specific stimuli. It provides the individual with an overall perceptual, conceptual, affective, and action set which is used to define the self, other people, and the world both structurally and dynamically" (Schiff, Schiff and Schiff, 1975, p.290). In order to maintain a coherent sense of self, people employ defence mechanisms that enable them to maintain their individual frame of reference. It is a process of organising and structuring perceptual stimuli that happens through redefining (Mellor and Schiff, 1975a) and discounting (Mellor and Schiff, 1975b). Individuals selectively pay attention to specific elements of a given situation, so that some aspects are minimized while others are exaggerated, which produces a final picture that is consistent with the expectations established during childhood.

Schiff, Schiff and Schiff (1975) implied that individuals have different frames of reference depending on their early experiences and parental influence. Parental and cultural impacts are crucial, because they define the way a growing child perceives reality. Interpersonal communication is possible to the extent that two people agree on

aspects of their frames of reference in order to define reality together.

In the context of education, it can be assumed that both teachers and students have their own individual frames of reference, which directly affects their perception of the teaching–learning process. Therefore, teachers representing different countries will also differ in their perception of reality, due to the various influences of their cultural conditioning.

In addition, some have frames of reference that are adequate to the here-and-now and take full account of their skills and capacities. However, some people operate from outdated, past, and inadequate frames of reference that limit their range of problem-solving skills. This phenomenon is a problem in the classroom because both teachers and students might ignore some aspects of themselves, others, or situations, and thus exhibit self-limiting behaviors. For example, in some collectivistic cultures, students speak only when the teacher addresses them personally (Hofstede, 1986). This is considered ineffective because it limits the amount of potential interaction between teacher and student. Therefore, an individual's frame of reference is crucial in determining one's performance, which, in the context of education, would equate to the quality of the teaching and learning processes.

Discounting

In order to maintain a stable frame of reference, individuals discount aspects of themselves, others, or a situation. "The person who discounts believes or acts as though some aspect of the self, other people, or reality is less significant than it actually is. Impact is reduced, usually purposefully, to maintain a frame of reference" (Mellor and Schiff, 1975a, p.295). Each of us perceives the world through their subjective cognitive structures in order to maintain a sense of coherence. The intra-psychic process that accompanies discounting consists of unconsciously recreating relational patterns established in the past. Discounting results from ignoring or omitting information relevant to a solution of a problem in a given situation (Stewart and Joines, 2009), because recognising this information as significant contradicts the perception of reality that has been established early in the parent–child relationship. Both teachers and students may discount aspects of themselves, others, or situations in the teaching–learning process, which reduces their ability to solve problems and reduces the effectiveness of educational activities.

Assuming that one of the goals of teaching and learning is to expand individual frames of reference to perceive reality more broadly (i.e., outside of the current frame of reference), the role of the teacher is pivotal in expanding students' perceptions.

The educator is the one who initiates the process of developing autonomy. Updating pupils' frames of reference and reducing discounting can be considered as one of the most crucial tasks in the teacher–student relationship, as this behaviour models thinking and creates expectations in the classroom. In this regard, it is important for educators to function adequately to the here-and-now and to become aware of their perceptual patterns that could potentially lead to overlooking important aspects of themselves, students, or any given classroom situation. This would be an ideal scenario to support learners' autonomy.

Passive Behaviors

Discounting is an internal process that manifests itself externally through passive behaviors (Schiff and Schiff, 1971). Stewart and Joines (2009) emphasized that passivity takes place when an individual ceases to perform certain activities or performs them ineffectively. In the context of education, "passivity will occur when the student ceases to be active or ceases to provide information about himself" (Jagiela, 2004, p.87). Passivity in the context of TA means any behaviour aimed at avoiding the solution of a problem situation and is associated with the restoration of limiting relational patterns from the past.

When a teacher or student stops providing information about themselves, they avoid responsibility for certain elements of the educational situation that are relevant to the teaching and learning process. Passive behaviors are separated into several categories (Schiff, 1975; Pierzchała, 2013):

- *Doing nothing*: a lack or avoidance of behaviors that are relevant to the solution of a current problem (e.g., when the class is not listening, the teacher ignores the students' behaviour and does not require them to focus on the task).
- *Overadaptation*: behaviors based on excessive adaptation of individuals to the real or imaginary expectations of others, bypassing their own goals (e.g., the teacher uses teaching methods required by the institution regardless of their professional judgement and without a fair assessment of students' needs).
- *Agitation*: a category of passive behaviors that are aimless and repetitive and only serve to discharge the tension arising when trying to solve a problem (e.g., the teacher starts walking nervously when the class is not listening, instead of trying to silence the class by talking or changing the activity).
- *Incapacitation (1) or violence (2)*: (1) can take the form of a psychosomatic illnesses, drug

addiction, or severe psychological distress, and the vector of tension is directed inwards and involves self-defeating behaviors and extreme avoidance of responsibility for solving the problem (e.g., a stressed teacher starts to reach for alcohol instead of seeking counselling or supervisory support); while (2) involves aggressive behaviors that force the environment to solve a problem that a person wants to avoid, and the vector of tension is directed outwards to escape responsibility of thinking about the situation (e.g., the teacher starts screaming at students instead of thinking about the educational difficulties of a given group and analysing behavioral input in this situation).

The behaviors described above are called passive because they enable a person to avoid responsibility and prevent active problem-solving. Students or teachers who exhibit passive behaviors will cause discomfort to those around them and force others to think and problem-solve for them, which is their subconscious goal. This is accompanied by the unconscious recreation of past symbiotic relationships (Schiff and Schiff, 1971), whereby people act as if to force the environment to look after them or to avoid having their needs met. For example, a student who does not respond at all (doing anything) can finally 'force' the teacher (overadaptation) to ask a question to another student. At this point, the student ignores their thinking capacity (e.g., not asking for help), while the teacher adapts to the scenario proposed by the student.

Such relationship patterns are mutually co-created and interdependent, because both individuals need to display complementary reactions for a symbiotic relationship to be established. It should be noted that passive behaviors are a result of discounting, so the person is not aware of ignoring important aspects of themselves, others, or a situation that would otherwise contribute to the solution of a particular problem. However, growth and learning require conscious effort, which means clearly identifying, patterns of discounting, and taking actions based on an updated frame of reference that adequately and accurately represents the individual's current resources, skills, and knowledge. This statement applies to teachers and students, though the emphasis is placed on the teacher's capacity to facilitate students' development. For this reason, identification of patterns of passive behaviors in education is necessary to create conditions for autonomous behaviour.

The first step leading toward improved contact between teacher and student in the classroom is the awareness that results from the identification of

passive behaviors. Passivity is a phenomenon that occurs when two people adopt complementary attitudes leading to an unconscious recreation of dysfunctional relational patterns from the past. For example, a teacher who yells in a lesson (violence) will be strict and demanding to enforce complete compliance from the students. Therefore, students adapt (overadaptation), instead of taking responsibility for their learning process. Awareness of these relational dynamics, especially on the part of the teacher, enables them to break the interlocking behaviour patterns and paves the way for building individual autonomy. The teacher can name their needs instead of suppressing them by aggression and can therefore take actions that will be effective in the situation (e.g., support of a school counsellor). Students can start thinking independently and change their behaviours that 'provoke' the teacher to yell. In this way, a dysfunctional relational pattern can be modified and replaced with a new one that is more relevant to the current teaching and learning situation.

Scope of the Research – Defining the Research Questions

As mentioned before, individuals belonging to various cultures hold different frames of reference resulting from their varied experiences in the parent-child relationship. Thus, their perception of the classroom situation will be a function of the cultural programming to which they were exposed. Hofstede (2011) proposed the following definition of culture: "Culture is collective mind programming that distinguishes members of one group or category of people from others" (p.3). Given the definition of Hofstede (2011) and Schiff (1975), it can be surmised that members of one culture, including teachers, will share common elements (i.e., similar perceptions and interpretations of reality) in their frames of reference. Schiff (1975) suggested that individuals differ in terms of meaning-making based on their frames of reference. Therefore, there are not only individual but also collective differences that result from cultural programming.

When examining patterns of passivity, it can be assumed that culture-specific passive behaviors result from collective and shared elements of the frame of reference represented by a particular culture. These shared elements can be compared to shared cognitive structures (Romney and Moore, 1998), which implies that they exist within specific semantic domains as related to the "pictures" of passive behaviours that exist in the teachers' minds from various cultures. Given this assumption, these can be measured with a greater degree of accuracy and, broadly speaking, allow us to connect internal cognitive representations with external behaviour.

Thus, the authors undertook a cross-cultural study of passive teacher behaviors in order to examine the factors contributing to the observed differences. The authors assumed that making meaningful cultural comparisons is possible within a broad and universal framework that also takes account of the culturally determined differences based on the specific culture (Ember and Ember, 2009). The framework used for this comparison is the concept of passivity derived from TA. Thus, the authors decided to identify the culturally specific patterns displayed by educators from various regions in the world.

Promoting autonomous and proactive attitudes is considered to be an antidote to passive behaviors that undermine the teaching and learning processes in many classrooms around the world and which prevent or slow down the effective implementation of changes. There are specific questions that arise when considering passivity cross- culturally:

- To what extent are passive teacher behaviours culturally universal?
- How significant are the culturally determined differences in the passive teacher behaviours in the countries studied?

Procedure of Designing the Research Tool

The study used the *Reality of an Educator Questionnaire* by Anna Pierzchała (2013). The tool was created in Poland and has already been used in a number of studies conducted by the Educational Transactional Analysis Research Team operating at the University of Humanities and Sciences of Jan Długosz in Częstochowa (Poland). The questionnaire takes approximately 20 minutes to complete. The main purpose of this tool is to determine if and to what extent passive behaviors are displayed by people involved in the educational process.

Individual questions in the questionnaire contain behaviours and attitudes that are characteristics of doing nothing, overadaptation, agitation, violence, and incapacitation. The questionnaire deliberately distinguished incapacitation and violence, which are traditionally considered together in TA due to their identical mechanism of formation. The separation of incapacitation and violence enables researchers to accurately determine the direction of the energy vector related to the discharge of tension when facing a problem situation. In the case of violence, the energy is expelled outward (e.g., through an act of aggression or vandalism), whereas in the case of incapacitation, the energy is directed inwards and usually causes psychosomatic symptoms. The questionnaire consists of thirty items: five for each passive strategy and an additional five for the lack of passivity that was omitted in the following analyses.

The tool successfully passed the verification procedure. Its validity was determined thanks to pilot studies and the support of experts familiar with the subject of passivity as it relates to TA. The reliability of the questionnaire was also determined (i.e., the Cronbach's α coefficient was calculated for the whole questionnaire, as well as separately for each strategy), along with its discriminatory power. In TA, passivity manifests itself through several behaviours, and the mechanisms of their formation are the same. These assumptions enabled researchers to sum up the results obtained by respondents in individual subscales in order to determine the overall level of passivity, hence the Cronbach's α determination for the entire set. The reliability factor value for the questionnaire is $\alpha = 0.87$.

The following values of the reliability coefficient were obtained for individual passive strategies: doing nothing, $\alpha = 0.71$; overadaptation, $\alpha = 0.69$; agitation, $\alpha = 0.61$; violence, $\alpha = 0.79$; and incapacitation, $\alpha = 0.81$. Three language versions were prepared on the basis of the Polish tool: English, Ukrainian, and Spanish. The English, Spanish, and Ukrainian versions were prepared using a back-translation procedure by native speakers that was subjected to piloting, and the translations were refined to reduce discrepancies. The final versions were used in the actual research.

Research Subjects

The research was conducted by the authors in direct contact with educators working in four culturally different countries: Guatemala, Poland, Ukraine, and the UK. A total of 441 respondents took part in the research. Women constituted 73.7% of the total sample ($n = 325$), while 21.5% were men ($n = 95$); 4.8% of the respondents did not specify their sex ($n = 21$). The average age in the sample was 40.5 years; the standard deviation was 9.27. The smallest group of respondents were those with the least seniority, fewer than 5 years ($n = 41$), of which the most numerous were represented in Guatemala and the UK. Every fourth person ($n = 102$) had between 5–10 years of teaching experience, every third respondent between 11–20 years ($n = 143$) and over 20 years ($n = 137$), while the group of most experienced teachers was represented by Polish and Ukrainian professionals. Table 1 presents the characteristics of the respondents broken down by the country in which the survey took place.

The number of individual samples was selected in terms of the place of study, and the authors wanted to maintain their parity. The only differences arose from the need to remove some questionnaires due to missing data or because the respondents quit the research (i.e., the questionnaire was only partially completed). The demographic characteristics of the

research sample, such as age and gender, were therefore random and were not controlled in any way. When analysing the summary presented in Table 1, some noticeable characteristics differentiate the populations.

The proportion of men to women participating in the research in individual countries seems to be particularly important. Guatemala has by far the greatest percentage of men—47% ($n = 47$)—while the lowest—6% ($n = 7$)—was observed in the Ukrainian sample.

Results

The research data obtained in four different locations around the world was used to compare the extent to which the respondents resorted to passivity, as defined in TA terms. The differences were identified using the Kruskal–Wallis test, the equivalent of a one-factor analysis of variance (ANOVA) that is commonly used for independent samples. The selection of a nonparametric test was dictated by the nature of the scale used in the questionnaire (the Likert scale), which adopts an ordinal character. At the same time, the data were analysed using the Shapiro–Wilk test, which indicated that the assumption of normal distribution of variables must be rejected. The variables do not have a normal distribution, which disqualifies them from the use of parametric tests. The analysis of results should begin with comparison of the summative occurrence

of passive behaviors in the four populations studied without dividing it into individual strategies. Statistical analysis indicates significant differences between respondents representing the country-specific groups. The figures are presented in Table 2.

The level of significance of the test, which in each case was below 0.05, and the values of the factor H led to the rejection of the null hypothesis. The Kruskal–Wallis test assumes no significant intergroup differences. This result implies the existence of significant differences between the studied populations. Subsequently, the data was analysed by post-hoc tests to reveal specific differences in the occurrence of passivity in the given teacher populations, as shown in Table 3. To visually illustrate this, the distribution of the respondents' responses is also shown in Figure 1

The data suggest that respondents from Guatemala perceive themselves as being more effective in dealing with a problem situation than the representatives of other groups. It also implies that teachers in Guatemala are more likely to accept responsibility for the undertaken tasks and declare more diverse and non-stereotypical approaches while avoiding symbiotic relationships with other participants of the educational process. The Kruskal–Wallis test revealed significant differences in all the categories of passive behaviour. Specific figures are presented in Table 4.

Country	Guatemala ($n = 100$)		Poland ($n = 118$)		Ukraine ($n = 119$)		Great Britain ($n = 104$)	
	Number of people	%	Number of people	%	Number of people	%	Number of people	%
Sex								
Female	38	38	102	86	109	91.5	76	73
Male	47	47	15	13	7	6	26	25
No data	15	15	1	1	3	2.5	2	2
Age (M \pmSD)	39.3	9.60	43.5	8.06	42	9.82	37.2	9.61
Work Experience								
< 5 years	10	10.0	7	5.9	5	4.2	19	18.3
5–10 years	26	26.0	14	11.9	24	20.2	38	36.5
10–20 years	33	33.0	42	35.6	35	29.4	33	31.7
> 20 years	20	20.0	53	44.9	53	44.5	11	10.6
No data	11	11.0	2	1.7	2	1.7	3	2.9

Note: Sample $n = 441$; n = number of people; M = mean value; SD = standard deviation.

Table 1. Sociodemographic Characteristics of the Sample)

Research Location	AverageRank	H	χ^2	d	p
UK	231.93	66.74	55.01	3	0.0000
PL	240.18				
UA	266.63				
GT	132.69				

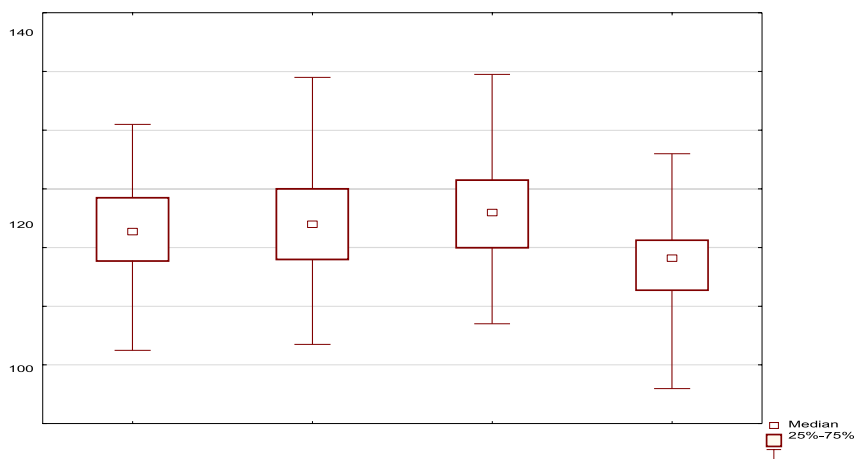
Note: Sample n = 441; H = Kruskal–Wallis test; χ^2 = chi-squared; d = average deviation; p = p-value, assuming the significance of the results at the level of $p < 0.05$.

Table 2. Passivity in the studied populations (without strategies division)

Variable: Passivity (summative)	Indicators:	Independent variables (grouping): Study location Kruskal–Wallis test: $H(3; N = 441) = 66.74; p = 0.0000$			
		UK	PL	UA	GT
UK	zp	— —	0.48 1.000000	2.03 0.255129	5.56 0.000000
PL	zp	0.48 1.000000	— —	1.60 0.660816	6.20 0.000000
UA	zp	2.03 0.255129	1.60 0.660816	— —	7.75 0.000000
GT	zp	5.56 0.000000	6.20 0.000000	7.75 0.000000	— —

Note: Sample n = 441; z = indicator value for multiple-comparisons; p = p-value for multiple-comparisons, assuming the significance of the results at the level of $p < 0.05$.

Table 3. Post-hoc tests for passivity



Note: Sample n = 441.

Figure 1. Passivity in the populations studied

Passive Behavior	Location	Average Rank	<i>H</i>	χ^2	<i>d</i>	<i>p</i>
Doing nothing	UKPL UAGT	221.17	33.74	27.06	3	0.0000
		248.00				
		246.13				
		159.06				
Overadaptation	UKPL UAGT	242.25	55.77	39.50	3	0.0000
		210.64				
		273.14				
		149.08				
Agitation	UKPL UAGT	259.29	47.61	50.72	3	0.0000
		223.67				
		246.51				
		147.66				
Violence	UKPL UAGT	195.47	16.75	12.61	3	0.0056
		241.15				
		246.57				
		193.34				
Incapacitation	UKPL UAGT	221.13	75.50	77.18	3	0.0000
		247.16				
		271.75				
		129.60				

Note: Sample *n* = 441; *H* = Kruskal–Wallis test; χ^2 = chi-squared; *d* = average deviation; *p* = *p*-value, assuming the significance of the results at the level of *p* < 0.05.

Table 4. Kruskal–Wallis test for passive behaviors

The value of the *H* factor indicates significant intergroup diversity for all passive behaviors. The average rank values set Guatemala apart, which was already indicated when considering the summative scores for passivity in the samples studied. To further analyse the differences, however, it is useful to carry out post-hoc tests. Subsequently, this article will examine in detail all passive behaviors, namely doing nothing, overadaptation, agitation, violence, and incapacitation. As mentioned before, the data for violence and incapacitation will be analysed separately, despite their identical mechanism of formation. The behavioural manifestations of this category of passive behaviors are in such contrast that combining them would be misleading.

Doing Nothing

Doing nothing, the least counterproductive passive behaviour, showed considerable differences across the countries' studies, as illustrated in Table 5 and Figure 2.

Table 5 shows that, similar to summative passivity, the only statistically significant differences are revealed in the case of teachers from Guatemala, compared with the other populations. Figure 2 also indicates that Guatemalan teachers identify with this

passive behaviour to a lesser extent than other groups. The median of their answers was 10 and was lower by 2 than for educators in the UK and by 3 for teachers from Poland and Ukraine. At the same time, the vast majority of responses in this group were clustered around the median. The range of results between the 1st and 3rd quartiles (Q3–Q1) was 4. This is the lowest value in relation to the other groups and indicates a consistently homogenous identification with this passive behaviour. Equally, there were some individuals in this group that significantly differed in their declared level of doing nothing. Amongst them there were those who do not identify with passivity at all, as well as those who identify with it to a significant extent.

The data presented suggest that teachers from Guatemala declare their resignation from action in the face of difficulties less frequently and actively try to overcome them. This should be distinguished from a conscious decision to avoid taking action. When doing nothing, a person does not confront the problem because the tension they experience is too high, and this impedes their action-taking. Guatemalan respondents declared such functioning to a significantly lesser extent.

Passive Behavior: Doing Nothing	Indicators:	Independent variable (grouping): Study location Kruskal–Wallis test: $H(3; N = 441) = 33.74; p = 0.0000$			
		UK	PL	UA	GT
UK	z_p	— —	1.56 0.705856	1.46 0.868140	3.48 0.003015
PL	z_p	1.56 0.705856	— —	0.11 1.00000	5.13 0.000002
UA	z_p	1.46 0.868140	0.11 1.00000	— —	5.03 0.000003
GT	z_p	3.48 0.003015	5.13 0.000002	5.03 0.000003	— —

Note: Sample $n = 441$; z = indicator value for multiple-comparisons; p = p-value for multiple-comparisons, assuming the significance of the results at the level of $p < 0.05$.

Table 5. Post-hoc tests for doing nothing:

Note: Sample $n = 441$.

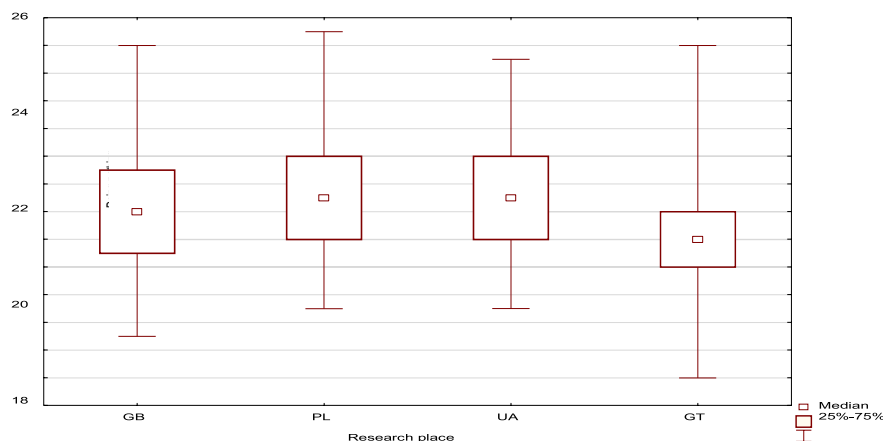


Figure 2. Distribution of results for doing nothing in individual populations

Overadaptation

More intercultural differences in the use of transactional passivity were identified for overadaptation strategies. The indicators are presented in Table 6 and Figure 3. The analysis of results indicates, again, that the answers obtained from respondents from Guatemala significantly differ from other groups studied. The relationship is similar; educators from Guatemala identify themselves with overadaptation to a lesser extent than respondents from other populations.

This means that they perceive themselves as less affected by external circumstance and limitations that impact their professional activities. They are able to consistently set and achieve their goals. It is worth noting that this time, not only the results between the first and third quartiles are in the lower ranges of the scale, but that also this group of

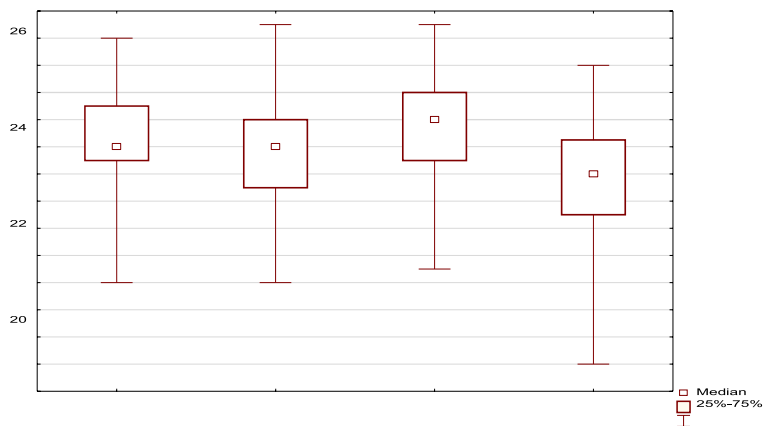
respondents contained individuals who completely non-identified with overadaptation.

Significant differences in the levels of overadaptation were revealed between teachers from Poland and Ukraine. This indicates that Ukrainian teachers resort to this passive behaviour to a greater extent. However, this difference, although statistically significant, is not as high as that displayed by the Guatemalan population. It is also worth noting that the median values were quite high. Overadaptation turned out to be the most frequent passive behaviour manifested by teachers. It confirms the findings of previous research conducted in Poland (e.g., Pierzchała, 2013) and extends the scope of analysis. Therefore, it shows that over-compliance, compromising personal autonomy, giving up self-determination, and succumbing to environmental influences are common teacher strategies, regardless of where they work. -

Passive Behavior: Overadaptation	Indicators:	Independent variable (grouping): Study location Kruskal–Wallis test: $H(3; N = 441) = 55.77; p = 0.0000$			
		UK	PL	UA	GT
UK	z	—	1.84	1.81	5.22
	p	—	0.390856	0.425751	0.000001
PL	zp	1.84 0.390856	— —	3.77 0.000960	3.55 0.002282
	z	1.81	3.77	—	7.17
UA	p	0.425751	0.000960	—	0.000000
	zp	5.22 0.000001	3.55 0.002282	7.17 0.000000	— —

Note: Sample $n = 441$; z = indicator value for multiple-comparisons; p = p -value for multiple-comparisons, assuming the significance of the results at the level of $p < 0.05$.

Table 6. Post-hoc tests for overadaptation



Note: Sample $n = 441$.

Figure 3. Distribution of results for overadaptation in individual populations

Notably, overadaptation is often convenient for the individual's environment and is therefore socially reinforced.

Agitation

Agitation shows a similar pattern of distribution as doing nothing, although the median values indicate a higher level of identification of respondents with this more destructive strategy. Specific figures are presented in Table 7 and Figure 4. As indicated by the graph, Guatemalans identified the least with agitation and maintained their lowest scores, similar to doing nothing. Again, respondents from this country more often placed their answers in the 'no' and 'rather not' ranges than other teachers participating in the survey. The responses are noticeably less dispersed and clustered around the central tendency (median), which is not the case in the other populations. The respondents from the UK, Poland, and Ukraine displayed almost the entire range of the response scale.

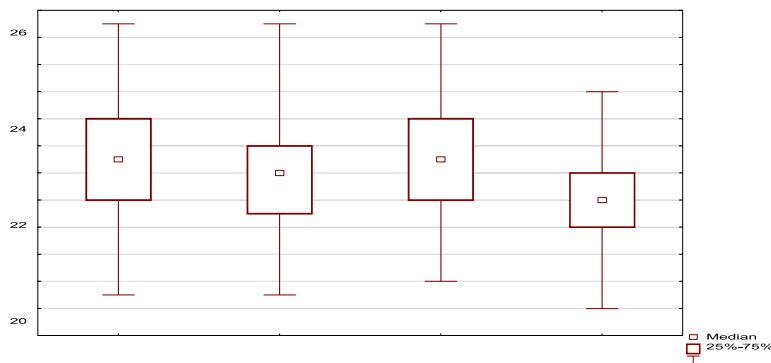
Agitation is a strategy that consists of repetitive and unintentional behaviors that avoid problem-solving because the thinking of the person involved becomes chaotic. They are aware of the necessity to take action to resolve the uncomfortable situation, but at the same time, they have a sense of inadequacy and an underlying belief of a diminished sense of self-agency (Schiff, 1975). Schiff and Schiff (1971) defined this type of passivity as a transitional form between overadaptation and violence/incapacitation.

Identifying exactly when this passive behaviour is employed is crucial to preventing an escalation to more insidious strategies that substantially block autonomy. It is therefore worth noting that all respondents recognized manifestations of agitation in their functioning. Again, respondents from Guatemala identified themselves the least with this passive behaviour.

Variable: Agitation	Indicators:	Independent variable (grouping): Studylocation			
		UK	PL	UA	GT
UK	zp	— —	2.08 0.226298	0.75 1.000000	6.25 0.000000
PL	zp	2.08 0.226298	— —	1.38 1.000000	4.38 0.000069
UA	zp	0.75 1.000000	0.75 1.000000	— —	5.72 0.000000
GT	zp	6.25 0.000000	4.38 0.000069	5.72 0.000000	— —

Note: Sample n = 441; z = indicator value for multiple-comparisons; p = p-value for multiple-comparisons, assuming the significance of the results at the level of $p < 0.05$.

Table 7. Post-hoc tests for agitation



Note: Sample n = 441

Figure 4. Distribution of results for agitation in individual populations

Violence

Violence, one of the two manifestations of the most destructive passive behaviors (Schiff, 1975), showed an interesting pattern, presented in Table 8 and Figure 5.

Violence is a behaviour that respondents recognised the least in their functioning. However, each population in the study displayed some of the manifestations thereof. The analysis of Table 8 and Figure 5 suggests grouping the results into two separate categories. The first group are respondents from the UK and Guatemala, where there are definitely fewer manifestations of violence than in the second group, which was composed of respondents from Poland and Ukraine.

Notably, these results were mainly differentiated by the values obtained by the respondents above the third quartile (25% of upper values). This means that while the central tendency (the median) is relatively convergent in all research groups and is between 9 (UK and GT) and 11 (UA), there are more

people from the Polish and Ukrainian groups who declare a significant degree of violence in their professional functioning. In order to visually show these trends, the results were presented as histograms that accurately illustrate the distribution of responses within individual populations (Figure 6).

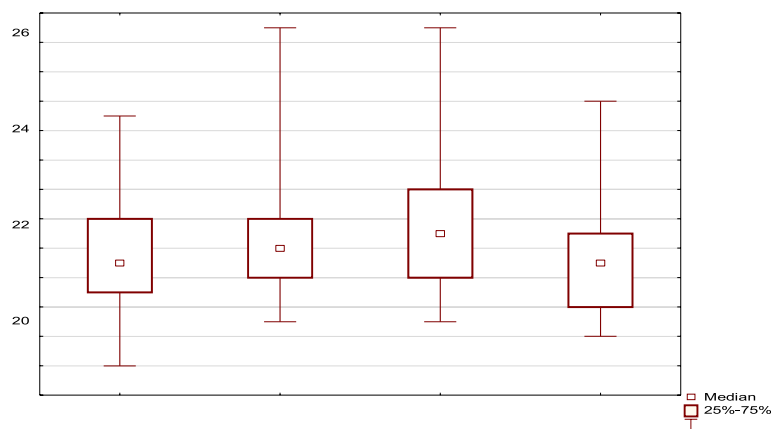
The graph clearly shows that the results from Poland and Ukraine were noticeably more dispersed. At the same time, among the respondents from the UK and Guatemala, there were no individuals who scored higher than 20 in the violence section of the questionnaire. However, for all research groups, the distribution charts are considerably left-sided, which shows that respondents strongly preferred answers that negated violent behaviors. It is also interesting to consider the most common value (mode) for individual groups; it was 8 for Great Britain, 10 for Poland, 9 for Ukraine, and 5 for Guatemala.

Again, Guatemala was significantly different from the other populations, with educators identifying the least with the passive behaviour of violence.

Variable: Violence	Indicators:	Independent variable (grouping): Studylocation Kruskal–Wallis test: $H(3; N = 441) = 16.75; p = 0.0008$			
		UK	PL	UA	GT
UK	z	—	2.66	2.99	0.12
	p	—	0.046207	0.016923	1.0000
PL	z	2.66	—	0.33	2.76
	p	0.046207	—	1.0000	0.034708
UA	z	2.99	0.33	—	3.08
	p	0.016923	1.0000	—	0.012493
GT	z	0.12	2.76	3.08	—
	p	1.0000	0.034708	0.012493	—

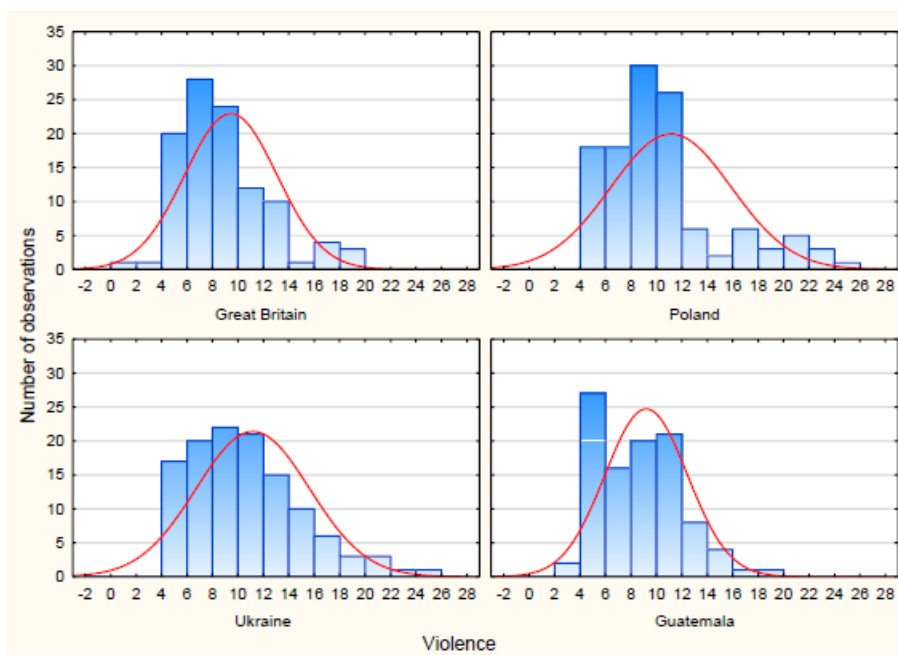
Note: Sample $n = 441$; z = indicator value for multiple-comparisons; p = p -value for multiple-comparisons, assuming the significance of the results at the level of $p < 0.05$.

Table 8. Post-hoc tests for violence



Note: Sample $n = 441$.

Figure 5. Distribution of results for violence in individual populations



Note: Sample $n = 441$

Figure 6. Distribution of responses for violence

It is worth pointing out that violence is the last step on the ladder of passive behaviors. The helplessness displayed by a person unable to constructively deal with a problem becomes dangerous for both the passive person and their environment.

Incapacitation

The last manifestation of teacher passivity is incapacitation (i.e., the behaviour that directs the energy vector of a passive person inward). It is extremely difficult to identify because it does not have obvious behavioural manifestations. Identifying incapacitation in thinking, feeling, and behaviour requires a significant level of self-awareness (in the

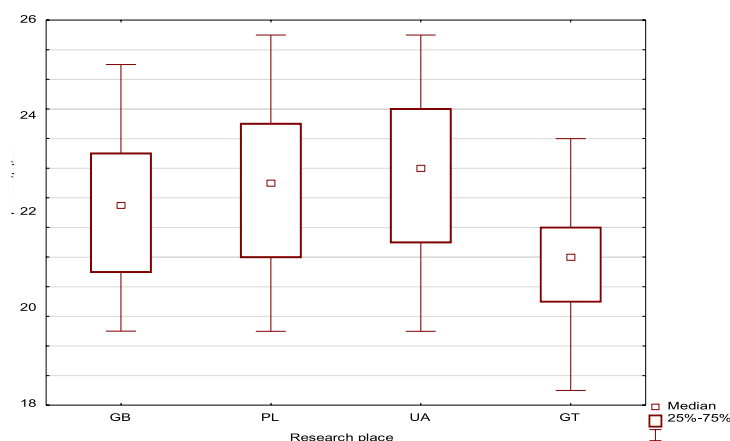
language of TA, Integrated Adult). The differences in the occurrence of incapacitation in the countries studied are presented in Table 9 and Figure 7.

Despite the similar mechanism of formation of this type of passive behaviour, the pattern of responses for incapacitation, when compared to that of violence, looks quite different. In the case of incapacitation, it can be clearly seen that the subjects eagerly used the entire length of the scale, and at the same time their answers were very diverse—the range between Q1 and Q3 is 8 for the UK, Poland, and Ukraine. The results in Guatemala were more concentrated around the median—their Q3–Q1 was 5.

Variable: Incapacitation	Indicators	Independent variable (grouping): Study location			
		UK	PL	UA	GT
Kruskal–Wallis test: $H(3; N = 441) = 16.75; p = 0.0008$					
UK	<i>z</i>	—	1.52	2.96	5.13
	<i>p</i>	—	0.773593	0.018520	0.000002
PL	<i>z</i>	1.52	—	1.48	6.79
	<i>p</i>	0.773593	—	0.824575	0.000000
UA	<i>z</i>	2.96	1.48	—	8.22
	<i>p</i>	0.018520	0.824575	—	0.000000
GT	<i>zp</i>	5.13	6.79	8.22	—
		0.000002	0.000000	0.000000	—

Note: Sample $n = 441$; *z* = indicator value for multiple-comparisons; *p* = *p*-value for multiple-comparisons, assuming the significance of the results at the level of $p < 0.05$. **Source:** Own study.

Table 9. Post-hoc tests for incapacitation



Note: Sample $n = 441$.

Figure 7. Distribution of results for violence in individual population

Again, this group was particularly different from others and showed the lowest levels of identification with passivity. Table 9 shows statistically significant differences in the occurrence of incapacitation between Guatemala and other countries, where the figures are higher. Less significant, but statistically significant differences also exist between Ukraine and the UK, with teachers from the first group showing a higher degree of identification with incapacitation.

The heterogeneity of responses from all groups described here may result from the aforementioned difficulties in identifying this behaviour by the respondents themselves.

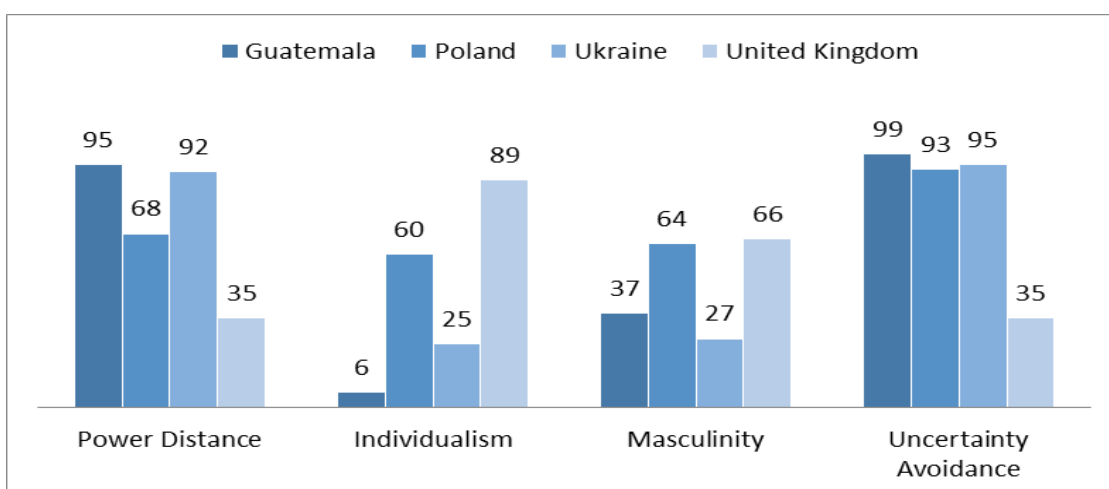
Conclusion

After reviewing the research results, it is apparent that the lowest levels of passivity occur among educators working in Guatemala. These differences are statistically significant and highlight the importance of the teacher's social role, defined by Goffman (2008) as a set of an individual's expectations, rights, and obligations in relation to a socially defined task. A social role is placed in a particular cultural context (the country in which the educator works) which determines the way teachers fulfil socially relevant tasks. The works of Bourdieu and Passeron (2006) underlined the issue of reproduction in the educational system and shed further light on the analyses of cultural differences carried out in this study.

One of the approaches to describing aspects of culture relevant to investigating passivity is a study

by Hofstede (2011), which allowed researchers to capture some model differences (i.e., generic tendencies) between individual countries. The author warned against stereotyping and pointed out the confusions that arise in cross-cultural studies: "One of the weaknesses of much cross-cultural research is not recognizing the difference between analysis at the societal level and at the individual level; this amounts to confusing anthropology and psychology." (p. 6). This study of passivity aims to describe social functioning of teachers and thus represents a bridge between individually reported levels of passivity and cultural determinants.

What sets Guatemala apart from other countries studied is undoubtedly one of the dimensions of culture, namely the level of individualism. Individualism, with its opposite pole being collectivism, determines the degree to which individuals are integrated into groups. In the case of Guatemala, which is definitely a collectivist country (Figure 8) compared to the other countries studied, the source of identification for individuals stems from belonging to a network of social connections. This provides opportunities to create relationships between teachers and students, while the structures within the education system are perceived in moral terms and resemble family ties. Interpersonal relationships are more important than task-achievement, and group interest takes precedence over individual interest. This constitutes a limitation to the occurrence of passive behaviors that characterise individualistic problem-solving approaches.



Source: <https://www.hofstede-insights.com/product/compare-countries>

Figure 8. Geert Hofstede cultural dimensions for the countries studied

This also applies to the lower level of violence displayed by the educators from Guatemala. Collectivistic schools attach great importance to maintaining harmony and 'face-saving' (Ting-Toomey and Kurogi, 1998; Triandis, 1995). Conflicts are readily pacified, and if there is an open expression of dissent, it should be done in a manner that does not offend any of the parties (Hofstede, 2011). In this context, it is interesting to point out low levels of violence amongst British educators participating in the study, who represented an individualistic culture. This can be explained by another dimension of culture, which in this case is low power distance. Cultures with low power distance do not support the use of corporal punishment and discourage violence in relationships (Hofstede, 2011), which can be clearly seen in the responses of teachers from this country.

Additionally, it is also worth pointing out the differences in overadaptation, which was the most frequent passive behaviour, regardless of the country studied. A statistically significant difference was noted between the responses of teachers from Poland on the one hand, and from Ukraine and Guatemala on the other. The former is characterised by individualism and masculinity, while the latter group is described by collectivism and femininity, which would explain the increase in overadaptation among teachers from Ukraine and Guatemala. As mentioned before, the main source of social satisfaction in collectivistic cultures comes from relationships and personal connections, which, in combination with femininity, is understood as relationship orientation and care for others (Hofstede, 2011; Shafiro, Himelein and Best, 2003), and which may result in the high prevalence of adaptive behaviors to the real or imaginary expectations of the individuals setting particular standards within the education system.

Another statistically significant difference was noted for incapacitation amongst the respondents from Guatemala, who stood out from the other countries studied in terms of all passive behaviors. Further differences were observed between teachers from the UK and Ukraine. The former represents a culture characterised by low power distance and low uncertainty avoidance, in contrast to Ukraine which is characterised by high power distance and high uncertainty avoidance. In a hierarchical school structure with a constant focus on reforms, change, and innovation, educators who are able to flatten vertical power structures and are more open to new methodologies will function much more effectively. Hence, the cultural background of the British teachers surveyed appears to be their significant resource limiting the occurrence of incapacitation,

representing a behaviour that adversely affects teacher wellbeing through its internalised and inwardly directed form of violence.

The education system itself can be another important factor that affects the differences between the countries studied. In countries like the UK, Poland, or Ukraine, the system is highly structured and subjected to constant external control, resulting in a high degree of unification. Similarly, in these countries, the mean years of schooling received by residents aged 25 years and older (United Kingdom: 13; Poland: 12.3; Ukraine: 11.3) is similar; however in Guatemala this figure is significantly lower at 6.5 years (United Nations, 2018). Prior research on teacher passivity (Pierzchała, 2013) indicated that this factor is positively correlated with centralisation, bureaucratisation, and the rigidity of school structures. This pilot cross-cultural study allows for a preliminary confirmation of this thesis; however, further research is required to extend these views based on findings from other countries. The results obtained in this research also indicate possible approaches that support multicultural diversity.

To sum up, it is worth noting that according to the authors, further research is required to explain the differences in the reported levels of passivity amongst the studied groups, especially taking into account the lower scores obtained in the declarations from Guatemalan respondents. The authors' initial hypothesis suggested that different cultural frames of reference (James, 1994) shape individual perception. Thus, the European and Guatemalan perceptions of reality established under cultural conditioning will impact their interpretation of a given problem situation. This means that people from different cultural backgrounds define a problem situation differently. In other words, what seems a problem in Europe, the identification of which is crucial for the occurrence of passivity according to the definition adopted by the authors of this study, may not be considered as one in Guatemala. Thus, in order to interculturally validate the concept of passivity, regional studies need to be carefully considered in future research, to draw conclusions without the bias of totalising (Burton, Moore, Whiting, and Romney, 1996).

These matters obviously require further in-depth research. There may be other equally plausible explanations stemming from the areas and levels of discounting displayed by the respondents representing the different cultures. Therefore, this research should be treated as exploratory, indicating certain interculturally declared patterns, but at the same time determining areas for further research.

Note: [1] The respondents from Guatemala represented the Tz'utujil community of San Pedro La Laguna, Santiago Atitlan, and San Juan.

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Anna Pierzchała has kindly provided copies of the Reality of an Educator questionnaire in English, Polish, Spanish, and Ukrainian. These are included as Appendices 1-4. Please respect her copyright.

The keys for the questionnaires are:

Non-passive behaviours: 1, 7, 13, 19, 25.

Doing nothing: 6, 12, 18, 24, 30.

Overadaptation: 2, 8, 14, 20, 26.

Agitation: 3, 9, 15, 21, 27.

Violence: 5, 11, 17, 23, 29.

Incapacitation: 4, 10, 16, 22, 28.

The authors have added the following message for the publication of their material at this time.

We are humbled by the privilege of being in the researcher role. We recognise that the recent Russian invasion of Ukraine has torn lives apart in unthinkable ways. It almost feels inappropriate to be making any comments while speaking from the safety and security that we are blessed to have. War is a prime example of passivity, an attempt to have the other to think and feel what is unwanted, split off, rejected and forcefully projected. Our research into cross-cultural passivity was devised to create

preventative measures, to devise strategies for educators that invite autonomous learning in the students. The recent developments show how the conditions for autonomy are fragile and impermanent. May we all feel the commitment to building resilient and growth promoting systems that enhance proactivity and create intimate and close relationships. Our hearts go out not only to the educators in Ukraine who participated in our research, but also to everyone else affected by this tragic war.

Ania, Edyta, Piotr

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Appendix 1: Questionnaire “Educator’s reality”

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Please find below a set of statements concerning professional activities of educators and their relationship with the learner. Please specify how true they are your case. Mark your each answer with X in the relevant column, choosing only one answer.

STATEMENTS	Very much like me	Like me	I don't know	Unlike me	Very much unlike me
1. I tackle problems efficiently and I quickly find solutions to the obstacles I encounter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I would most probably work better if I was not limited by other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Working as an educator is quite stressful – sometimes I need to do something to distract myself in order not to explode.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. At times, there is so much tension at work that my body 'shuts down' (for example with a headache) and I am unable to work anymore.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. When I am around learners, I sometimes 'lose it'.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I realise that there are moments, while I am engaged with learners, when I simply lack the energy to follow up an important issue.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I believe that everything can be sorted out through a calm conversation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. As an educator, sometimes you have to grin and bear it and act in ways which are in conflict with your personal beliefs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. At times, when I have to solve a particular problem, I procrastinate endlessly by finding other unrelated tasks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I feel that the problems I have to face at work have a negative impact on my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I sometimes shout at learners because I cannot carry on.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I tend to act according to the rule that sometimes it is better not to notice something while I relate to learners.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I get on really well with the learners I teach, we always find ways to overcome any obstacles and solve problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I sometimes act according to the learners' expectations of me, even though it does not fully agree with my principles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I am capable of de-escalating negative emotions (for example through breathing techniques), that arise in the	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATEMENTS	Very much like me	Like me	I don't know	Unlike me	Very much unlike me
relationship with the learner which helps me to manage my anger.					
16. It seems to me that work induced exhaustion leads to me suffering from diseases and infections.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I sometimes react with anger when I work with the learners.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. If the learners were a bit more proactive, I would also put more effort into teaching them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I can act effectively, even in stressful situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I sometimes have to accept things that I personally disagree with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. When I am very tense at work, I notice some mechanical behaviours in myself (for example, tapping the desk with my fingers, walking quickly around the classroom or nervously shaking my leg).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I sometimes feel too weak to meet the demands and responsibilities of my profession.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I increasingly act angrily due to high levels of exhaustion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I do not carry out certain tasks at work, even though I know I should.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I reach my professional goals efficiently and effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. In terms of my professional life, I feel that I cannot do what I would like to do but I do what I have to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. When stress levels are too high, I repeat certain actions, even if they are ineffective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Work related stress manifests in my body (for example as pain).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. I find myself on the edge and about to explode in relation to certain learners.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. In my relationship with the learner, I tend to take a passive attitude because I have no more strength and energy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix 2: Kwestionariusz „Rzeczywistość edukatora”

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Poniżej znajdują się stwierdzenia dotyczące pracy zawodowej ludzi zajmujących się edukacją i relacji z osobą uczącą się. Proszę o określenie, na ile są one prawdziwe w Pani/Pana przypadku. Odpowiedzi proszę zaznaczyć symbolem X w odpowiedniej rubryce tabeli.

TWIERDZENIA	tak	raczej tak	nie wiem	raczej nie	nie
1. Sprawnie radzę sobie z problemami w pracy szybko znajdując rozwiązania.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Pewnie pracowałabym/pracowałbym lepiej, gdybym nie musiała/musiął poddawać się ograniczeniom ze strony innych.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Praca edukatora jest stresująca – czasami muszę zrobić coś, żeby odwrócić od niej swoją uwagę i nie wybuchnąć.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Czasem napięcia w pracy jest tak dużo, że dostaję bólu głowy i nic nie jestem już w stanie zrobić.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Czasami w kontakcie z osobą uczącą się nie wytrzymuję i puszczają mi nerwy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Zdarza się, że w kontakcie z uczącym się wiem, że powinnam/powinienem zareagować, ale zwyczajnie nie mam na to siły.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Postępuję zgodnie z zasadą, że z uczącym się wszystko da się załatwić spokojną rozmową.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. W pracy edukatora trzeba czasami zacisnąć zęby i postępować na przekór sobie.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Czasem, gdy mam do rozwiązania w pracy jakiś problem, odwlekam to w nieskończoność i zajmuję się czymś innym.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Mam wrażenie, że problemy, które muszę rozwiązywać w pracy, odbijają się na moim zdrowiu.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Czasami krzyczę na uczniów, bo inaczej nie dają rady.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Zdarza mi się działać zgodnie z zasadą, że w relacji z uczącymi się czasami lepiej czegoś nie zauważyć.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Świetnie dogaduję się z osobami, które uczę, zawsze razem znajdujemy sposób na rozwiązanie problemu.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Czasami robię to, czego oczekują ode mnie uczący się, pomimo tego, że nie do końca jest to zgodne z moimi zasadami.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Znam wiele sposobów na rozładowanie emocji w relacji z uczniem (np. dziesięć oddechów, chodzenie po sali), które hamują mój wybuch złości.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Mam wrażenie, że przemęczenie w pracy powoduje, że często zapadam na różnego rodzaju infekcje.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Zdarza się, że w relacji z uczącym się reaguję złością.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Gdyby uczący się byli bardziej aktywni na zajęciach, pewnie i ja bardziej bym się starała/starał.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Nawet w sytuacji stresu w pracy mam wrażenie, że działam efektywnie.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TWIERDZENIA	tak	raczej tak	nie wiem	raczej nie	nie
20. W pracy zdarza mi się godzić na coś, na co zupełnie nie mam ochoty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Kiedy w pracy pojawia się duże napięcie, dostrzegam u siebie pewne mechaniczne zachowania (np. stukanie palcami o blat biurka, szybkie chodzenie po klasie, nerwowe machanie nogą itp.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Mam wrażenie, że brakuje mi sił, by sprostać wszystkim obowiązkom, które stawiane są przed nauczycielem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Przemęczenie związane z pracą powoduje, że coraz częściej reaguję złością.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Czasami w pracy nie podejmuję pewnych czynności, choć wiem, że powinnam/powinienem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. W pracy zazwyczaj skutecznie realizuję cele, które przed sobą stawiam.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. W pracy mam wrażenie, że nie mogę robić tego, co chcę, ale to, co muszę.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Gdy stres jest zbyt duży, często działam w sposób bezcelowy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Stres związany z pracą objawia się w moim ciele (np. poprzez ból).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. W relacji z niektórymi uczniami nie potrafię powstrzymać wybuchu złości.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. W relacji z uczącym się zdarza mi się przyjmować postawę bierną, bo nie mam siły wskrzęcić w sobie dość energii do działania.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix 3: Cuestionario “La realidad de un educador”

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A bajo hay algunas frases que tratan de actividades profesionales de la gente que trabaja en la educación al respecto a la relación con el estudiante (una persona de cualquier edad) . Se necesita elegir a cual punto esas frases correspondan a su realidad.

TEOREMAS	si	mas si	no se	mas no	no
1. Trabajo eficazmente y puedo rápidamente encontrar soluciones para lidiar con problemas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Podría trabajar mejor si no tuviera que lidiar con las limitaciones impuestos por los demás.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. El trabajo de educador es muy estresante a veces tengo que hacer algo para distraerme y no explotar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. A veces la tensión en el trabajo es grande que mi cuerpo no va a colaborar, por ejemplo tengo un dolor de cabeza y no estoy capaz de trabajar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. A veces cuando estoy trabajando con los estudiantes me pongo nervioso.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Me ocurre que trabajo con los estudiantes y me doy cuenta que tengo hacer algo, pero no me queda fuerza para hacerlo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Mi regla principal en el trabajo con los estudiantes es que todo se puede resolver por una conversación calma.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. En el papel de educador a veces se tiene que esforzarse y hacer cosas contra sus creencias personales.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. C veces cuando tengo alguno problema para resolver me pasa posponerlo a la eternidad y estoy haciendo otras cosas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Me parece que los problemas que tengo que enfrentar al trabajo tienes consecuencias al respecto de mi salud.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. A veces estoy gritando a mis alumnos porque estoy harto.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. A veces pienso que es mejor para negar un problema con los estudiantes para que la situación esté calma.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Me cae muy bien con los estudiantes y siempre podemos encontrar medidas para resolver nuestros problemas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. A veces me ocurre actuar según las expectativas de los estudiantes aunque no estoy totalmente de acuerdo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Cuando enfrento a las situaciones difíciles con los estudiantes estoy capaz de relajarme (por ejemplo técnicas de respiración) para estar calma.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Me parece que el agotamiento del trabajo me causa estar enfermo frecuentemente.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Me ocurre reaccionar con enfado a los estudiantes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Si los estudiantes fueran más activos durante las clases, seguramente yo trabajaría con más ganas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. También en las situaciones del estrés me parece que puedo trabajar eficiente.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Me ocurre en mi trabajo me poner de acuerdo a las cosas que no me gustan nada.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TEOREMAS	si	mas si	no se	mas no	no
21. Cuando en mi trabajo hay mucha tensión me ocurre tener algunos tipos mecánicos de conducta, por ejemplo tocar el escritorio, andar en la clase, movimientos nerviosos de piernas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Me parece que no tengo bastante fuerza para enfrentar a los deberes y obligaciones de mi papel como educador.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. El agotamiento en el trabajo causa que más frecuentemente me ocurre reaccionar con enfado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. A veces en mi trabajo no hago algunas tareas aunque me doy cuenta que debería hacerlo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. En mi trabajo me ocurre realizar los objetivos que me pongo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Me parece en mi trabajo que no puedo hacer lo que quiero pero tengo que hacer lo que es obligatorio.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Cuando el nivel del estrés es muy alto, me ocurre repetir algunas acciones aunque sean ineficientes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. El estrés del trabajo a veces tiene consecuencias en mi cuerpo (por ejemplo dolor de cabeza).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. En relaciones con algunos estudiantes no puedo controlar mi explosión de enfado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. En relaciones con los estudiantes me ocurre tener una posición pasiva porque no tengo energía para efectuar una acción.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix 4: Опитувальник «Реальність освітянина»

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Нижче містяться твердження щодо професійної діяльності людей, які займаються навчанням та освітою, і відносин з людиною, яка навчається. Визначте, будь ласка, наскільки вони є правдивими у вашому випадку. Відповіді просимо позначити значком X у відповідній рубриці таблиці, вибравши **одну** з відповідей.

ТВЕРДЖЕННЯ	так	скоріше так	не знаю	скоріше ні	ні
1. Я успішно справляюся з проблемами на роботі, швидко знаходячи рішення	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Я, мабуть, працювала б / працював би краще, якби не довелось підпорядковуватися обмеженням з боку інших	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Робота освітянина є нервовою – іноді мені доводиться робити щось, щоб відвернути від неї свою увагу і не вибухнути	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Іноді напруга на роботі настільки велика, що моє тіло відмовляється служити (наприклад, починає боліти голова), і я вже нічого не здатна / здатен зробити	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Іноді в контактах з учнем у мене здають нерви	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Трапляється, що в контактах з учнем я знаю, що я повинна / повинен щось зробити, але у мене просто на це немає сили	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Я дію за правилом, що з учнем все можна владнати спокійною розмовою	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. У роботі освітянина іноді треба стиснути зуби і діяти всупереч собі	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Іноді, коли мені треба вирішити якусь проблему, я безкінечно зволікаю і займаюся чимось іншим	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. У мене складається враження, що проблеми, які мені доводиться вирішувати на роботі, впливають на моє здоров'я	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Іноді я кричу на учнів, бо інакше не можу впоратися	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Я іноді дію за правилом, що у стосунках з учнями іноді краще дечого не помічати	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Я прекрасно ладнаю з тими людьми, яких я навчаю, ми завжди разом знаходимо вирішення проблеми	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Я деколи роблю те, чого від мене очікують учні, попри те, що це не до кінця відповідає моїм принципам	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Я вмію певними способами (наприклад, десять вдихів, крокування по аудиторії) розрядити емоції у стосунках з учнем, завдяки чому я стримую вибух злості	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Мені здається, що перевтома на роботі призводить до того, що я часто хворію на різноманітні інфекції	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Трапляється, що у стосунках з учнем я реагую злістю	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Якби учні були більш активними на заняттях, мабуть, і я більш старалася б / старався б	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Навіть у стресовій ситуації на роботі, мені здається, я дію ефективно	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ТВЕРДЖЕННЯ	так	скоріше так	не знаю	скоріше ні	ні
20. На роботі трапляється, що я погоджуюся на те, чого зовсім не хочу	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Коли на роботі виникає велика напруга, я помічаю в собі машинальну поведінку (наприклад, постукування пальцями по поверхні столу, швидке ходіння по класу, нервові хитання ногою тощо)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Мені здається, що мені бракує сил, щоби впоратися з усіма обов'язками, які ставляться переді мною як учителем	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Перевтома, пов'язана з роботою, призводить до того, що я все частіше реагую злістю	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Іноді на роботі я нічого не роблю, хоча знаю, що повинна / повинен	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. На роботі я зазвичай успішно реалізую цілі, які ставлю перед собою	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. На роботі мені здається, що я не можу робити того, що хочу, а роблю те, що повинна	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Коли стрес занадто великий, я часто повторюю певні дії, навіть якщо вони неефективні	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Стрес, пов'язаний із роботою, проявляється у моєму тілі (наприклад, через біль)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. У стосунках з деякими учнями я не здатна / не здатен стримати вибуху злості	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. У стосунках з учнями трапляється, що я займаю пасивну позицію, бо у мене немає сили відновити у собі достатньо енергії для дій	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



The Life Script Heptagon

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Editorial Note: This is an example of the saying 'great minds think alike' – this version of a heptagon was being developed over several years and the author was unaware that Benedetti, Benelli and Zanchetta (2020) had been developing a similar geometrical shape with different elements. Benedetti et al. were also unaware that the version described in this article was being developed. (Benedetti et al article is in this journal, Vol. 11, Issue 1 at

<https://doi.org/10.29044/v11i1p13>)

Abstract

The life script heptagon, developed by the author, is described to show how seven elements, all seven aspects of human personality – behaviour, feelings, thoughts, body holding patterns, habits, beliefs and attitudes, and early decisions – fit together geometrically so that they reinforce and support each other and make it hard for people to change their life scripts. These elements are then related to the ways in which different psychotherapies tend to work with them, and explanations are given of why the geometric nature of the model means that several aspects need to change because otherwise the remaining elements are reinforcing the unhelpful patterns.

Key words

Life script, personality, racket system, homeostasis, redecision, resilience, CBT, gestalt therapy, catharsis, emotion, habit, bioenergetics, body therapy, introjection, values, attitudes.

Introduction

This article will examine the life script from a geometric perspective. It will examine how the life script is structured in the human psyche to give it a resilience and the resistance to change that it possesses. This model has been prompted by the racket system, which Erskine and Zalcman (1979) present as a self-reinforcing system which has three parts of script beliefs and feelings, rackety displays and reinforcing memories; and by Mellor (1980) who shows four corners of believing, thinking, feeling and doing. In each of these models, the parts support

each other and maintain the integrity of each other, so they are self-reinforcing closed systems.

This idea is expanded with the life script heptagon as presented in Figure 1, in which there are seven components - behaviour, feelings, thoughts, body holding patterns, habit, beliefs and attitudes, and early decisions. The terminology of behaviours, thoughts and feelings is fairly straightforward. Any thought, feeling or behaviour can be habitual, in which case they will manifest differently and will need to be treated differently. Beliefs and attitudes are separated from thinking in the same way that Mellor (1980) did because thinking is seen as Adult whereas beliefs and attitudes are Parent. Early decisions are what we might refer to within the racket system as script beliefs. Body holding patterns are similar to the reported internal experiences within the racket system but they are also different because the term encompasses much more, as are seen in approaches to body therapy.

The differences between the corners will become clearer as you read on but the key point now is that all seven components fit together. Like the racket system, the heptagon is a self reinforcing closed system. Each of the seven parts reinforces and supports the others. The early decisions result in certain patterns of behaviour such that each time the behaviour is displayed it supports the original early decision. These two in turn result in certain feelings being experienced. When these feelings are felt they in turn support the early decisions and the behaviour patterns displayed. The feelings support the behaviour and the behaviour supports the feelings just as the feelings support or reinforce the early decisions and the early decisions result in certain feelings being experienced. As one can see we end up with all seven corners of the heptagon supporting each other. Thus we have a self-supporting closed system.

Geometry of the life script

The heptagon life script is drawn in such a way to illustrate its strength or resilience. If one built this

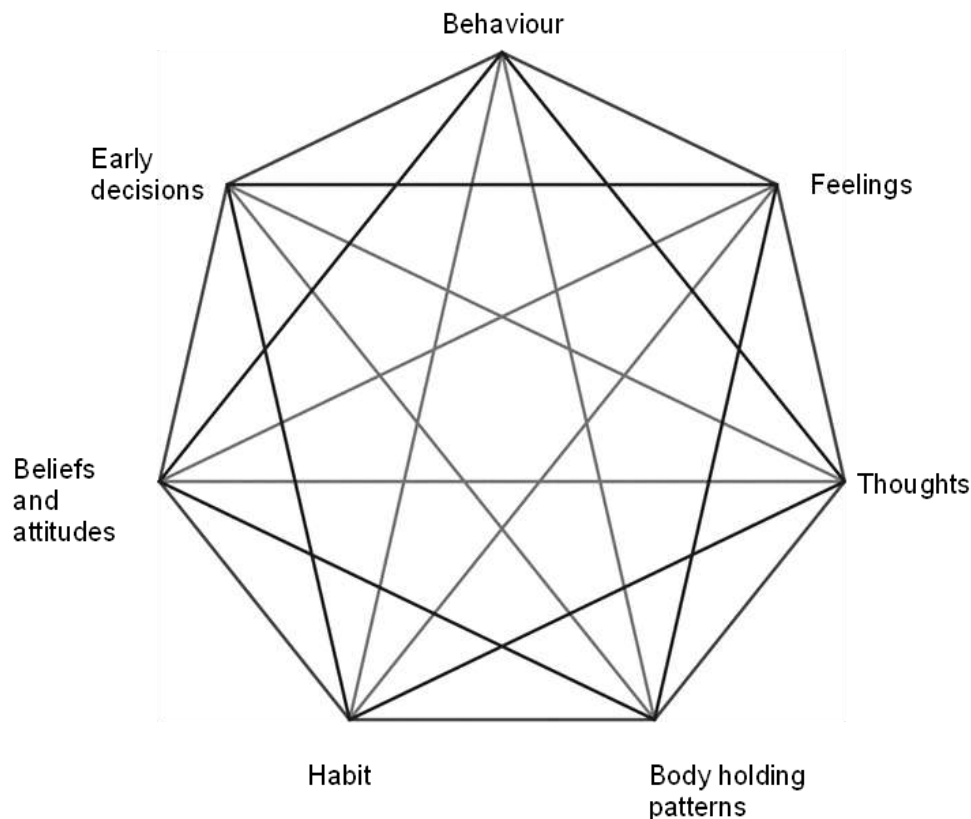


Figure 1: Life Script Heptagon

heptagon out of wood, it would be geometrically strong. Each corner has six other wooden supports coming from the other six corners to strengthen that one particular corner. If one was to hit a corner of the wooden heptagon with a hammer it would be very hard to break. One would have to strike it with considerable force because if you hit one corner then you have all six wooden slats from the other corners supporting and resisting the force of the hammer making it a very strong structure. Just like the life script is. The life script has a similar resistance to change. The life script is the transactional analysis explanation of how the human personality is structured. The life script heptagon illustrates the geometric strength that the life script has, or how the various parts of the human personality fit together and support each other.

Bary and Hufford (1990) noted that Berne used the idea of homeostasis to illustrate how the personality functions. People will naturally tend to maintain an internal psychological equilibrium and homeostasis. The person will unconsciously and automatically accept whatever reinforces the equilibrium and supports the homeostasis. Anything that does not and disrupts the system will be discounted or ignored in some way.

As soon as one corner changes, effort and attention is automatically required by all six other corners to change and of course under normal conditions that will automatically be resisted. This highlights the homeostatic basis of the life script. In childhood when the life script is forming all seven corners, or aspects of human personality, reach an equilibrium, even if it is a pathological equilibrium (Thombs, 1999). All seven work out how to function together, to coexist together and support each other.

For example, as I wrote above, the early decisions support the behaviours and the behaviours will support the early decisions that were made. The feelings support the thoughts and early decisions and vice versa and so on. Again the heptagon is drawn so as to highlight this, each corner has six connections to each of the other corners.

Once this equilibrium is achieved the individual will then automatically seek to maintain the homeostasis of the life script and to preserve the unity and integrity of the system. As a result of this, change will be automatically resisted by the other six corners because psychotherapy on any one corner will disrupt the homeostasis of the whole system.

As a result, we can see the geometric structure of the life script is to maintain homeostasis and to resist change. This makes the life script a very resilient organism and something that is difficult to change. Indeed this resilient quality of the life script can explain how the profession of psychotherapy came into being in the first place. If the life script did not have this strength and resilience then it would be easier to change and people would simply do that themselves, and would not need a psychotherapist to help them.

Psychotherapy and the Life Script Heptagon

All psychotherapies will address at least one corner, and often more than one corner of the heptagon simultaneously. This follows on from the idea by Ken Mellor (1980), who presented an interesting list of therapies and their areas of influence on the various corners of the script heptagon. My development of his ideas is shown in Table 1. What is presented here is an extension of his ideas as he only considers the four areas of believing, thinking, feeling and doing. This is by no means a complete statement of how various therapies work as there are now a huge variety of alternate psychotherapies and that would require a very large tome to make a complete statement. Table 2 contains ideas on which psychotherapeutic approaches are likely to impact most on the seven corners within the heptagon.

Applying Redecision Therapy – The Early Decisions, Thinking and Feeling Corners

The main focus of the redecision therapy approach, which is of course transactional analysis and gestalt therapy, is on the early decisions which essentially are the injunctions and drivers decided on by the child. A redecision is a change in those early decisions which make up the life script. However, transactional analysis is about thinking and gestalt is much more about feeling and the expression of feelings. Therefore redecision can also be seen to work at these other corners of the heptagon. With empty chair redecision work there can be quite considerable cathartic expression of emotion that would typically occur in gestalt therapy. Also Goulding and Goulding would use the white board a lot to explain transactional analysis concepts to the client and hence we have the thinking and Adult ego state aspect of redecision. In this sense one could say that redecision seeks change in the life script by addressing the early decisions, thinking and feeling aspects of the heptagon.

Hence, redecision therapy is like hitting the wooden heptagon on the early decisions, thinking and feeling corners. However, when a redecision is made the other four corners may also act in a way that does not support that change. There may be challenges

from the habits, behaviours and beliefs and attitudes corners, with the latter containing introjections. For instance if an unassertive person redecedes on the Don't be important injunction, they will still need to change other corners in order to habitually display more assertive like behaving.

Cognitive Behavioural Therapy - The Early Decisions and Thinking Corners

Cognitive behavioural therapy (CBT) approach focusses on the thinking (cognitive) and behavioural aspects of the heptagon. They view thinking, behaving and feeling as all being intimately connected. As Beck (2011) says, the therapist seeks to produce cognitive changes in the client to bring about enduring emotional and behavioural change. Dysfunctional thinking is seen as central to all psychological disturbances. In this way one can see many similarities between CBT and classical transactional analysis, with the use of the Adult ego state and the centrality of the Adult in the process of the cure of psychological disturbances.

There are even further similarities. CBT talks about 'automatic thoughts' which are ideas or belief systems the client has about themselves and the world. These are in essence what Goulding and Goulding refer to as the early decisions and injunctions. Beck (2011) states, "For lasting improvement in patient's mood and behaviour, cognitive therapists work at a deeper level of cognition: patients' basic beliefs about themselves, their world, and other people. Modification of their underlying dysfunctional beliefs produces more enduring change." (p.3). Clearly CBT is also working with the early decisions of the heptagon.

However this is where CBT and redecision therapy differ significantly, in how one changes the early decisions. CBT will use cognitive or Adult decisions to do so, whereas Goulding and Goulding (1979) would say this is simply not enough and one must use a Child ego state redecision (not an Adult redecision) to change the early decisions. Unlike CBT, their use of gestalt techniques such as empty chair work to induce significant regression in the client brings the Child ego state into the therapy process.

CBT also differs significantly from classical transactional analysis in that Berne (1957, 1961) openly used psychoanalytic concepts in transactional analysis, with an emphasis on early childhood trauma, Libido and Mortido, the unconscious, transference cure and so on. Beck (2011) openly discusses the importance of a good therapeutic relationship but never mentions anything about transference, the repetition compulsion, unconsciously motivated forces in the client and so on.

Therapy	Processes			
	Believing	Thinking	Feeling	Doing
Behaviour therapy				X
Contracting		X		X
Dance therapy				X
Gestalt therapy			X	
Logotherapy	X			
Medicine				X
Mindfulness		X	X	
Philosophy	X			
Primal therapy			X	
Psychoanalysis		X		
Psychodrama			X	X
Rational Emotive Therapy	X	X	X	
Religion	X			
Rogerian therapy		X	X	
Rolfing body work				X
Transpersonal psychology	X	X	X	X
Transactional analysis		X	X	X

Table 1: Psychotherapy Approaches to 4 of the Corners (modified from Mellor, 1080, p.350)

Corner	Therapeutic Approaches	Corner	Therapeutic Approaches
Feelings	Cathartic expression Dropping the feeling work Body therapy Gestalt Redecision	Early decisions	3Ps Redecision Relational TA Integrative TA
Thoughts	Reinforcing memories Cognitive restructuring for different internal transactions CBT - thinking errors Fantasies - Child ego states changes fantasies to positive Classical TA highlights Adult thinking	Body holding patterns	Body work - bioenergetics such as Lowen and Joe Cassius Body focused behavioural techniques - martial arts, stretches Highly cathartic work Yoga or body movement therapies like dance therapy
Behaviours	CBT behavioural techniques Classical TA homework exercises, behavioural contracts	Beliefs	Logotherapy Christian counselling Bibliotherapy Introjections
Habit	Contracts designed to counter existing habits Creating new habitual patterns in all other corners		

Table 2: Therapeutic Approaches for Pentagon Corners

Others, like Dryden (2009) who discusses rational emotive behaviour therapy (REBT) goes further and states: "The consensus view in cognitive-behaviour therapies is that the core conditions outlined many years ago by Carl Rogers (1957) - namely, empathy, respect and genuine - are solid foundations for therapeutic change, but are neither necessary nor sufficient for change to occur." (p.71)

More about the Feeling Corner of the Heptagon and Therapy

Redecision therapy and gestalt therapy directly focus on the feeling corner as does CBT and rational emotive behavioural therapy (REBT) but in quite different ways. There are two schools of thought about this, with one being those who favour catharsis and believe there is therapeutic benefit from clients expressing their emotions in the therapy setting whether that be anger, sadness, anxiety and so on. This is often viewed as working through the emotion and with that a client will at some point come to a resolution about the emotion and what they are feeling the emotion about. Then it can be said to be worked through and then it will no longer contribute to psychological disturbance. This is a very widely held view by many therapies including rededication, gestalt, Reichian, bioenergetics, primal therapy and so on, as described by Feiss (1979).

The other school does not encourage the expression of emotion but instead invites people to begin thinking about their feelings. This is found in the CBT and REBT approaches (Beck, 2011; Dryden and Neenan, 2006). Whilst the catharsis approach invites the person to feel the feeling in their Child ego state, these other approaches invite the client to start thinking and thus move out of their Child and into their Adult ego state. So in essence they stop feeling the feeling. Peck (1990) explains why this approach is adopted: "My reading of the literature on anger management suggests that expressing anger can lead one to feel more angry and that the catharsis theory has largely been disproved. I think it is for this reason that the cognitive theorists and therapists have reverted to interventions which are largely cognitive." (p.1). Hence there is the view that the cathartic expression of feelings such as anger would only lead the person to become chronically angry over time.

This simply has not been my experience. After 40 years of psychotherapy where I have often used catharsis with clients, I cannot recall one instance where that has happened, I cannot recall one person ever complaining about that or reporting that. I have worked in conjunction with such psychotherapists for many years and have never heard any one of them report that and have not seen it reported in journals or at conferences.

In rededication the use of catharsis is done in a very specific and goal directed way. Perhaps if the client was asked to express anger just as anger with no actual goal, then it is possible it may develop over time into chronic racket anger. In rededication the person may be invited to express their anger at their mother in the empty chair because of the perceived abandonment of the person as a child. This anger is directed at a specific person for a specific reason and it is up to the therapist to keep the client on that track for the duration of the catharsis. This allows the person to finally express the emotion they have felt for many years at the other. In my view this catharsis can be of considerable therapeutic value, as the Child ego state is finally able to express that emotion.

The client may indeed do the same a number of times towards that specific person but usually it is not too long before the client tires of it. The therapist (or client) may then raise the issue of how long will they continue to remain angry at their mother? Who may have in fact been dead for the last 10 years. Most clients will tend to see the futility of this and most will then let the feelings go and the anger then becomes a non-issue for them. The opposite to the formation of the chronic anger happens. The mother then just becomes a memory with little strong emotion attached to that memory of her.

Body holding patterns

Wilhelm Reich (1975), the father of body therapies, was originally a psychoanalyst who worked with Freud. He proposed that people developed chronic holding patterns in their body. These were stress-related muscle contractions that became permanent in the body. In transactional analysis these occur in children when they make life script decisions. When the parent delivers an injunction the child will automatically tense and contract muscles in some part of its body along with making the early decision. The decision and the bodily contraction become connected as shown in the heptagon, and therefore support each other. All body therapies in some way seek to focus on and release these chronic muscle-holding patterns, sometimes referred to as body armour. The most noted transactional analyst to write on this topic is Joseph Cassius (1980) who follows on from the work of Lowen (1976) and bioenergetics.

The theory is that if you can break down the body armour that will then force the other six corners of the heptagon to change, including the early decisions corner. Thus one can get life script to change with the use of body therapies. As mentioned before, the number of body therapies employed over the years is huge, beginning with the mainstream Reichian body work and bio energetics to many others including yoga, martial arts, massage, reflexology

and even to movement therapies like dance therapy that was developed by Marian Chance in the 1930's. However, it would seem that if this really dealt with the other corners it would have become apparent.

Beliefs and attitudes

Of all the seven corners this is one of the most resilient and resistant to change. This refers mainly to beliefs, opinions and attitudes the person has. These take some time to form but when they do it takes a lot to change them. This includes attitudes and opinions about anything including religious beliefs, beliefs about race and other views that might be considered sexist or ageist and so forth. It also includes all the existential questions that people may ask, such as why am I here and what is the point of it all?

One way these are formed is through introjection, (Starke, 1973). Children will introject their parents' beliefs, opinions, attitudes and views as they spend time with them and live with them. In transactional analysis terms introjection is what Berne described as the child making tapes of mother and father and placing those tapes in their Parent ego state as shown in Figure 2. Introjection is a normal developmental process which every child does as it forms its personality (Rycroft, 1972; Tilney, 1998).

This introjection then becomes part of its own personality and part of who it is. The introjection is automatic and indiscriminate. The child has no choice and it will introject all parts of the parent's personality, both the healthy parts and the parts that are less desirable.

Racism is a good example of this. If a child grows up with a parent who makes racist statements and displays racist behaviour then the child will introject those. Once the introjection is made you can never get rid of it which is one reason why such beliefs and attitudes are so resilient. If a racist introjection is made it remains in the Parent ego state until the day the person dies. This does not mean the person will be racist themselves because they also have two other ego states (Adult and Child) which will determine the final attitude the person will display.

However, the racist introject is there, so the potential for them to be racist is more than for a person who does not have a racist introject. However introjection never stops and we are introjecting people into our Parent ego state our whole lives. Husbands introject wives and wives introject husbands. New non-racist introjects can be made but this does not remove the original racist introject. Again this explains why people's beliefs and attitudes are so resilient. Getting a community to significantly change racial views is going to take generations.

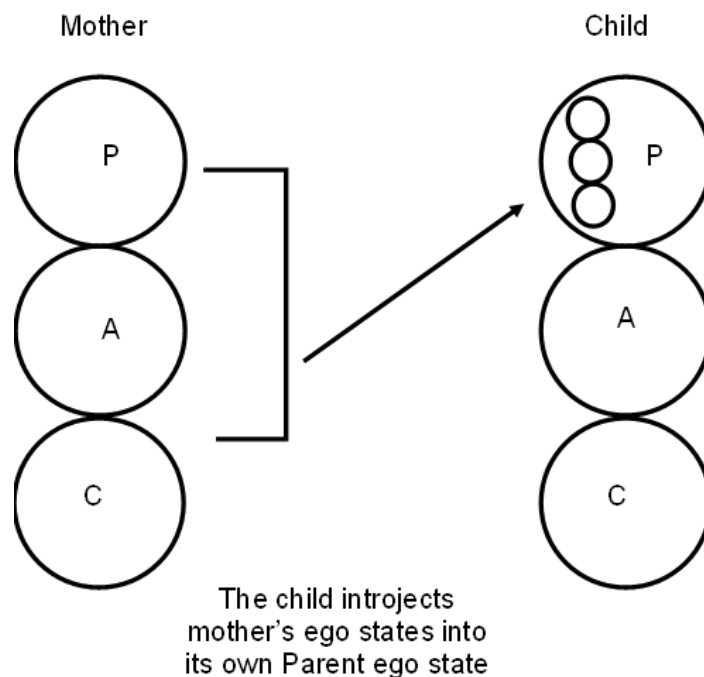


Figure 2: Introjection

Research on values and beliefs highlights how influential introjection can be. Johnson and Whiffen (2006) report on children's Parent ego state standards and values that are similar to their actual parents. These vary with age, in particular in adolescence: 16 year olds reported 25% similar values to the parents; 25 year olds reported 40% similar values to the parents; 30 to 40 year olds reported 70% similar values to the parents. Whilst in the younger years, during the earlier stages of human development, there seems to be a rejection of the standards and values of the parents and the parental introjects, by the time the person has reached adulthood we can see a significant majority of the parental standards and attitudes are accepted within the basis of the person's personality. This indicates that introjection is a powerful way by which people establish their personality and who they are.

One changes the beliefs and attitudes corner of the heptagon by including new introjects into their Parent ego state. This however takes time. People will tend to form relationships with others who have similar attitudes and opinions, so they tend to get new introjects that support the old introjections. Of course the same can happen in therapy where clients will tend to introject therapists into their Parent ego state.

However there is more to beliefs and attitudes than just introjections by the child. We all at some point have to deal with the existential questions of who am I and what is my meaning for being here. This is no better illustrated than with the work by Viktor Frankl (1984) and his development of logotherapy. This system of psychotherapy focusses more on these existential questions than do most psychotherapies. He proposes there is a drive in people called the will to meaning where people come to terms with what is their meaning of life or what is their purpose. They develop their beliefs in this way about these much deeper existential questions.

There are clients who present with issues as to what are their beliefs and answers to such questions. Relevant here is also the work by Fanita English (1972) in her discussion of 'Sleepy' or the C1 ego state. She proposed that we all have a pull to non-life in the Sleepy ego state and that the parents are meant to deal with this by providing the child with strong survival messages from a very young age. When this doesn't happen, people can be left with feelings of despair and a pull to non-life. It is in these individuals that such existential questions start to become very important. These are representative of the beliefs and attitudes corner of the heptagon and approaches like logotherapy are good in assisting clients to deal with such basic questions and beliefs about self and the world.

Behaviour

All therapeutic approaches are leading to change in all the corners. For a change to be complete in a person's life script then all seven corners have changed to accommodate the original change that the therapy focussed on. If the therapy primarily focuses on behaviour change then the change is only complete when the other six corners have also adjusted to that original behaviour change. If logotherapy is successful with changing the client's existential beliefs then the life script change is only complete when all the other corners like behaviour and feelings have also adjusted and changed to accommodate the original change in the beliefs.

Habit

Humans are very habitual creatures. How they eat, sleep, eliminate waste, clean themselves, work and recreate often are done in quite habitual ways. The more a person repeats a behaviour the more automatic it becomes. In ego state terms it moves out of the Adult where conscious thinking is required to do the behaviour, and the more it moves into Child where the behaviour is done habitually, with less Adult thinking required. Habit is all about repetition and automaticity. The more you repeat a behaviour (or feeling or thought) the more likely you will automatically repeat that behaviour in the near future.

Habits can be your best friend or your worst enemy. If one smokes marijuana every day for two months then at the end of that a strong habit for smoking marijuana has been established. That person will then easily automatically smoke marijuana again the next day often without even thinking about doing so. To stop smoking marijuana becomes a task that requires a lot of thought and modification of behaviour. One has to actively think and plan not to smoke again the next day. Breaking a habit is not easy and so habitual drug taking is a hard habit to break. The habit is your enemy in this sense.

If the person stops smoking marijuana for two months then at the end of that they have formed a new non-marijuana smoking habit. Now it is easy for the person to habitually not smoke marijuana the next day and this is how a habit can be a friend to the drug user. To again get a drug using habit one has to actively think and plan to smoke again the next day which takes time and energy. It is much easier not to automatically do it.

Research into habit formation by Lally, van Jaarsveld, Potts and Wardle (2010) showed that for a fully developed habit to form takes about two months of regularly doing the same behaviour over and over. Therefore to break a strong habit takes about two months of consciously planning and avoid-

ing doing the undesired behaviour. And two months of regularly doing the desired behaviour. However, those authors' research participants were university students and the habits they changed were about eating, drinking and exercising, so changing other habits for individuals of other ages may take longer. Therefore to break a strong habit takes at the very least two months but most often it is much longer. To break a habit in two months means the person has to perfectly display the new behaviour each and every day with no relapses. This rarely occurs as most people will have relapses. After a few days of the new behaviour they will relapse and show the old behaviour for a day or two.

After each relapse they then return to the new behaviour. Often there are multiple relapses, and each time this happens, so the time taken to acquire a fully formed habit will have extended out to three or six months or more.

For example, if an unassertive individual makes a rededication on their Don't be important injunction on the early decisions corner of the heptagon, the habit corner will resist any new assertive behaviours, thoughts and feelings because that person has been habitually behaving unassertively every day for years. Instead, the individual has to actively make contracts and remember to display assertive behaviours which over time will eventually become habitual in themselves. When that happens then the habit corner will support the change on the early decisions corner.

Conclusion

This article seeks to answer the question of why the life script is so resilient and resistant to change that we need psychotherapists to help people to change theirs. This strength of the life script has been noted since Eric Berne first proposed the idea of the life script and human destiny. This article uses a mathematical perspective to answer this question by proposing a geometrical view of the life script. It demonstrates that the life script has a powerful geometric structure and this can explain why it is so resilient.

The heptagonal geometric structure of the life script allows for a taxonomy of psychotherapies and it is shown how some therapies fit into the heptagon structure. They are explained in terms of how they fit into the seven corners of the heptagon and indeed some therapies can fit into more than one corner. This mathematical view of the life script advances our understanding of the strength of it and how the different aspects of human personality work together in resisting forces that seek to alter it.

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Self-Empathy as a Necessary Element for Regulation of Emotions

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Abstract

The need to care about each other, identifying ourselves with what we have in common, as living beings, human beings on this planet, is currently becoming a focus in studies and reflections among researchers in neuroscience, behaviour, emotions and social relationships, to name a few. In the area of health promotion and psychotherapy, it is no different. Particularly in the last two decades, the expansion of knowledge about the brain and nervous system in neuroscience research has provided information to relate these areas to understanding of the individual and their relationships, contributing to reflections, understanding and proposals for action and possible release from human suffering. Thus, the purpose of this qualitative article is to reflect, based on a Narrative Review of recent literature, on the possibility of understanding empathy as originating from primary or natural emotion. In conclusion, the importance of regulating emotions becomes evident, considering self-empathy so that its function of regulating our instincts with the purpose of survival, well-being and evolution, can happen, in the individual and social fields.

Keywords

empathy, self-empathy, emotions, default system, neuroscience, narrative review

Introduction

The need to care for each other, identifying ourselves with what we have in similarity, as living beings human beings on this planet, is currently becoming a

common focus in studies and reflections among researchers in neuroscience, behaviour, emotions, and social relationships, to name a few.

In the area of health promotion and psychotherapy, activities that I have performed for forty years as a teacher, psychotherapist and facilitator of training in transactional analysis, it is no different. Especially in the last two decades, the expansion of knowledge about the brain and nervous system in neuroscience research has provided a link between these areas of understanding of the individual and their relationships, contributing to reflections, understanding and proposals for action and possible liberation from human suffering.

Thus, the purpose of this article is to reflect, based on a narrative review of recent literature, on the possibility of understanding empathy as originating from primary or natural emotion. And, in this context, to reflect on what self-empathy would be, if we can name it that way, preceding and facilitating the empathic connection.

To this end, it is imperative to deepen our understanding of human emotions and feelings, emotional awareness, empathy, relating to recent findings involving the default mode network, the default system.

In the literature review, we will approach the themes of emotions, emotional awareness and feelings, standard system, empathy and self-empathy, from the presented approaches, and weave the considerations.

Literature And Discussion

In a previous article (Costa, 2018) we reflected on natural emotions, including, from Damasio (2004) and Maturana & Varela (2005), the emotions of anger, fear, sadness, joy and love as natural or primary emotions that we will call root emotions, by their nature shared with several living beings and

with all human beings. So, it seemed appropriate to understand them as biocybernetic mechanisms of regulation of instincts with the purpose of survival, well-being and evolution.

In this perspective, from the reflection of authors and articles mentioned below, we relate empathy as a social root emotion, originated in the emotion of love in the conception of Maturana & Varela (2005), contributing to the understanding of its importance in social relationships. From the vast literature on the subject, we selected researchers whose vision can be associated with the guiding thread of our proposal for reflection.

There are a few number of studies reflecting on the fundamental character of self-empathy, an emotion that is also root, in the facilitation of empathy as a social emotion, promoting survival, well-being and evolution, although preventive health practice and individual and group psychotherapeutics seem to show this fact.

Emotions

When we find ourselves in emotionally intense situations, we produce substances and experience physical sensations, whether positive or negative, and we are often immersed in them even when we are not aware of what is happening.

António Damasio (2004, 2018), among other authors such as Panksepp (2011), Zak (2012), within his scientific production in the field of neuroscience has addressed the precedence of emotion over feeling, referring to a complex chain that starts with life. According to him, every living organism, from the amoeba to the human being, is born with enough to solve the basic problems of life; that is, to find sources of nutrition, incorporate and transform this nutrition, maintain a chemical balance compatible with life, replace components that age and die, maintaining the body's structure and defending it from physical injury. This happens automatically, ensuring homeostasis. This base, common to every living being, constitutes the roots of a tree, according to the analogy of Damasio (2004), through which we develop emotions themselves, considered the gems of the instinctive regulation of life.

Emotions themselves influence hungers, drives, needs and vice versa. Fear and sadness, for example, inhibit hunger and sexual activity. Joy promotes hunger and sexual activity. Satisfying the instincts causes joy and blocking the satisfaction of the instincts can cause anger, despair and sadness. For the authors, all these reactions are automatic, aiming, directly or indirectly, to regulate life and promote survival throughout biological evolution, in a determination of self-preservation present in any living being, the fight against threats, for the

maintenance of the coherence of their structures and functions, in order to remain the same individual. This determination is related to the mechanism referred to by Maturana and Varela (2005) as autopoiesis, which occurs in the domain of internal structural dynamics. The other domain, for these authors, is relational dynamics, in which we exist as living beings in the realisation of our living. In these two domains we exist as the class of living beings that we are. In the domain of relational dynamics, while a unit does not enter into a destructive relationship with its environment, between the structure of the environment and that of the unit there is a compatibility, in which both act as sources of mutual disturbances, triggering changes of state.

For these recurring interactions to happen, the emotion that constitutes them is love, as the space of conduct that accepts the other as a legitimate other in coexistence. Rejection, on the other hand, constitutes the space of conduct that rejects the other as a legitimate other in coexistence. Love and rejection, understood in this approach, constitute root emotions, such as anger, sadness, fear and joy.

Emotions, therefore, are relational. So, although still little researched by scholars of emotions, such as Damasio, (2004), LeDoux (2001), and Panksepp (2011), based on the biology of knowledge (Maturana and Varela, 2005), it is possible to encourage research in the field of neuroscience, among others, about the root emotion love, understanding it as present in the interaction between the elements that compose the unicellular beings. And, as a social or relational emotion, present at the origin of biocybernetic mechanisms of life regulation with the purpose of survival, well-being and evolution.

Damasio (2018), opens this reflection when he says that: "Care and rearing of offspring is also a powerful impulse, complemented, on the side of those who are cared for and raised, by bonds of affection and love, the kind of bonds whose interruptions lead to panic and suffering." (p.135).

Understanding the brain mechanisms underlying emotions expands our possibilities of appropriation and options for action and interaction in the emotional sphere. And there is not a single emotional brain or physical system to understand the origin of emotions, but several systems, operating outside the sphere of consciousness (LeDoux, 2001). Several brain regions are identified as involved in or triggering emotion, such as the amygdala, located in the temporal lobe, a part of the frontal lobe called the ventromedial prefrontal cortex, and a frontal region in the cingulate cortex. These are regions that come into action as a result of natural stimuli or artificially created stimuli.

From the observation, in studies cited by LeDoux (2001) we know that people with lesions of the amygdala cannot trigger fear or anger and, consequently, do not have the feelings that correspond to them. Also, the normally functioning amygdala comes into play even when we are unaware of having perceived something threatening.

In any emotion, the multiple waves of chemical and neural responses alter the interior environment, the state of the viscera and the state of the muscles during a certain period with a certain profile. Emotion is a disturbance of the body (positive or negative valence) that spreads and is amplified. This extension and amplification occur because the presence of an initial external or internal stimulus often leads to the evocation of related stimuli that also provoke emotion.

Emotional Awareness and Feelings

Why is it essential to distinguish emotions from feelings and feelings from emotions?

What we call feeling originates in the basic homeostatic reactions of the regulating flow of life. In this regard, Damasio (2004, 2018), Siegel (2012), LeDoux (2001), Panksepp (2011), to name a few researchers, have similar reflections and approaches.

However, the understanding that emotions are public and feelings are private (Damasio, 2004), is fundamental to build the idea of this work, due to the fact that, when we reflect on what we feel, we do so immersed in the relational strategies created throughout the socialisation process to satisfy our needs for survival, well-being and evolution, inserted in the context of our individual development. In the words of Damasio (2018) "the processes that sustained feelings after minds emerged existed long before, and included the mechanisms necessary to generate the characteristic component of feelings: valence" (p. 145). We understand valence here as the inherent quality of experience, which we capture as pleasant, unpleasant, or something in between.

A feeling for Damasio is a perception of a certain state of the body, accompanied by the perception of thoughts with certain themes and by the perception of a certain way of thinking. Feelings of emotions are functionally distinct because their essence consists of thoughts about the body when surprised in the act of reacting to certain internal or external objects and situations. When this bodily essence is removed, the notion of feelings disappears. Feelings do not necessarily originate in the real state of the body, but in the real state of the brain maps that the somatosensory regions construct at each moment. The world of feelings is realised through perceptions performed on brain maps. Such maps are made

through an intricate network of hierarchical neuronal interconnections that, for this stage of our study, we will not delve into further.

For Damasio, feelings open the door to a new possibility: the voluntary control of what until then was automatic. This is the space in which the relational expands possibilities for evolution. Feelings are not just neural events. They are 100% simultaneous and interacting phenomena of the body and the nervous system. The flow of mental contents causes emotional responses, which occur in the domain of the body or its brain maps and which, ultimately, lead to feelings.

Research, currently, also points to the so-called second brain, the enteric nervous system, large in its structure and indispensable function, with evidence of an important role in feeling and mood (Damasio, 2018). Most of the neurons that make up this system are intrinsic, as in the central nervous system. One part is extrinsic and projects to the central nervous system through the vagus nerve. The dorsal trunk of the vagus nerve is widely addressed by Porges (2011) in the polyvagal theory, which suggests that, through the process of neuroception, we continually, without awareness, assess the context of a situation for its inherent threats to survival, equating physiological states of the body with social engagement, fight-flight-freeze, or standstill behaviours. This is not, however, the focus of this study at the moment and will not be discussed further.

According to Damasio (2018), feelings are related to the quality of the state of life inside the body, in any situation. It can be during rest or in the course of goal-directed activity or in response to thoughts we have, consciously or in the background of the mind, whether they are caused by a perception of the external world or a recollection of a past event. stored in memory.

Emotional clarity is defined by Shalev (2020) as the extent to which people unambiguously identify, label and characterise their own emotions. Most theories consider awareness and clarity of emotions to be the building blocks of emotion regulation. The author addresses six levels of regulatory control, indicating that the lowest level of regulation is the automatic level of somatic and visceral reflexes associated with body state. In research, only the sixth and highest level of regulation is associated with voluntary emotion regulation, with its activation depending on having an emotional goal and attempts directed at a strategic goal to suppress or re-evaluate emotional responses. This level is associated with top-down voluntary control over cognition, attention, and behaviour, which activates regions such as the

dorsolateral prefrontal cortex, dorsomedial prefrontal cortex, ventrolateral prefrontal cortex, and parts of the anterior cingulate cortex and cortex. posterior parietal bone (Gross, 1998). This seems to be the level on which Damasio places his feelings. On the other hand, when emotion clarity is low, people tend to fail to regulate emotions or fail to effectively select and implement emotion regulation strategies.

Feelings are our individual, unique way, immersed in the cultural broth, of understanding the message of the root emotion related to survival, well-being and evolution.

Standard System

From studies in the 1990's, aided by techniques such as functional magnetic resonance imaging (fMRI), the so-called standard system began to be understood, according to its initial researchers (Raichle, MacLeod, Snyder, Powers, Gusnard, and Shulman, 2001), as a complete mental network that coordinates our movements with the senses. This network comes into play the moment we stop focusing our thoughts. Certain parts of the brain seemed to shut down when a focused task was initiated. These same regions were highly active during rest. These linked networks of the brain were called the standard mode network or standard system. It means the brain's pattern of functioning when we are not focused on something. As research continued, it became evident that the pattern system is primarily related to the areas of the dorsal and ventral medial prefrontal cortices, medial and lateral parietal cortex, and parts of the medial and lateral temporal cortices.

Our brain is a complex integrative network of multiple functionally linked brain regions that are continuously sharing information with each other during the resting state, according to Van den Heuvel and Hulshoff (2010). Their studies show that this functional communication within the human brain is not just random, but organised according to an efficient topology that combines efficient local information processing with efficient global information integration. And the most pronounced functional connections are found between regions that are known to share a function, suggesting that fMRI oscillations in this resting state, known as the default system, may reflect ongoing functional communication between brain regions during rest.

Currently, researchers have observed that, under certain circumstances, brain activity in the resting state (default system) is characterised by greater activation when compared to how the brain is during experimental tasks. It seems that the brain, in some cases, works more in the basal condition. The default network is more associated with internal processing, as suggested by several studies on its involvement

in self-generated thinking, such as autobiographical memory, mind wandering, and thinking about the future (Wang, Kong, Kong, Liégeois, Orban, Deco, van den Heuvel, and Thomas Yeo, 2019).

In experiments by Messina and Sambin (2015), deactivating temporal areas allowed participants to avoid emotional memories that interfered with performing a working memory task. According to these authors, three mental processes have been considered to explain the functions of the standard system: semantic process, self-projection and floating attention. Semantic processes include memory retrieval and representations based on information from past experiences. Semantic processes allow a continuous retrieval of conceptual knowledge in the construction of conceptual models of oneself and relationships. The default system is activated when experimental tasks require semantic processes.

The default system is also activated when individuals perform tasks that involve the self, such as exposure to stimuli associated with the self, such as personality traits that the individual judges to be self-descriptive, and during introspection. In general, the data have shown that the standard system is involved in self-projection; that is, the ability to project itself from the present to the past, the future, or different places. This is a subliminal process of many functions of the human brain, including access to autobiographical memories (self-projection into the past), thoughts related to the future (self-projection into the future based on past experiences), and empathy (self-projection into the past). to the perspectives of others).

Another process associated with the standard system is floating attention, a form of unfocused attention designed to facilitate understanding of significant variations in the external environment, body state, and emotional states. It works in the background like a radar. While the dorsal attention system constitutes the neural substrate for voluntary attention, another attention system, called the ventral attention system, appears to be connected to floating attention. This partially coincides with the standard system. So, in the research of these authors, the data indicate that the predominance of activation of the standard system in the voluntary attention system implies that aspects of perception in the present are dominated by semantic aspects related to the past, excess of negative focus on the self and emotional avoidance.

This information leads us to infer that while our default system is activated, we are telling ourselves about ourselves and our interactions with others, our pains and our joys, our explicit and implicit memory, autobiographical, self-projection, our internal dial-

ogues, in the background of the mind, unconsciously or barely consciously.

Empathy

How is empathy possible? The acceptance of the other with us in coexistence is, for Maturana and Varela (2005), the biological foundation of the social. We are human in relational dynamics.

Interpersonal experience alters the structure of the brain and the connections between neurons, thereby shaping mental processes. According to Allen (2000), the plastic richness of the nervous system is due to its continuous transformation, which remains congruent with the transformations of the environment, as a result of each interaction that affects it.

The polyvagal theory (Porges, 2011) emphasises that the need to connect with others is a primary biological imperative for humans. And that, through connection, physiology is co-regulated to optimise physical and mental health. The theory underscores the role that the social engagement system plays in initiating and maintaining connection and co-regulation.

Emotion regulation appears to play a central role in empathy. It is an essential aspect of mental health and refers to processes that amplify, attenuate or maintain the strength of emotional reactions so that people are able to control their behaviour and/or accept and value emotional responses. Gross (1998) defines emotion regulation as “the processes by which individuals influence the emotions they feel, when they perceive them, and how they experience and express these emotions.” (p.271).

Theories of emotion regulation are diverse and have their origins in the study of psychological defences with Freud in the 1930's. Currently, the field of emotion regulation integrates experimental research, clinical psychology and neuroscience to understand how emotions are generated and regulated to facilitate adaptation to the environment. LeDoux (2001), Panksepp (2011), Damasio, (2018), and Shalev (2020) are examples of scientists, among many others, who have dedicated their studies to this field.

The occasional discovery of mirror neurons from research with monkeys (Rizzolatti and Sinigaglia, 2008) has given rise to new speculations about imitation, relational skills and empathy, among other approaches to study. Subsequent research with human beings has brought more possibilities to understand the biological bases of our interpersonal relationship skills, showing their connection with complex affective phenomena such as empathy (Ferreira, Ceconello and Machado, 2017).

Another field of studies that has contributed to approaching the phenomenon of empathy is the Theory of Mind (ToM), developed from Piaget's contribution to understanding cognitive development.

According to Goleman (2014), empathy can be identified in three strands: cognitive empathy, which is the ability to understand another person's perspective; emotional empathy, which happens when we have the ability to feel what the other person feels; and, finally, empathic concern, which means the ability to feel what the other person needs from us. Goleman, in his research and books, emphasises the importance of emotion regulation as a path to emotional intelligence, in which one of the aspects is empathy.

A significant contribution to the understanding of the distinction and neural correlations between empathy, compassion and ToM was made by Preckel, Kanske and Singer (2018) (these terms can be associated respectively with what Goleman calls emotional empathy, empathic concern and empathy cognitive). In this review, the authors define these social functions and describe the neural networks associated with each of them. Based on the interaction between empathy and ToM, they evidence the importance of the self-other distinction (implemented in different temporo-parietal brain regions) in socio-affective and socio-cognitive processes, especially in the interaction with the suffering of the other. They report that the socio-affective and socio-cognitive paths to understand the other are mediated by independent and separable neural networks that, however, are necessary together in many complex social situations.

Preckel et al conceptualise empathy as “the process of sharing feelings, that is, resonance with the feelings of another person, regardless of valence (positive/negative), but with the explicit knowledge that the other person is the origin of that emotion” (p.19.1).

The first neuroscience studies aimed at understanding empathy investigated empathy in the pain domain, showing that directly experiencing pain and witnessing another person receiving painful stimuli results in shared neural activations in the anterior insula and anterior middle cingulate cortex.

Compassion is a complementary social emotion provoked by witnessing the suffering of another and is closely associated with feelings of concern and cordiality, linked to the motivation to help. Empathy and compassion also differ on a neural level: compassion activates the neural network previously associated with reward and affiliation processes, including the ventral striatum, nucleus accumbens,

ventral tegmental area, medial orbitofrontal cortex, and subgenual anterior cingulate. Congruently with these activations in networks associated with rewards and affiliations, compassion generates positive affect towards the suffering of others.

In contrast to socio-affective processes, socio-cognition refers to taking another person's perspective (also referred to as ToM, mentalisation, or cognitive empathy). Instead of an emotional state, ToM produces abstract propositional knowledge about the other's mental state. It describes the process of inferring and reasoning about the beliefs, thoughts or emotions of others. Crucial brain regions involved in ToM include the ventral temporoparietal junction, superior temporal sulcus, temporal poles, medial prefrontal cortex, and precuneus/posterior cingulate.

Distinguishing oneself and the other constitutes an important element of both empathy and ToM, as it allows differentiation between one's own emotional or mental state and states shared with others. Failure in the self-other distinction results in a combination of these states, thus inducing an egocentrism bias, the tendency to project one's own emotional or mental state onto someone else, or an altercentric bias, the influence of others' states on judgments of emotional states, and/or about yourself.

Sharing affective states with another person (empathy), feeling concern for another (compassion), and reasoning about another person's mental state (ToM) are separable at a conceptual, behavioural, and neural level; Strong empathies are not necessarily effective mentalisers, and each domain can be selectively impaired in psychopathologies such as autism or psychopathy, according to this review. In summary, the evidence supports a detailed view of the social mind, not as a monolithic 'social intelligence' but as a dynamic interaction between different functions and subservient neural networks that allow, in different ways, engagement in prosocial behaviour.

According to research by Naor, Rohr, Schaare, Limbachia, Shamay-Tsoory and Okon-Singer (2020), by regulating our own emotions we can reliably use them in order to correctly interpret the content and valence of others' emotions. In this fMRI-based experiment, emotion regulation through reassessment of the displayed situation modulates the intensity of emotional bias, followed by empathy in relation to pain manipulation. There was an increase in activity on the right in the inferior frontal gyrus when painful emotions were regulated through reappraisal, differing from when there was no regulation through reappraisal.

Their current results suggest that accurate empathic judgment (i.e., unbiased empathy, if that is possible - such questioning would lead to another study) depends on a complex interaction between the neural regions involved in emotion regulation and regions associated with pain empathy. Those authors define empathy as the ability of an individual to vicariously experience the thoughts and feelings of another person, generating connections between human beings. As part of the empathic process, individuals use their own emotions and experiences as a reference point for understanding the mental states of others.

Paul Zak (2012), when addressing oxytocin, named by him as the molecule of morality, refers to the Human Circuit of Empathy mediated by Oxytocin (Circuit HOME). For this author, oxytocin maintains a balance between the self and the other, between trust and distrust, between approximation and distancing. The release of oxytocin, a hormone that modulates social life, by the brain shifts the balance towards empathy.

From a broad approach, including several areas of knowledge, it is worth mentioning Paul Bloom (2018), who elaborates an interesting reflection on empathy, in which he points out misconceptions and partial analyses about this concept in the fields of neuroscience, psychology, religion, politics, leading to a tendency to universalise the discourse of empathy as the greater good for a better human being. He argues that relying on empathy as an absolute good is not the right way to make a better world. The empathy he refers to has as meaning the act of experiencing the world in the way that the individual imagines that the other is experiencing it, suffering their pain, feeling their feeling. Through examples of past and current events, he evidences, in his thesis, that there is more goodness in morality than in empathy, which is also trained in the context of social standards, since we are social beings by nature. A question pointed out by this author is whether empathy is a reliable way to achieve aspirations and results or leads to overestimating present costs and underestimating future costs. His argument against empathy presupposes rationality, stating that, although we are influenced by instinctual feelings such as empathy, we are not its slaves. He considers that the recommendations of emotions must pass through the filter of knowledge and reason, in a productive partnership.

Self-Empathy

Siegel (2012) defines interoception as the perception of the interior of the "sixth sense", including signals emerging from Lamina 1 of the spinal cord that derive

from muscles, bones and viscera (heart, lungs, intestines). It may precede the ability to know what we are feeling, to become aware of changes in internal body states that influence our affective variation. This awareness seems to involve action of the right anterior insula on the prefrontal cortex and is correlated with the ability to empathise with the other's feelings. According to Siegel, interoception is the key to empathy and self-awareness.

On this subject, Shalev (2020) points out that emotion regulation is an essential aspect of mental health that refers to the processes that amplify, attenuate or maintain the strength of emotional reactions so that individuals are able to control their behaviour or accept and assess emotional responses. He notes that most research on emotion regulation has prioritised top-down strategies with the purpose of changing present emotions to desired emotions. However, he comments that little is known about emotion regulation under low emotional clarity.

Recent research has shown the association between interoceptive skills and emotion regulation. According to recent developments in neuroscience research there are two types of inputs: exteroceptive inputs associated with the perception of the outside body, based on multisensory integration; and interoceptive inputs, defined as the sense of the internal physiological state that supports the homeostatic regulation of the body, resulting in physiological integrity and associated affective states, impulses and emotions. Research in interoception and psychopathology indicates several associations between psychopathology and hypersensitivity or hyposensitivity to interoceptive cues.

With respect to cognition, there is evidence that embodied cognition is influenced by various sources of information, including innate processes, personal history, and culture. The general idea is that contextual exteroceptive cues activate associated mental representations, suggesting that activation automatically spreads from concepts driven by experiences in the physical world to their metaphorically related concepts.

Messina, Bianco, Cusinato, Calvo and Sambin (2016) reviewed the abnormal functioning of the standard system in depression, focusing on emotion regulation. Depression is generally understood to result from difficulties in regulating emotions. Based on neuroimaging studies on voluntary emotion regulation, the neurobiological models evaluated focused on the concept of cognitive control, considering emotion regulation as a shift towards involving controlled processes associated with the activation of prefrontal and parietal executive areas, rather than automatically responding to stimuli.

According to these models, the weaker performance of the executive area observed in depressed patients is attributable to the lack of cognitive control over negative emotions, which is directly related to Shalev's findings.

In Messina et al's review, in addition to the concept of cognitive control, following psychodynamic models means understanding the development of individuals' ability to regulate their emotional states from mother-infant interactions in childhood, through the construction of the representation of themselves and others. and of relationships. The researchers then linked these experiential psychodynamic models with recent findings about the abnormal functioning of the standard system in depression. The psychological functions associated with the pattern system include self-related processing, semantic processes, and implicit formulations of emotion regulation. The abnormal activation of the pattern system seen in depression may explain the dysfunctional aspects of emotion regulation typical of the condition, such as exaggerated negative self-focus and rumination about problems with self-esteem.

They also discussed the clinical implications of these findings with reference to the therapeutic relationship as a key tool for revisiting impaired or distorted representations of the self and relational objects. While psychodynamic models of emotion regulation emphasise the importance of internal representation of the self and others to explain emotional disorders, neuroscience has focused more on emotion regulation as a form of cognitive control, neglecting the importance of semantic representations over which process control can act.

Self-projection underlies many processes that may be associated with emotional dysregulation, such as access to autobiographical memories (self-projection into the past) or future plans (self-projection into the future), but also with empathy and ToM (self-projection from perspectives of others). Intriguingly, the overlap between brain structures that are activated by self-representation and ToM seems to confirm the psychodynamic view of a common source for representations of self and others constructed in primary relationships with caregivers in childhood.

The emerging idea from the review is that the default system is abnormally activated in patients with depression, consistent with the observation of negative autofocus and rumination in these patients. In line with clinical models derived from psychodynamic theory, these difficulties in emotion regulation can be associated with the existence of rigid and negative internal representations about oneself and others. Considering these processes in

neurobiological models of emotional dysregulation helps to build bridges between the theories behind clinical psychology and neuroscience. Grecucci, (in Grecucci, Fredrickson and Job, 2017; Grecucci, Messina, Amodeo, Lapomarda, Crescentini, Dadomo, Panzeri, Theuninck and Frederickson, 2020), basing an emerging model on dynamic-experiential regulation of emotion, and based on data from affective neuroscience, addresses the regulation of emotions through a biological mechanism, explaining that emotions increase in intensity, peak and then are stable when the action tendency of the adaptive emotion has been expressed. He points out that emotions are not inherently dysregulated and that dysregulation results when emotions are associated with excessive conditioned anxiety, or when affects are triggered by certain defensive strategies, both of which lead to dysregulated affective states. He concludes that further research is needed to clarify these mechanisms and how to integrate them. His hypothesis is that both processes act as a dual system to promote top-down (cognitive) regulation and bottom-up (experiential) regulation. The clinician can choose, according to the moment, whether regulation would be better promoted by top-down (cognitive) or bottom-up (experiential) strategies.

The ability to be attuned to another's emotional state is likely to be a function of the ability to understand one's emotional experience, which is itself a function of how such emotional experiences have been represented and communicated to others in the past.

We are naming as self-empathy this empathic understanding of personal emotional experience, a function of the way emotional experiences with other people in the past, in their primary relationships, were represented and communicated. This includes cognitive (ToM), emotional (compassion) empathy, and concern. empathy, in accessing interoception, autobiographical memories and self-projection.

For further reading on this topic, the focus developed by Shustov and Tuchina (2019) regarding implicit memory and neuroscience of foresight and future memory related to the brain activity of the standard system is interesting. Those authors demonstrate how implicit and automated cognitive patterns escape cognitive control, triggering behaviours under archaic forms of emotion regulation.

Final Considerations

Emotion regulation is a condition for the experience and manifestation of empathy in its three aspects, cognitive, affective and empathic concern. Working actively with emotion has been empirically demonstrated to be of central importance in psychotherapy. There are several therapeutic models of different theoretical orientations

incorporating principles and techniques to work with dysregulated emotions. The connection with proprioceptive and interoceptive mechanisms is a recent area of research, complex and challenging. Scientific evidence is slowly and partially emerging, with still no consensus on the interpretation of early findings.

In agreement with Grecucci et al (2020), a question that arises is about these paths: cognitive (top-down) or experiential (bottom-up) regulation of emotions.

In order for love to be present in the relational dynamics as the space of conduct that accepts the other as a legitimate other in coexistence, it seems to be necessary for it to be present in the internal structural dynamics (autopoiesis). Hence, a fundamental look at self-empathy.

It is worth mentioning that, as part of the empathic process as already presented, individuals use their own emotions and experiences, in a more or less conscious way (high or low emotional clarity) to understand the mental and emotional states of others. Under low emotional clarity, the distinction and boundary between what is in the individual's inner field and what is in the other's inner field becomes blurred.

Internal processing, with self-generated thoughts, with autobiographical memory, self-projection and fluctuating attention and its relationship with the standard system, is a demonstration of the importance of differentiating the self from the other through a path that passes through interoception, validating, through the internal body panorama, the nature of the individual in its purpose of survival, well-being and evolution. Top-down cognitive regulation of emotions seems to be insufficient, whether through biomedical or psychosocial interventions. A level of validation of the nature and strength of emotions via bottom-up appears to be an important force in this process, validated by the research presented on the standard system and other neuroscience findings.

From the references discussed, the importance of regulating emotions, contemplating self-empathy, becomes evident so that its function of regulating our instincts with the purpose of survival, well-being and evolution, can happen, in the individual and social fields.

Social Impact

What is also placed in the current context of studies in different areas is, from the existing understanding of the moment, which path to prioritise when we think about psychotherapeutic, educational, preventive and rehabilitation practice in relation to the regulation of emotions, empathy, and mental and relational health.

It seems that, at the moment, the tendency is to prioritise a protocol within the biomedical model or the psychoeducational model. And, in each of these one or the other direction is emphasised, seeking top-down or bottom-up interventions.

Each model proposes different views on how emotions are generated, deregulated and regulated. These perspectives directly influence the way to approach these problems. The cognitive regulation model of emotions sees emotional dysregulation as a consequence of deficits in regulatory mechanisms and prioritises the modification or development of cognitive skills.

The experiential dynamic model postulates emotional dysregulation from the presence of disruptive mechanisms and prioritises the restoration of natural regulatory processes. In this model, self-empathy, understood as an empathic understanding of personal emotional experience, a function of the way emotional experiences with other people in the past, in their primary relationships, were represented and communicated, and which includes cognitive (ToM), emotional (compassion) empathy) and empathic concern, in accessing interoception, auto biographical memories and self-projection, seems to have a basic function.

Given the complexity of humans and their relationships, it is likely that combination and expansion will be possible based on the continuity of research and applications. Current research pointing to memory reconsolidation may offer ways to this process of combination.

From this point of view, seeking combination, increasingly evidenced by neuroscience allied to psychotherapeutic and educational practice, points to the professional and social relevance of this reflection.

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The Potency of Transactional Analysis within an Individual after Relational Integrative Mentoring

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To match the format of IJTARP, we have provided an alternative Abstract and moved the previous paragraph to become part of the Introduction to this article

Abstract

The authors demonstrate through narrative analysis how potent lessons from TA are learned, applied and retained by those receiving relational integrative mentoring. A full account is provided of how transactional analysis is incorporated into such mentoring, including details of specific transactional analysis concepts and how they are used. Research results indicate how mentees particularly value transactional analysis as a language, as well as the usefulness of concepts including ego states, transactions, emotions, psychological games and contracts. The learning by the mentees is demonstrated as applicable to families as well as within the organisational context in which they mentoring was provided. They conclude that the research has demonstrated relational integrative mentoring as a sustainable and significant development programme.

Key words

development; cocreation; impacts; transactional analysis language; journey; change, narrative interview, relational integrative mentoring.

Introduction

Being happy is directly related to the freedom to be able to make your own choices and follow the path that best fits your journey. Although it is difficult to face all the challenges that come with the decision for authenticity, this is a necessary choice for all those who want to live with more meaning.

(Maku de Almeida).

Human development is a complex, multidimensional action that requires the availability of the people involved and the adoption of methods that can facilitate this journey. The core of the Relational Integrative Mentoring (MIR).path is based on the principle of active participation from the thinking and planning of all stakeholders. Our understanding is that the sharing of information and responsibilities brings the necessary fluidity to the common field of coexistence of development to stimulate updating changes. In this regard, transactional analysis (TA), as a language of understanding and communication, is aligned with the purpose of co-creation, facilitating access to the understanding of human phenomena and the incorporation of new patterns of behaviour and relationships by mentees.

[Editorial Note – we have opted to retain the Portuguese initials for Mentoria Integrativa Relacional rather than using RIM]

The objective of this article is to demonstrate, through applied research, that the learning of the concepts of classical and contemporary TA remains in the memory and practice of people after the end of the development journey of MRI. The method used to obtain the analysed data was qualitative research, through narrative interviews. We confirm our hypothesis of the impact and potency of the TA

language in the personal and professional systems, extended to the family and social systems of the mentees. We understand that this intervention, the MIR, combined with the concepts of TA, generated sustained changes that favoured the mentee's functional common fields of coexistence.

MIR is a humanistic developmental intervention that takes place during a co-created journey within the mentor and mentee's relational field, focusing on promoting the mentee's autonomy and facilitating their integrated functioning in personal, professional, family systems and social. In the theoretical basis of MIR are the concepts of classical and contemporary TA and the development journey of each mentee is co-constructed and individualised within the needs of each one. The common point between all is the knowledge and the invitation to practice the TA concepts.

The potency of TA concepts in the development of the mentee along the journey seemed important and we mentors wondered how much of this knowledge would withstand time. To answer this and other questions related to the effectiveness of the MIR, we carried out a field survey, registered on Plataforma Brasil, under CAAE number 41040120.6.0000.5704, authorised by the CEP under opinion number 4,497,511.

[Editorial Note: Plataforma Brasil is a Brazilian Government unified national database of research records involving human beings and is at <https://www.gov.br/plataformamaisbrasil/pt-br>. The Comitê de Ética em Pesquisa/Research Ethics Committee is at <https://comitedeetica.saomateus.ufes.br/plataforma-brasil/>]

The survey's respondents comprised a universe of 39 people, from five different large companies (under current Law 11,638/07 companies with total assets in the previous year greater than BRL 240 million or annual gross revenue greater than BRL 300 million are already considered large). The identified needs referred mainly to the professional and personal systems. At the time of data collection, respondents had completed the MIR in periods ranging from 1 to 3 years. Individual, structured interviews were conducted with open questions and lasted approximately 45 to 60 minutes each. Respondents signed an informed consent form and the qualitative data for use in this article were consolidated and analysed according to the emergence of the conceptual content of Transactional Analysis.

It is important at this point to report the general characteristics of the development journey. Most of those surveyed reached this development intervention through demand from companies and

mentoring took place in a group or individually. The average duration of the journeys researched here was six months, the individual sessions lasted one hour and the group sessions four hours with the periodicity of fortnightly meetings.

The modelling of the development journeys was co-created with the participation of mentees, mentors, managers and people management professionals. The modelling of the development journeys was co-created with the participation of mentees, mentors, managers and people management professionals.

The first step of the development days was the construction of the contracted common field of coexistence (Silva, Teodora, Maestri, Silva, Almeida, Varela and Filho, 2020) with all those involved. It is important to emphasise the presence of the mentee in all stages of development planning, including the design of the initial scope of the journey.

We call a contracted common field of coexistence a functional relational field, in which the participating people make their respective frames of reference more flexible. Such flexibility allows the clarification of expectations, needs, aspects to maintain and develop, obstacles to neutralise. The contracted common field of coexistence generates in the relationship between the participants of the field the necessary fluidity during the development journey that can extend to the challenges of the various systems of life. To this end, there is a first contract and timely updates, in addition to the continuous nourishment of information, recognition, appreciation and validation among the people participating in the field.

For all systems (personal, professional, family and social) one of the relevant gains of the contracted common field of coexistence, which takes place through the explanation of intrapersonal realities, is to combat the harmful effects of symbiotic relationships. (Silva et al, 2020).

The initial expectations of development were made explicit at the time of construction of the common field of coexistence with all those involved and in that contracted between mentor and mentee.

The specification of development needs occurs simultaneously from the sharing of content, that is, the journey is co-created during its realisation.

We associate the various learning experiences that take place in a developmental spiral to a tree. The journey, like the tree, has its own time in each process: preparing the soil, sowing, creating and strengthening the roots, supporting the trunk, expanding the branches and leaves, fructification and the perpetuation of the tree through the production of seeds.

Along the mentorship development spiral, several trees are planted, connected by their roots thanks to continuous planting, sustaining, expanding, harvesting and multiplying. At the end of the journey, the mentee is guided to seek the necessary care to sustain and support their own development and that of the people around them, which can confirm that the sowing was successful. This is a process guided by kindness, the same kindness that a tree needs to receive in order to bloom and bear fruit.

In the development tree, soil represents the disposition for development, which is identified in the first contacts with the company and with the mentee or group of mentees. The first roots symbolise fundamental self-knowledge, as evolution starts with the unveiling of oneself, which allows decision-making for new patterns of behaviour and for the experimentation of new relationship strategies in different systems.

In parallel are the roots that, on the one hand, have the function of sustaining the development process and, on the other hand, obtaining the necessary nutrients for this purpose. Such nutrients can be symbolised by meeting relational needs (Moursund and Erskine, 2004), taking into account continuous, timely information and the 7 Ps: Permission, Protection, (Crossman, 1966), Potency (Steiner, 1968), Practice, Perception (Clarke, 1998), Persistence and Patience (Silva et al, 2020)] to sustain the development journey.

At the main root, which makes the connection between the base and the trunk of the tree, is the contracted common field of coexistence. This field, created at the time of the contract and maintained by the nutrition promoted by the roots was also the stage for expansions based on internalised knowledge, contained in the trunk and branches.

The trunk symbolises communication and the management of relationships that are decisive variables in sustaining the development journey and in the full transit of people through its various systems. Understanding these two phenomena, their origin, impacts and management possibilities, is the foundation for the developments in other areas of represented in the branches of the tree.

Our proposal is that the process is a seeding of development that generates roots and sustains the tree so that it generates seeds in the future. We understand a seed as a person who, strengthened by development, can guide and support the development of other people. Throughout the process, those who live with the mentees in their different systems and roles can be nourished by their

development, just as a tree can offer the generosity of its shadow to welcome those who pass by. When the tree is strong enough to maintain itself, it is time for the mentor to leave the scene.

Details of the Development Journey

In the application of the MIR, the order of the contents indicates a hierarchical sequence that makes it possible to understand the more complex themes from the basic themes. (In this sense it is a taxonomy that classifies and orders people's learning and is a fundamental tool to establish learning goals and objectives). Based on this premise, we realised, in the context of the research, that people delved into more delicate topics as deeply as the intimate relationship with the mentor occurred and how much the self-knowledge provoked by the initial themes was assimilated.

We present the themes developed within a beehive and the choice of this symbol is not a mere chance. It is due to the interconnected combs, which in the case of MIR concerns the interconnection of the steps of the journey.

In the hive shown in Figure 1 are the themes that were part of the researched journey, often on a recurring basis and at different levels according to the need to deepen each one or the group. The MIR process throughout the sessions, which began with the construction of the common living fields, followed the flow shown in Figure 2.

After the construction of the common field of coexistence, the concepts of the contract were deepened, its application was exercised and stimulated with teams, partners, peers and hierarchical superiors. The result obtained at the time was the application by the mentees of the common fields of coexistence in their various systems with the establishment of constructive relationships. The concepts of TA used were contracts (Berne, 1966; Hay, 2007), contract requirements (Steiner, 1976), multiparty contracts (Hay, 1992), psychological distance (Micholt, 1992) and common field of contracted living (Silva et al., 2020).

Then, the concepts of the frame of reference, ego states (structural analysis, functional analysis), and generalised representations were applied, with a consequent deepening of: the understanding of human behaviour and its variables; perception of one's own behaviour; and the impacts on teams, pairs, partners and the consequent reactions. The concepts of TA used were frame of reference (Clarke, 1998; Schiff, Schiff and Schiff 1975), structural analysis, functional analysis (Berne, 1985) and generalised representations (Hine, 1997, 2005).

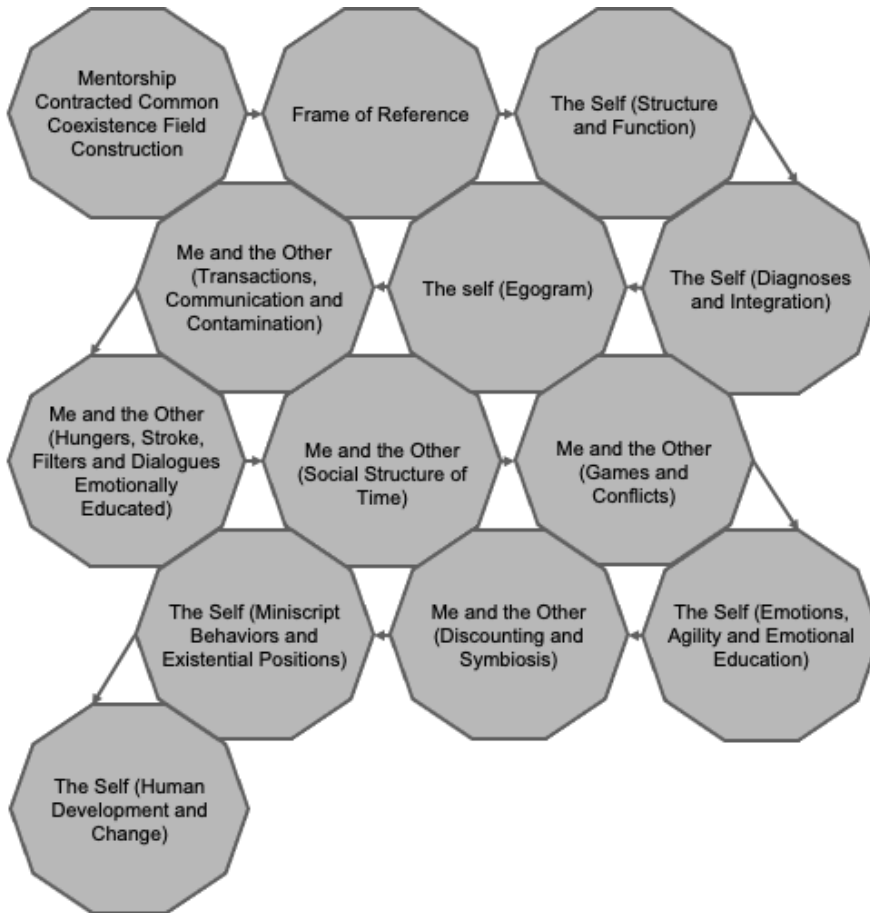


Figure 1: Development Hive

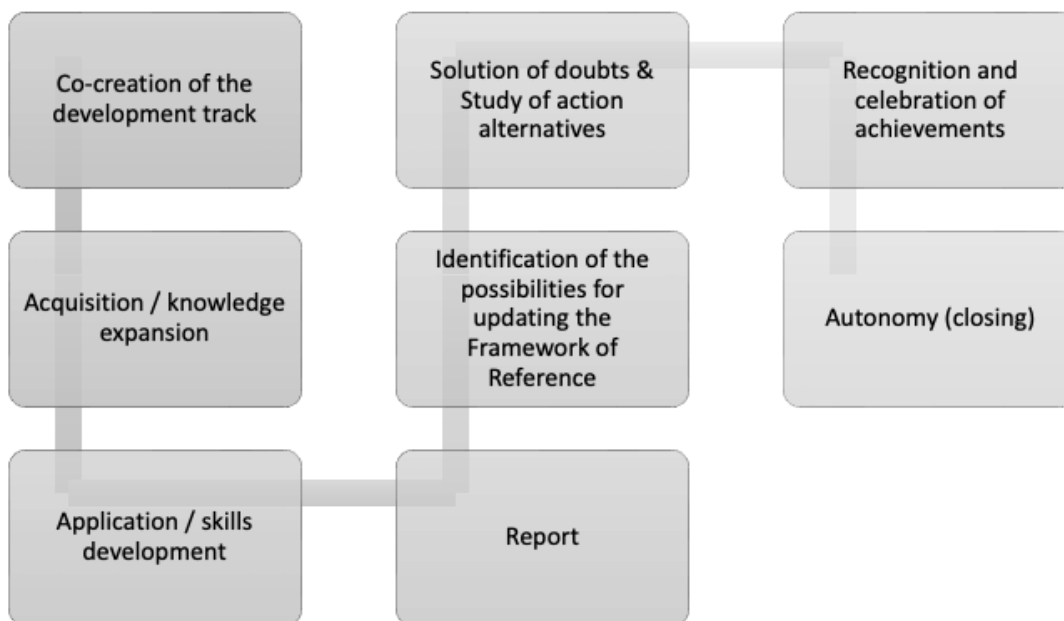


Figure 2: Relational Integrative Mentoring Process Flow.

For those surveyed in management positions, the impacts on the cathexis of the ego states of the mentee in team processes were studied and deepened from the egogram of the effective manager (Villère, 1981). At this moment, a mapping of management competences and a management profile inventory were applied, analysis of which, associated with the knowledge of the theory of ego states, provided the mentees with the possibility of identifying aspects to be developed, which allowed the adjustment of the development path of the MRI. The clarification of the development steps was permanent, as this flexible track was continuously adjusted throughout the programme whenever necessary or appropriate. The concepts of TA used were egogram (Dusay, 1972, 1977) and egogram of the effective manager (Villère, 1981).

Subsequently, there was an understanding of the communication phenomenon and its impacts on the various systems, which made it possible for the mentees to perceive the importance of communication in relationships. This was done by analysing the transactions of the reports brought to the sessions. The use of Adult-Adult transactions during the sessions was an invitation for this same pattern of communication to be experienced in the various systems of the researched. The concept of TA used was transactions (Berne, 1985, 1995; Woollams and Brown, 1978).

The next step was understanding of the phenomenon of relational hungers, which includes motivation and its applications in different environments. The mentees experienced interventions that could strengthen the intrinsic and extrinsic factors of their own motivation and, when applicable, of their subordinates' motivation. It was possible to understand the link between professional performance and the general aspects of motivation and recognition. The importance of frequent monitoring and the provision of nutrition to the contracted common coexistence field was perceived. The mentees had the opportunity to understand the impact of the stroke filter on receiving and providing recognition and to rehearse emotionally polite dialogues and then translate them into their various systems. From the application report, the practice was progressively refined with the emotional education techniques created by Claude Steiner. The TA themes used were hungers (Berne, 1988; Steiner, 1976, 2013; English, 1972), relational needs (Moursund and Erskine, 2004), strokes (Steiner, 1976 and 2013), stroke filter (Woollams and Brown, 1978) and emotional education (Steiner, 2013).

The next theme, time, which is recurrent in organisational environments, was explored through

two variables, time structuring and time management. This allowed the mentees, in addition to knowledge of the two phenomena, to choose and adopt appropriate and healthy time management practices. The combination of time structuring, stroking and time management provided the opportunity to raise awareness among those surveyed and some had the opportunity to change their routine in the short term. The concepts of TA used were time structuring (Berne, 1985) and strokes (Cornell, de Graaf, Newton and Thunnissen, 2016).

Psychological games were presented as a way of understanding toxic relationships and emerging conflicts. It provided the adequacy of conflict management after understanding their impact on collective performance. We emphasised that the dramatic triangle and its roles supported the understanding of the games, as well as the understanding of the game plan facilitated the understanding of strategies for their exit. It was an important moment in the journey of both awareness and the perception of the need to re-visit, review and re-work the bases of worn-out relationships. The TA concepts used were psychological games (Berne, 1988, 1995; James, 1973; Stuthridge and Sills, 2016; English, 1977; Jongeward, 1978; Hine, 1990), game plan (James, 1973) and drama triangle and compassion triangle (Karpman, 1971, 2014).

At this point in the journey, the mentees were ready to understand the functions of emotions and experience the regulation of emotional aspects in relationships, which was done using the emotional education method added to emotional agility guidelines (David, 2018). The concepts of TA used were emotions (Berne, 1988), racket system (Erskine and Zalcman, 1979) and emotional education (Steiner, 2013).

When the mentees reached this stage of the journey, the awareness about themselves and the relationships was reasonably consolidated, which allowed a degree of deepening with the understanding of discounting and symbiosis. These contents were very relevant for understanding the systems of responsibility in the different areas of the mentee's life and once again there was an opportunity to nurture or review the various common fields of coexistence. The concepts of TA used were discounting (Schiff and Schiff, 1971; Macefield and Mellor, 2006), symbiosis (Schiff and Schiff, 1971) and organisational symbiosis (Schmid and Messmer, 2005).

We believe it is important to register the use of the discount matrix as a relevant instrument for this part of the journey, as it allows the identification and

qualification of resources and responsibilities for the change. Its dialogic application was made using guiding questions adapted from Mellor and Macefield (2006).

In yet another level of depth, the mentees were introduced to the negative miniscript behaviours (drivers) and their respective impacts on relationships, management, the development of subordinates and other processes. The concept of TA used was miniscript (Kahler and Capers, 1974).

The end of the journey was based on the phenomenon of change, its relationship with human development, the understanding of the driving and stopping forces in relation to the change processes of the teams and the organisation. The challenge of this last stage was to consolidate the individual changes and manage them in oneself. In some situations, and the changes to be consolidated were related to the functioning of the team. The concepts of TA used were competency curve (Hay, 2009), development cycle (Levin, 1982) and contracts for change (Goulding and Goulding, 1985).

About the research methodology

The research carried out can be categorised as descriptive, as it aimed to describe the characteristics of a given population or phenomenon and to establish relationships between variables of a given phenomenon.

As for the technical procedures, it is a case study, as it involved a deep study of few objects in a way that allowed a broad and detailed knowledge. As for intention, this was an applied research that aimed to generate knowledge for practical application. As for the approach, it was a qualitative research, as it considered that there is a dynamic relationship between the real world and the subject; that is, an inseparable link between the objective world and the subject's subjectivity that cannot be translated into numbers. The interpretation of phenomena and the attribution of meanings are basic in the qualitative research process. The natural environment was the direct source for data collection and the researcher was the key instrument. The tool used for data collection was the narrative interview.

Narrative interviews (Muylaert, 2014) have the characteristic of being collaborative, as the story emerges from the interaction, exchange, dialogue between interviewer and participants. The respondent tells about their experience, and in this process they have the opportunity to get in touch with questions that have not yet emerged. This narrative process can mobilise emotion in the interviewees, since it is sensitising and allows the co-construction of the report from the experience of the mentee and the interviewer.

We observed that the narrative interview, added to the fundamental characteristics of the MIR Mentor role, allowed aspects experienced during the mentoring journey to be accessed from the perspective of the present and the application of knowledge over one to three years after the journey.

Of the fourteen questions in the research instrument, one specifically referred to the experimentation of new concepts and behaviours related to TA. Our purpose was to understand how and to what extent the concepts remained in the thinking and practice of the researched group. By including the stimulus in the research dialogue: "What was it like for you to experience the new concepts and behaviours developed during the mentoring (transactional analysis)?" we understood that we could identify after the process was closed what actually remained and/or continued to be applied.

Results

75 people received and accepted the invitation to participate in the research. Of these, 65.3% confirmed their participation, enabling scheduling, and 39 were actually interviewed, which is equivalent to 52% of the initial sample. Of the total number of respondents, 43.6% were female, 56.4% male and 94.9% were team managers. As for the mentoring process, 51.3% performed individually, 28.2% in a group and 20.5% participated in a group followed by individual sessions. None of the interviewees knew about TA until the beginning of the mentoring process.

Analysing the interviewees' reports, we quantified the emergence of themes in order to identify the most recurrent ones and with evidence of impact on the memory and practice of each one. In Figure 3 and Table 1, we present the results. Below we describe the themes and provide transcribed extracts which show the use of the analysed concepts by the interviewees.

TA as Language

Of the total number of mentored respondents, 66.7% adopted at the time and had continued to use TA as a basic language in relationships and/or management practices, which mainly meant self-perception, perception of the other, identification of the game situation, adoption of a communication attuned and calibration of emotions. Regarding the topics mentioned, the use of TA as language represents 29%.

"(...) it is not just another way of thinking, it is a simple way of doing things that produces the result (...)"

"The foundation is very solid that presents transactional analysis and then you test and put it into practice."

"I think the experience of understanding something like this depends a lot on you putting it into practice and trying to look at it from the perspective of transactional analysis."

"(...) after the concept, you start to really put it into practice and visualise it in a very clear way."

"It's cool when you start to dot the i's and understand that there was a process of cause and effect, that

something happened and caused this, that it came from here, it went there. So, even from the point of view of the most logical engineer, it's nice to understand that there is indeed a logical process that ends up triggering people's emotions, feelings or actions."

"Concepts seem so clear once you learn that you can't live without them anymore."

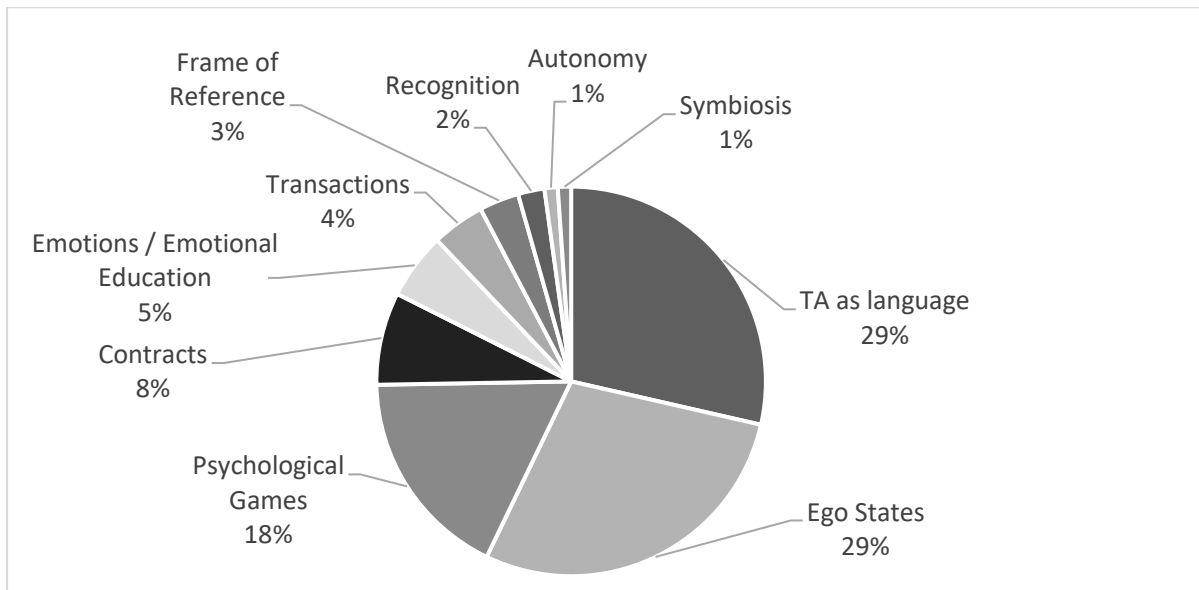


Figure 3: Transactional Analysis themes highlighted in the MIR journey

Themes	Number of mentees	% x themes	% mentored
TA as language	26	29%	66,7%
Ego States	26	29%	66,7%
Psychological Games	16	18%	41,0%
Contracts	7	8%	17,9%
Emotions/Emotional Education	5	5%	12,8%
Transactions	4	4%	10,3%
Frame of Reference	3	3%	7,7%
Recognition	2	2%	5,1%
Autonomy	1	1%	2,6%
Symbiosis	1	1%	2,6%

Table 1: Transactional Analysis themes highlighted in the MIR journey

"I think transactional analysis makes you autonomous. You can see through your right decisions, your possible decisions, because this AT Autonomy is that you have the key to the door. You own the key."

"It is a constant training, an evolution that occurs between ups and downs because I believe that the consolidation of a new behaviour in another level is a difficult and constant task. The great advantage of this learning is the reading of scenarios where it is very easy for me to situate myself in relation to established relational structures."

"Let's go back to the Adult ego state: it's a language embedded in company communication."

Ego States

For 66.7% of the interviewees, the concept of ego states is present in the report and is considered by the interviewees to be the most impacting concept that underlies the perceptions of themselves and the other and made possible the adequacy of behaviour. Regarding the topics mentioned, the concept of ego states represents 29%.

"Then I started to really understand the concepts of transactional analysis, the ego states and realise myself, to the point that I still do this today, of being in some situation and looking inside and realising how I am at that moment."

"And that's how it is, it's not being a child, it's being in the ego state. It is understanding that there is a way of behaviour there, of relating to what comes and that generates an attitude."

"I would say it was liberating, it's like taking down a curtain, because you see, but your vision is blurred, and when you start to realise that you have access to these concepts, you start to realise that it makes sense and that it works. You take it off, you see things more clearly. You will understand yourself and other people more clearly, this will help you in a way to work with these people, both professionally and family. It makes you lighter, things flow more smoothly, not so much in that pressure, in that agony, things get better, more palatable, calmer and lighter."

"Realise which ego state is prevailing at that moment and return as quickly as possible to the Adult, to the here and now."

"Knowing that our behaviour in the face of different day-to-day situations can be analysed and that this analysis serves to guide us and seek better results with which we are involved."

"You can get out of that condition you got into, go back to your Adult ego state and better analyse the

options you have at that moment, that's the main teaching."

Psychological Games

For 41%, the concepts of psychological games and the drama triangle were incorporated as a line of thought for identifying and neutralising toxic relationships and minimizing conflicts. Regarding the topics mentioned, the concepts of psychological games and drama triangle represent 18%.

"I was able to conduct a conversation that normally I would go into that bait, go into her game, and professionally speaking, it was a professional account."

"The memories come in your head and it starts to fall into place. 'Of course that was a game', for example. 'Of course that person acted like that' or self-sabotage."

"Someone throws a bait and the other person accepts and conflicts start."

"How do I see myself, how do people see me, victimisation, all of that. I thought it was really cool to have a triangle of characters. Now I remembered the characters from the drama triangle, where is the Victim and where are you in one of the roles in this triangle (...) It was cool and that was some of the things I liked the most."

"One of the very common things that we did, and that you perhaps didn't have the concept of, was the question of the Victim, Persecutor and Rescuer. What role are you in at that moment in your relationship, in that triangle. So, with that, with this learning, you left there and 'Wow! Today you were Persecutor or not. We weren't constructive.' This is a cycle, but with the concept, you can not only get to know, but with day-to-day practice, improve the issue of empathy. You start to improve the relationship and that will be the organisational climate."

"She talked a lot about psychological games for us to take care of the bait. One thing she told me, which impressed me a lot, is that usually great tragedies happen in psychological games. You end up throwing the bait until, at one point, there is a great tragedy, which is to take something for you that is not yours."

Contracts

Although contracts permeate the statements of all respondents, 17.9% explicitly highlighted this concept and application in their comments. Regarding the topics mentioned, the concept of contracts represents 8%.

"The contract issue made a lot of sense. Today, people from the team come to me and say, let's make

a new contract. This is a term that has been etched in our memory.”

“The contract is more constant on a day-to-day basis.”

“When we talk about strategic things, the contract issue comes along with that.”

Emotions/Emotional Education

The importance of identifying emotions and communicating through emotionally polite standards was emphasised by 12.8% of respondents. In relation to the topics mentioned, this concept represents 5%.

“It was like rescuing me, like I was calm and all of a sudden I got nervous or broke. Don't respond in emotion so you don't lose your reason and then if you get nervous, breathe, take it easy, have a water, take a walk and then you answer. I don't answer that I'm nervous, because I can't. Because I wasn't calm, I couldn't and I gave a bad answer and sometimes I didn't want to say it aggressively, but I couldn't and I gave bad answers because of my nervousness and then I lost my reason.”

Transactions

The topic transactions was mentioned by 10.3% of the interviewees as a strategy to identify the ego states and the quality of communication, which represents 4% in relation to the topics raised.

“We managed to put the situation on that map with the little arrow and how it happened. That, to me, made more sense than ever. If I looked at that map, at some other time, without this example, it would perhaps be something more informative and technical for learning, but when we put the practical situation on it, it made perfect sense.

Other Themes

The other themes, mentioned explicitly by less than 10% of the participants, were Frame of Reference, Recognition, Autonomy and Symbiosis.

Discussion

The development process through MIR is particular and refers to a particular individual or group. There is no continuous programme of predictable application, although the concepts of TA are amalgamated throughout the entire journey. Being essentially co-created, MIR is designed by the mentor and the mentee (or group of mentees) at each step of advancement. The contract, which transverses the entire process, was practiced organically in mentoring and systematically expanded in mentee relationships. As a concept, it was less present in the analysis of the reports and its evidence was indirectly in the correlation with the other concepts. That said, we were able to extract from the reports of the

mentees participating in the research that some concepts of TA, especially its language, marked the observation of the presence of behavioural changes in the short term that were sustained even after the end of the process.

The knowledge of the ego states, the creation of the egogram and the diagnosis of the location of cathexis through one's own behaviour and that of others, carried out with attention to transactions, generated an immediate impact in the session itself and between one session and another, verified in the process of communication with team and peers.

The psychological games and the roles of the drama triangle changed the way of understanding and managing the emergence of conflicts, both in the already installed conflict and in those that had not yet manifested.

Analysing the reports, we were able to understand that even after a relatively long period of time had elapsed between the last session and the research, the mentees identified the impact and importance of the development intervention as well as the relevant changes in the relationship with themselves and in the relationships in their systems (personal, professional, family and social). TA was remembered, not through the consistent rigor of its concepts but by its concrete application.

This was evidenced by the mentees when identifying in themselves, in their histories and in their relationships; there were aspects of TA theory in the exercise of observation, diagnosis and practice of new behaviours from each mentee. It seems to us that the continued experimentation of updating the frame of reference, allowed by the understanding of the concepts, remained for this time in the thinking and action of the researched. We noticed evidence of the importance of decoding phenomena to understand the different impacts of what was hidden behind the scenes of behaviour. Understanding the stimuli, the responses, the roles in the games, the effects of transactions and the concrete possibility of changing the cathexis between the ego states, gave the mentees clues that made it possible to update the generalised representations installed (Hine, 1997) and to experiment and update behaviours in response to different stimuli.

All respondents, at some point in their interview, expressed how much the method and behaviour of the relational integrative mentor made it possible to approach heavy, difficult and painful topics in a light way. We understand that this was also possible due to the fact that the MIR methodology is anchored in contact and alignment (Moursund and Erskine, 2004) of mentor-mentored, bringing to the development a

warm aspect of meeting relational needs (Moursund and Erskine, 2004) and in the modelling of a relationship of mutual respect that could be replicated by the client in their systems.

Therefore, it seems to us that trying out new behaviours in a protected, safe environment or with people with whom there are conditions of intimacy, helps the mentee to improve the behaviour, acquire experience and consequently more self-confidence to try them in threatening environments or difficult relationships.

Another aspect that was identified is that knowing the concepts of TA allowed the mentee to understand the impacts of their actions and behaviours on their different relationships and from this awareness to deliberately make choices, no longer being hostage to circumstances but protagonists in their own history.

All the mentees heard by the research came to the development journey with the objective of working on behaviours and impacts on the professional system and, consequently, on the personal system. It was important for us to realise that the reports of all of them indicate the spill over of learning also to their other systems, especially the family. The observation of behavioural changes in the relationship with children, parents and life partners was a powerful reinforcer of the change in behaviour in the professional system, generating a process of feedback of development.

As presented above, 100% of those surveyed first accessed the concepts of TA in the mentoring journey; the same proportion, all of them, started to use TA as a useful language in the organisational environment. It was also observed that within the companies in which the top leadership also participated in the mentoring journey, this language extended throughout the organisation and remains present in the established relationships to this day.

An interesting observation is that the duration of mentoring does not seem to have been an impacting variable, or at least as impactful as access to the theory of TA, since the reports are similar. The changes were noticeable immediately after being in contact with the TA concepts. By contact, we imply that someone understands the concept, understands the phenomenon in their daily life, understands the impact, tries new ways to respond in a safe environment, polishes these responses and finally consolidates them in other relationships.

Another aspect that caught our attention when studying the reports is that as the mentees acquired new knowledge, they made individual moves in the search to meet the desire to know more. This wish still persists, as in the interviews many of them

recorded that the MIR process should have a longer duration or be resumed from time to time.

It is important to emphasise that learning on the MIR journey was possible because the mentees effectively engaged in the action of knowing, living, experiencing and getting in touch with the effects of their behaviours. With that, we can also say that the success of the development journey was directly proportional to how much the mentee was willing to get in touch with deep aspects of their behaviours, with their strengths and vulnerabilities, in addition to the willingness to try new possibilities.

Conclusion

MIR's structure and method, aligned with the concepts of TA, were decisive in the acquisition, experimentation, consolidation and 'sedimentation' of adequate and healthy behaviours in organisational coexistence.

Carrying out a diagnosis with the participation of all those involved in the programme, as well as the alignment with the identified needs, in addition to the construction of a common field of organic coexistence (flexible and updated at each contact) allowed the frame of reference of each mentee to be considered and respected, which reduced the natural resistances in developments of this nature.

The journey of each mentee towards autonomy followed the flow proposed by Berne (1995): awareness, spontaneity and intimacy, plus the integrity proposed by Mellor (2008). Considering awareness as the perception of oneself, of the other, of the impact of one's own behaviour on others and of the behaviour of others on one's own trajectory; spontaneity as the ability to express obtained through connection with one's own vital energy; intimacy through the discovery of the possibility of relationships where there is sharing of relational fields free of games, the possibility of safe expression of deliberate love and release of symbiosis; and finally, integrity, which is the possibility of perceiving ourselves in totality as belonging to the different systems.

In the context of this research, we could understand that it is fundamental for the development journey to have permission, protection, (Crossman, 1966), potency (Steiner, 1968), practice, perception (Clarke, 1998), persistence and patience (Silva et al, 2020). It was up to the mentor to believe and explain their belief in the mentee's potency, ensure the necessary protection in the mentoring environment so that the mentee could deal with the aspects of change, create an environment for the mentee themselves to exercise the permission to open up to new behaviours and let go of the dysfunctional ones. The mentor's keen perception allowed the mentee to

be perceived and their developmental steps, stimulating moments of practice so that the mentee could experience new ways of responding to stimuli. Patience was exercised in order to respect the client's time throughout the journey and, finally, persistence so that neither of them gave up on the journey or the desired change, recognising and nurturing perceived advances at all times.

We understand that the research showed that the development provided by MIR within the common field of coexistence contracted between mentor and mentees is rich and in constant development. We attribute to the classical and contemporary concepts of TA the foundation for the creation of a common language for understanding and decoding phenomena, needs, expectations and behaviours.

Each development journey was an opportunity to enrich the next stage. The active participation of mentees in their own journey made room for the development of peers and those who came after. MIR's development intervention anchored in the concepts of TA can support the development of people in any of its systems.

MRI, from the mentor's point of view, allowed the mentees the autonomy possible within the context of each of each of them, as the awareness of oneself was expanded, the relationships had the opportunity to change towards intimacy and the permissions were exercised in order to provide spontaneity.

Finally, the research demonstrated that MIR is a sustainable development programme whose impacts transcend the process itself. Thus, the power of TA was identified through the maintenance of the remembrance and practice of its concepts by the mentees. Relational Integrative Mentoring is relational integrative mentoring because it is based on transactional analysis.

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Alzheimer's Disease: Considerations in the Light of Transactional Analysis

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To match the format of IJTARP, we have provided an alternative Abstract and moved the previous paragraph to become part of the Introduction to this article. Where possible, quotations have been added to reflect original TA publications in English.

Abstract

This article is the result of a Narrative Review of literature about Alzheimer's Disease, alongside a review of transactional analysis theory with particular reference to how the injunction or injunctive message of Don't Think, and a mindless script, may be connected to the development of the disease. A plea is made that we study relationships beyond the realm of natural science.

Keywords

Alzheimer's Disease, Injunction, Script, Transactional Analysis, Narrative Review

Introduction

The longevity of the population is a reality nowadays. The possibility of prolonging life has consequences and among them is being affected by a chronic degenerative disease such as Alzheimer's Disease (AD). Several researches in biological, social and cultural areas seek to explain the causes of chronic-degenerative diseases, but little has been done in the psychological area. Although there are already indications of probable causes of AD, a cause has not been discovered so far that completely elucidates the issue so current treatment, in general, encompasses several procedures that minimise symptoms.

The scientific literature shows us that there is a large volume of publications in the area that deal with the possible causes of this disease. However, publications in the field of psychology are scarce. The psychological theory that I use is transactional analysis (TA) and by reflecting on dementia based on TA concepts, I think we can look at this disease in a broad and unprecedented way.

The increase in the number of elderly people in the general population is a worldwide reality. In developed countries, after the Second World War, there was an explosion of baby births with the return home of combatants, a period that was called the 'baby-boom', which generated after sixty years the 'age-boom'. In developing countries or even in underdeveloped countries, the expansion of access to medical services for the population, the advancement of medicine, basic sanitation, access to information, are factors that contribute to increased longevity.

In Brazil, according to the Instituto Brasileiro de Geografia e Estatística (IBGE) life expectancy over seventy years has increased by more than 30 years. In 2016, it was reported that Brazilian life expectancy is 75.8 years, with women living 6.5 years longer than men.

However, along with the possibility of living longer are the consequences of aging, including chronic degenerative diseases. Nitri (2000) emphasises that among the dementias, (AD) is the most feared and the most prevalent. The idea that had existed for a few decades that forgetfulness or memory loss was natural in aging has been changed to the statement that memory loss is a symptom of a disease – dementia. There is a clear distinction between forgetting and memory loss; when forgetting occurs, we remember that we forgot something; in memory loss, we do not know that we have forgotten anything.

In 1990 the World Health Organization (WHO) established the decade of the brain and several researches were initiated in that decade. One of the important points of this initiative was the research into AD, mainly on the biological aspects of this disease. One of the questions on the subject concerns the fact that human diseases have environmental, biological and psychological factors involved in the illness process, but little research has been carried out on the psychological factors of AD.

TA has a robust theoretical body, with several concepts that approach and treat the human being in its entirety. In this study, I bring TA as a reference for the discussions and focus particularly on the injunction 'Don't think' (Goulding and Goulding, 1976; Steiner, 1976; Berne, 1988; McNeel, 2010) as a facilitator of new understandings about the emergence of disease. The objective of this study is to establish relationships between the Don't think injunction and the onset of AD, in order to contribute to broadening the understanding of the disease in question. The methodology used to achieve this objective was narrative review of the literature, in order to provide freedom in the choice of articles and authors most present in my practice.

Alzheimer's Disease

AD is named after the German neurologist Alois Alzheimer, who in 1906 studied the brain of a 51-year-old woman whose cause of death was a rare mental illness. He found changes in the brain tissue that we now know to be compatible with Alzheimer's Disease.

AD is a progressive, irreversible, neurodegenerative disease whose onset is insidious. Its initial sign is the loss of recent memory, followed by various cognitive deficits until it affects the motor part that impairs the patient's mobility. AD does not lead the patient to death; what happens are opportunistic infections in the bedridden patient that can lead to more serious conditions such as pneumonia or urinary infections that, added to the existing situation, lead to death.

The probable causes already researched for AD (Nitrini, 2000) are: intoxication by heavy metals, genetic polymorphisms of apolipoproteins (ApoE), and several others. It is also known that individuals with Down's Syndrome eventually develop the signs of AD around 40 years of age. However, no discovery has been able to clarify the cause and establish a treatment or prevention of the disease.

Genetic issues partly account for the onset of the disease, and clinically, the disease is divided into early-onset AD, generally linked to genetic factors, and late-onset AD that begins after age 65 years and may be familial but not genetic. Early onset cases are rare, comprising about 10% of cases, and

characterised by rapid evolution and usually related to a dominant genetic pattern transmitted by successive generations (Truzzi and Laks, 2005). They report the case of a male patient, who at age 30 began to show a decline in short-term memory, with a background of having healthy parents and healthy siblings, which does not fit in the transmitted genetic pattern as there were no reported cases of dementia in the family.

Searching the SciELO, LILACS and Google Scholar databases for the words cause, etiology and Alzheimer's, no articles were found that focus on the cause or psychological etiology of the disease. There are articles that suggest probable causes in the Brazilian population, with being over 65 years old, being a woman and having low schooling (Frota, Nitrini, Damasceno, Forlenza, Dias-Tosta, Da Silva, et al., 2011; Nitrini, Caramelli, Bottino, Damasceno, Brucki, Anghinah, and Academia Brasileira de Neurologia, 2005; Machado, Ribeiro, Leal and Cotta, 2007; Almeida, 1997; Chaves, Godinho, Porto, Mansur, Carthery-Goulart, Yassuda, Beato, and Group, 2011; Zanini, 2010; Lira And Santos, 2012). It was noticed that the most reported aspects refer to symptoms and their evaluation.

Lira and Santos (2012) report that this degenerative disease accumulates extraneuronal beta-amyloid protein plaques and intraneuronal neurofibrillary tangles. They also report that the deposition of these substances leads to the formation of local inflammation with neurotoxicity and poisonous effects in the brain. They also state that there is a loss of social and occupational performance and that these losses can be evaluated through the Mini-Mental State Examination (MMSE). Lopes, Lima, Godoi, Barbosa and Moura (2017) also report symptoms through a psychological assessment, identifying factors that potentiate the emergence of senile dementia, this assessment being useful in the diagnosis. Zanini (2010) seeks in neuropsychological assessment to identify cognitive decline in the elderly and possible AD.

Neuropsychological assessment is one of the criteria for diagnosing AD, but age, education and cultural background should be considered in the test results, as these are factors that alter performance and have an impact on the conclusions obtained by the tests. It is important that the clinician make their own assessments because tests have limitations and have high rates of false positives. The advantage of neuropsychological assessment is to provide the clinician with results that can guide the use of drugs or treatments that modify the signs (Chaves, Godinho, Porto, Mansur, Carthery-Goulart, Yassuda, Beato, and Group, 2011).

The researched articles show clearly and in great detail that AD has cultural characteristics and it is necessary to relate diagnoses in Brazil with our culture (Frota et al, 2011; Nitrini et al, 2005; Machado Ribeiro, Leal and Cotta, 2007; Almeida, 1997). The disease mainly affects females and it is important to consider that women have a longer life than men and this indicates the need for an investigation that considers this factor. Low education is possibly a risk factor, although there are intellectually-favoured people who also have the disease (Nitrini et al, 2005; Machado et al, 2007).

The evaluation for diagnosis is well established both in the world and in Brazil and there are several exams and tests that can support the diagnosis. The stages of the disease are also well established, even considering individual differences. The proposed treatments aim to minimise the symptoms and signs, but with the knowledge we have at the moment it is not yet possible to reverse them.

Transactional Analysis

TA, created by Eric Berne (1958), is a comprehensive theory about the human personality, with the ability to evaluate and intervene in various aspects of life, such as how to socially structure time, how to express and deal with emotions, the adequacy of our communication as transactions or the exchange of stimuli between people, the issue of human recognition in the concept of strokes and in the relational needs or psychological hungers that we seek to satisfy. The concepts that will be addressed in this study are life script, injunctions and decisions.

One of the first decisions that the child makes concerns the existential position, which is defined as “the concept that people have of themselves and others” (Cortez, 2008, p.10). Berne (1988) referring to the existential position says that the child, when making a decision, already has convictions about themselves and their parents, so decides based on these convictions that were formed from birth, strengthened during breastfeeding, in the training to go to the bathroom and in the day-to-day with the family. Once the initial decision is made, the existential position can be changed, but it requires work and motivation. Decisions are about feeling OK or not OK, with oneself, in the relationship with the other and in the perception of the context.

From this decision, the child already has a way to elaborate their life script, which is conceptualised as “A life plan based on a decision made in childhood, reinforced by the parents, justified by subsequent events and culminating in a chosen alternative” (Berne, 1988, p.356; 1972, p.445). This definition leads to the theme of this work, questioning whether AD can be associated with a script decision. The

concept and understanding of script has been expanded (Erskine, 2010) since Berne's death in 1970, but his statements still intrigue as “The sudden appearance of a symptom is, in general, a sign of script.” (Berne, 1988, p.57). If we take it as a sudden onset symptom, can the memory loss be related to Berne's comment and can it be referred to as a script sign?

“It is incredible to think, at first, that man's fate, all his nobility and all his degradation, is decided by a child no more than six years old, and usually three, but this is what script theory claims.” (Berne, 1988, p.57; 1972, p.53). Regarding fate being decided at such an early age, considerations can be made about what kind of stimuli or events could generate such a decision. Could the child, faced with an acute unmet need, decide something like – What I think is not correct, and then decide to stop thinking?

Steiner (1976) differs from Berne on the question of the script being unconscious, as he states that “Script analysis can be called decision theory rather than a disease theory of emotional disturbance. Script theory is based on the belief that people make conscious life plans in childhood or early adolescence which influence and make predictable the rest of their lives (Steiner, 1976, p.33; 1974, p.28).

A script has several elements that combine to result in the outcome. The focus element of this article is the concept of injunction, which is defined in the Glossary as “a prohibition or a negative command from a parent” (Berne, 1988, p.354; 1972, p.443). For Steiner (1976) the “injunction is always the denial of an activity” (p.65), and he also says that the injunctions vary in area of restriction or malignancy. Berne (1988) classifies injunctions into three degrees – “first degree are socially acceptable and mild ... second degree ((devious and tough) ... and third degree (very rough and harsh” (p.102; 1972, p.113-4). Children accept the injunctions to keep themselves in their parents' good graces, to be loved, accepted, and to have their needs met.

An important contribution on script formation can be found in Erskine and Morsund (2003) who write “we are social creatures who have our being within a sea of relationships” (p.33). They write that a baby at birth will have all learning from relationships, especially with the mother. The construction of emotions begins with affection and, in order for it to become an emotion, it is necessary for another person to resonate with our feelings, so emotions arise and are experienced in a relational context. Language also takes place through relationships and, from language, thought will be determined. What we capture from the sense organs and how we cognitively represent these data is through the social,

usually as transmitted by the people with whom we learn to communicate.

Erskine and Moursund also say that “our thoughts are inevitably based on and affected by our emotions, and our emotions are channeled and made sense by our thoughts” (p.61). Learning takes place a great deal in a person's life and in childhood especially it is mediated by other people. This huge amount of information needs to be structured to avoid confusing data that we would not be able to use. This organisation of information is structured in schemas “...they make up an internal system of categories and procedures that allow us to navigate through, and make sense of, the clutter of data available to us at any given moment” (p. 35). Schemas have a cognitive component, but include emotions and behaviors in addition to physiological responses.

Erskine and Moursund comment that the importance of schemas is that they can be together with script patterns. Schemas are necessary and help us to organise experiences, to promote internal and environmental responses. However, there is a difference between schemas and script: schemas are more permeable, possible to be updated through new experiences, whereas scripts are more closed to changes. The script maintains itself through defence mechanisms, and therefore they are more impermeable. Scripts are out of consciousness, they prevent us from growing, changing and establishing new forms of relationships, they are self-perpetuating and lead us to repeat behaviors, thoughts and feelings according to our expectations in the face of situations.

The script decision comes in times of pressure and the child resorts to all possible sources of adaptation, modifying their expectations and trying to align them with the realities of the situation at home (Steiner, 1976). Making a decision relieves pressures and ‘resolves’ them in the short term, but over the course of existence this can become totally inadequate and out of place in relation to situations.

“The decision has a number of components: the existential position or racket that is embraced at the time of the decision; the sweatshirt; the mythical hero [or heroine] chosen to live out this position; the somatic component which bodily reflects the decision; and the actual time of the decision.” (Steiner, 1974, p.109). The somatic component can be observed, in the opinion of Steiner, mainly in the musculature, because the injunctions and attributions unbalance the body, because the energy can be blocked in some parts of the body and overactivated in others. “Each script has its peculiar combinations of somatic expressions, physiological strengths and weaknesses which often imitate, as

has been stated previously, the bodily posture and shape of mythical heroes (Steiner, 1976, p.97; 1974, p.113)

Steiner (1976) makes a classification of scripts into tragic or hamartic, and banal. For him, there are three ways to reach tragedy: a depression so severe that it can lead to suicide, going crazy or becoming addicted to some kind of drug. The corresponding scripts are: loveless, mindless, joyless. For this study we are interested in the script of lack of mind or madness. The fear of madness is present in a large number of people and can be characterised “... such as the incapacity to cope in the world, the feeling that one has no control over one’s life... Is based on early childhood injunctions which track the child's capacity to think and to figure out the world. Training against the use of the Adult in the early years of life is the foundation for the mind script with the discounting transaction as its cornerstone.”(p.82; 1974, p.92-93).

Steiner (1976) talks in this chapter about training in mindlessness, and brings up the importance of discounts and lies that prevent people from being able to understand themselves. A look at ego states, conceptualised as a consistent pattern of feeling and experience directly related to a corresponding consistent pattern of behaviour, shows us that discounting covers both the Adult ego state, A2 in its rationality, and the Adult in the Child, A1 which is intuitive.

Intuition is part of everyone. We are able to look and see if a person is sad or happy, but when we seek feedback on our intuition, it is not always confirmed, and after several discounts, we may conclude that we don't know. Discounting encompasses personal emotions, rationality, intuition, and these discounts start very early on, for example, when we say to Mother, “Are you crying?” and she replies “No, it was something in my eye.”

Lies in Steiner's view, which I share, are the rule rather than the exception. Parents lie to children, teachers lie, governments lie, companies lie, by claiming that such a product will make me happy, so there is a chain of lies at various levels and relationships. Thus, lies and discounts “erode children's understanding” (Steiner, 1976, p.129). “Lying and secrecy are powerful influences in scripting for Mindlessness, and lies along with discounts are capable of producing the kind of mental confusion that is called “schizophrenia”, and which I prefer to call madness. (Steiner, 1976, p.133; 1974, p.159-160).

Goulding & Goulding (1976) do not agree with Berne (1985) on how injunctions are inserted into children's heads and others report that it is really not clear in the texts about this statement. For example, Bertuol

(2011) talking about script brings us "Berne's texts oscillate between making it clear that the child's beliefs and decisions are the result of their internal perceptions and conclusions and, at other times, suggesting that parents somehow put injunctions, prohibitions, permissions, on their children "(p.136).

McNeel (2010), continuing the study of injunctions, called them injunctive messages and expanded Goulding and Goulding's (1979) 12 to 25. McNeel believes that there are two central decisions for each injunctive message "a despairing decision and defiant decision" (p.159). The defiant decision is a healthy child's creative attempt to resist the message and dominate the circumstances. The despairing decision represents the conclusion the child arrives at, faced with an injunctive message that something is wrong with himself. (p.159). For McNeel the injunction defined by Goulding and Goulding can be expanded to "messages that emanate from parental figures, often unconscious, that are negative in content, often passed in a context of prohibition and nullifying the natural impulse of existence, attachment, identity, competence and security. (p.163). He goes to write that "all beliefs generated by individuals in response to injunctive messages are erroneous, because all Injunctive messages are lies" (p.166). The power they have is generated by the person's belief that this lie is true.

Injunctions and decisions are distinct concepts. Goulding & Goulding (1976) explain that injunctions can be given by parental figures, but can also arise as a choice of the child themselves and can be both real and imaginary. They claim that they disagree with Berne about the injunction being inserted as an electrode in the child's mind. In addition, the same injunction can produce different reactions in children, considering the individuality of each one.

Decisions are made daily by people, these decisions are usually of limited time and solve or change the situation and can be modified with new information. They are decisions of A2, which evaluates the options and decides through the secondary thinking process. However, the decisions that will be part of the personality are childish decisions, usually taken through A1, as they occur early with magical thinking and the information gaps are usually filled with fantasies. (Allen, 2011)

One of the injunctions cited by Goulding & Goulding is Don't Think and there can be variations like: Don't Think About It, Don't Think What You Think – Think What I Think – said by the parents – and various decisions such as: I am stupid, I don't know how to think for myself, It's better not to think that again, I'm always wrong, I won't open my mouth until I find out what others think. These injunctions, and the resulting decisions, promote people who, in general,

let their partners take responsibility for thinking and making decisions, establishing symbiotic relationships.

For McNeel the injunctive message Don't think is linked to the competence group and this group of messages promotes difficulties that may not seem like total disadvantages. Those with this message are people focused on creating big and small problems, they put themselves to the test in all situations; they are strong-minded, even arrogant. This message can be seen with the following decisions: despairing decision – what the person is afraid is true – "I feel inadequate", or defiant decision – "I will force others to think as I do" (p.178). Regardless of the decision, the person will be linked to the injunction and through its development will be able to live with one of them for an entire existence, being able to alternate them.

Finally, for Berne (1988) "Vitality in old age depends on three factors: 1) Robustness of constitution; 2) physical health; 3) Script type". (p.161). The robustness of constitution is greatly influenced by genetics, and physical health, by the care that the person has had throughout their life, such as healthy eating, physical exercise, expression of emotions, satisfactory work and others. About the type of script, we must reflect on early decisions, on existential position and responses to injunctions.

Conclusions

If we take as an example a person whose life was structured based on the injunction Don't think, even if they had an adequate life, solved daily problems, worked, started a family, it may be that in old age, this injunction is more present so that they don't have to think about the changes that aging brings. They don't have to accept the fragility of the body, the deterioration of youthful beauty, the fact that they are no longer totally necessary for children, parents, the work to which they have been dedicated and so many other aspects. Could a person who heard from their parents, for example, "Work right or I'll blow your brains out", when they retire and leave the production process, then "blow their own brains out" and go insane? The most common ideas about old age, among many, are that one is no longer useful, that many losses occur, that one gets sick, and so on. All these beliefs are quite heavy to experience and accept, even more so if the person doesn't feel good about themselves. Thus, the change from the Challenging Decision to the Desperate Decision can occur, which in my hypothesis can facilitate the appearance of AD.

For several years, in my work with family members of AD patients, the most common perception and understanding is that patients do not express their emotions and feelings, hardly touch family members

with hugs and kisses, are rigid in their ideas, are terrified of getting old and show themselves to be extremely vain, either physically or intellectually. These facts lead me to think that, despite the existence of the entire biological framework for the emergence of the disease, there is also an emotional/psychological factor that accentuates the development of AD, and that may be the injunction Don't think - not having to think about the losses that generally occur in old age, not having to think about their lack of usefulness, the transformation of their social and family relationships, the loss of physical or intellectual attributes.

This person may have lacked hope, faith in the road of life, and lacked the perception that changes occur daily and that aging can be a period of new searches, new interests, and lacked the conviction that we can always become wiser, not intellectually but in the understanding of life and, consequently, of death.

Final considerations

The evolutionary development of human beings actually occurs from the relationships they establish, initially with parental figures, then with their professional and family school relationships. However, all learning encompasses cognition, emotion, and thoughts, and all of these are intimately connected. The imbalance in one of them may promote changes in the person's way of life. This imbalance can occur in the face of a high stress situation, or when reality imposes itself on the person's most primitive beliefs, affecting their life schema and consequently their script.

It was not possible to say that the injunction or the injunctive message Don't think will determine dementia by itself, but considering my experience with these patients, I think it can facilitate the onset of the disease, especially in the case of the change from the Challenging Decision to the Desperate Decision, because the person is 'full of certainties' and a reality confrontation can lead them not to think.

In AD there is an unknown area not yet visited by science. Of the various aspects that are still in the shadows, there are those that are not within the scope of biophysiology and that, given the urgency of stopping the progress of the disease, were not prioritised. I believe it is our responsibility, as psychologists, to research elements that, together with those already identified, can bring more light to AD, clarifying the still obscure points. If we stick to what is already outlined by science, we will not advance. We need to blaze trails in this unknown territory, gather data, connect these same data with other possibilities and alternatives. The present study, I admit, is an act of daring. Studying relation-

ships that seem to be outside the realm of natural science logic is to start a promising move, but it is still daring.

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