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Editorial

As we end our 13th year of publication, I'm pleased to confirm that 13 is not unlucky for us as we have another great selection of articles to publish.

We have an interesting mix of research and practice – research into teaching music, and into the significant TA concept of autonomy – and practice ideas about using imagination, working with hard and soft contracts, and the impact on professionals of clients who are physically unwell.

We also add two more countries in this issue, so over the 12½ years we have been running, we have reached 26 countries in which our authors have worked - an average of 2 more countries each year - we now have material from Argentina, Australia, Belgium, Brazil, China, Germany, Guatemala, India, Iran, Italy, Netherlands, Poland, Romania, Russia, Serbia, South Africa, Spain, Sweden, Switzerland, Syria, Taiwan, Turkey, Ukraine, United Kingdom, United States of America.

Plus we now have volunteers translating the Abstracts into Bulgarian, Chinese, Czech, Italian, Japanese, Persian, Portuguese, Romanian, Russian, Serbian, and Turkish - and the early issues only of French, German, Spanish (when EATA used to pay translators) - and these are published on https://.taresearch.org.

For our content this time, we begin with an intriguing research study in Iran. Kianush Habibi describes a small study he conducted on music teachers and their students, where he was able to confirm the hypothesis that student motivation appears to increase when the teacher communicates in ways that manifest as Adult, Nurturing Parent and Free Child ego states.

Next we have two stories from Aruna Gopakumar and Nikita Bandale, in India, demonstrating how re-decision therapy can use the client's imagination and imagery so that the stories clients tell become therapeutic interventions for uncovering unconscious script patterns and, even more importantly, inviting change.

We continue with another interesting invitation from Tony White, in Australia, who is this time prompting us to think about soft and hard contracting and how these create different ambiences and climates for our work, and hence tend to elicit different types of unconscious material.

Our fourth article is another useful contribution from Brazil, translated from Portuguese, in which Tânia Caetano Alves describes a phenomenological study of the impact on health professionals running client support groups for those who are physically unwell – how does TA help practitioners, as well as their clients, function within the health-disease process.

We then have a final article from Turkey, in which Buket Kılıç and Olca Sürgevil summarise a project in which they ended up challenging the TA concept of autonomy. A research study conducted by the first author was set up to investigate how autonomy might be measured and linked to self and manager evaluation of performance. However, they used a translation of an existing questionnaire and were surprised when the statistical analysis of the results showed only two components whereas previous studies by others had indicated four.

So a really interesting range of ideas for you to take into the New Year, which hopefully worldwide will be better than the current year has been for many.

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Applied Transactional Analysis in Music Education: Naturally Occurring Teacher Ego State Behaviours and Their Effect on Student Motivation

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Abstract

The aim of this study was to investigate the influence of teacher behaviour on student motivation during teacher-pupil interaction in music education. Observations of communication between music teachers and their students were made by the author from the perspective of Transactional Analysis. The students who participated were between 7 and 12 years old, and there were 7 adult teacher participants. Naturally occurring ego-state behaviour in these teachers during interactions with their students was observed and recorded with the intention of assessing the impact on student motivation. The hypothesis was that the effects of teacher behaviour that manifests as Adult, Nurturing Parent, and Free Child ego states significantly increases student motivation. The results of the study suggest that this hypothesis is valid.

Key Words

Teacher Behaviour, Student Motivation, Teacher-Pupil Interaction, Music Education., Transactional Analysis, Ego States

Introduction

As any instructor would, a music teacher attempts to teach children with the best possible techniques and in the most encouraging way to engage students in the process of learning, with the hope of achieving optimal results. This approach to teaching most certainly benefits from effective communication, and teachers play a crucial role in improving the art of communicating with students. According to Flaro (1979), one of the critical factors related to teacher effectiveness is “teacher behavioural transactions” with the student. Webb (1971) states: “The way a teacher behaves, not what he knows, may be the most important issue in the transmission of the teaching-learning exchange. The psychological behaviour and the quality of how the teacher relates to the child is perhaps the most important basis for the learning attitude held by the child.” (p. 455).

Gage (1972) described four factors as important and more readily observed in successful teachers, when compared to others. Grant (2004) paraphrased these as " ... They are warm: They are accepting and supportive. ... They are enthusiastic: about teaching, about the subject, and about their students. ... They use indirect/discovery learning methods: They allow students to find things out of themselves ... They have a high level of cognitive organization: they know the subject matter well." (p.273).

One of the important and fundamental questions that need to be addressed at the beginning of this research is: What are student's needs or expectations from their teachers? Students need good communication. They need to receive a feeling of confidence from teachers, which also requires respect and encouragement throughout the process of education. All of those will be present when teachers and students develop a strong bond of communication. In this research, the author observed that based on his observations, many times teachers talk about their concerns related to a lack of motivation among their students.

Teachers describe how they talk with poorly motivated students in this way: “We advise them; we encourage them to practise; we talk with their parents.” They say that sometimes these work, and sometimes they do not. Thinking deeply on these approaches to improving motivation used by teachers, in this respect, a few questions arose, such as: “When teachers advise or encourage their students, what kind of words, what tone of voice, and what facial expressions do they use?” These questions led the author to seek out a more scientific way of analysing communication, to gain a new perspective on interactions between teachers and

students. In this process, the author discovered Transactional Analysis (TA), and thought it might serve as an effective approach to improving communication between teachers and students.

Learning about TA was an opportunity to gain new insights into communication and inter-personal transactions. It introduced new approaches for analysing communication between people, such as understanding the different “ego states” in which a person may be in when he or she communicates. It became evident that this kind of approach might be applicable to music education. Surprisingly, very little research has been carried out in music psychology which analyses teacher-pupil communication from the perspective of TA. In fact, there is only one study that looks at music psychology from the perspective of TA. That study, designed by Thomas and Judith Kruse (1994), had a different objective from this one.

TA may offer a valuable approach for anyone who wants to assess behaviour with the intention of improving interpersonal communication. Effective communication between teachers and students is an important factor for increasing student motivation in the process of education. The aim of this study is to investigate the value of TA in understanding teacher/ student communication. To assess its impact in a measurable way, the author used the approach of observing the various ego states of teachers during their interactions with students, and the effect of these on student motivation.

Research

Research in Music Psychology from the Perspective of TA

TA is a theory of communication. Knowing about TA can be useful for improving communication skills. There is a body of research that supports the idea that in the majority of instances where experts successfully used TA, it was for improving communications skills and developing relationship among people. Whether in a company, a school, a hospital, or other setting, wherever there is need for understanding individuals, TA has been shown to be effective. However, research relative to teaching and specifically to teaching music is limited.

Kruse and Kruse (1994) used TA game theory to solve problems existing among the triad of teachers, students, and parents involved in the Suzuki (1983) Method of stringed instrument instruction. Shinichi Suzuki, Japanese violinist and teacher, was one of the more innovative and influential pedagogues of the twentieth century. He created a new method of music instruction based on simple observation that all children learn to speak their native language with ease through listening and repetition. According to observations made by Kruse and Kruse, sometimes the Suzuki triad is dysfunctional, does not work well, and leads to confusion, frustration and problems in teacher, parent and student interactions. They also investigated the problems which occurred within the Suzuki teaching triad from the perspective of TA by using Berne's (1964) game theory and the drama triangle (Karpman, 1968). (Cited by Le Guernic, 2004). By using these TA tools, Kruse and Kruse found solutions for problems that occurred during the process of teaching.

Rajan and Chacko (2012) found positive effects of TA tools on creating new teaching styles among teachers, as well as improving relationships with students. In their study, they had an experienced trainer hold a basic TA training course for the teachers. The results showed that the practice of ego state awareness helps teachers to improve self-awareness. They described their results in this way: "This awareness in turn is helping teachers to become aware of their own and students’ behaviour in different situations and makes (sic) appropriate modifications. This in turn helps them to practise new teaching styles and improve teacher student relationships." (p.7) Additionally, Rajan and Chacko showed how improving teacher-student relationship caused improvement in the educational environment that is vital for promoting student learning.

According to the research by Garrison and Fischer (1978), teaching TA concepts to students in third and sixth grade classrooms led to improved communi-cation. Students used the Parent, Child, Adult model of ego states to solve to internal conflicts, as well as those between themselves and others. Garrison and Fischer demonstrated an example in this way: "students would express their Child "want",’ their Parent ‘should,’ and then use their Adult to solve inner conflicts between the two ego states. In one specific situation, a student's Child wanted to go out and play after school but his Parent reminded him of homework that should be completed. The student decided to play for a shorter period of time and then come inside to complete his homework." (p. 241).

Myrow (1978) designed research to investigate the role of TA in developing teachers, both personally and professionally. The research included a university course for teachers and reports on teachers' evaluations of their experiences. Results indicated a noticeable influence from TA, including some teachers being less negative and critical and more nurturing of students, while others found themselves to be more aware of children’s feelings, listening more attentively, and even becoming more playful with their own children. Some reported being more positive, less duplicative, and more open and direct in their behaviour towards their students

Overall, the results of this research showed that teachers' awareness of TA concepts helped them to improve relationship with friends, students and families.

Temple (1999) proposed the term Functional Fluency to describe the ability that an educator can develop to respond flexibly and effectively by using a range of ego states, and to increase the intimacy with students in order to decrease the likelihood of unhealthy symbiotic transactions. She also believed developing self-awareness in ego state terms is particularly suitable for teachers. She wrote: "Increased autonomy raises a teacher's energy and motivation, creativity, and effectiveness. Autonomy also brings enhanced awareness (sensitivity, rationality, objectivity, realism, and "with-it-ness"), enhanced spontaneity (choice, range, and fluency of behavioural options, and freedom of self-expression), and enhanced capacity for intimacy (willingness to be candid, open and direct, congruent, empathic, and affectionate)." (p.172).

According to an Educational Transactional Analysis approach mentioned by Tafoya (2004), teacher-student relationships should be based on the "I'm OK, You're OK" life position. Actually, the learning process influenced by this TA principle provides an atmosphere of respect and equality for both teacher and student, in which teachers are entrusted to create the best teaching to develop potential of their students. Tafoya depicted an example of the educators' job through the process of learning in this way: "In transactional analysis terms, the teacher can create a situation (Nurturing Parent) in which students feel safe and respected in an environment that promotes the joy of learning through their Natural Child; in such circumstances, students are much more likely to be free of tension or anxiety. Grown-ups, especially, often wear rigid masks (Critical Parent) that cover the creative part of the personality and thus limit the learning process. It is the teacher's job to arrange the learning situation so as to remove such defenses without stimulating resistance." (p. 329).

Also in the area of teacher training, Lerkkanen and Temple (2004) pointed out the importance of TA as a tool for increasing student teachers' self-awareness and personal growth. Additionally, they demonstrated the role of TA in making an effective contribution to teacher education. Their research indicated that TA as a practical approach to educational psychology can explain and describe human behaviour and relationships in a manner useful for teachers' psychological development. From their point of view, TA can be an effective source of support for teachers in their personal and professional development. TA plays a crucial role in building positive relationships that underpin teacher effectiveness in the classroom.

Ego States

Flaro (1979) believed that ego states provide an opportunity for teachers to be aware of how their positive or negative aspects of behaviour can impact the classroom environment or student behaviour. In fact, achieving awareness of their ego states' negative or positive aspects helps teachers to become more aware of the positive or negative aspects of their total personality. He wrote that teachers might benefit from clarification of both aspects of Critical Parent. The Protective or positive aspects of this ego state manifest in such behaviours as being firm, direct, guiding, commanding and telling. This dimension of Critical Parent ego state communicates messages such as 'you can be a good musician, practise well and do things carefully'. On the other hand, the negative aspects of Critical Parent or Persecuting Critical Parent admonishes, orders, threatens, blames and ridicules. This aspect of Critical Parent communicates injunctive and attributional messages such as 'You do not have enough intelligence for doing this exercise."

According to Flaro, these messages communicated from Persecuting Critical Parent destroy the process of student growth rather than enhancing it. In fact, teachers using the negative aspects of ego state can create a negative environment which will invite students into negative, rebellious or compliant behaviours, whereas using positive ego states can create a positive environment which will invite students into learning, fun, spontaneity, curiosity and growth. In this research, he investigated the behaviour of two high school teachers, which he named Jim Myrgatroid and Steve Medusa, during the process of teaching. Flaro explains Jim's personality as a combination of enthusiasm, care, energy, discipline, and a sense of humour that show through his actions in class, while Steve's personality is depressed, angry and aloof, and his behaviour towards his students is brusque, uncaring, tyrannical and at times abusive.

Flaro analysed the impact of teachers' behaviour on students, and understood the harmony of responses from Adult, Free Child, Nurturing Parent and Critical Parent in the case of Jim. From Flaro's point of view, Jim could create an environment in which students felt free from any fear, catastrophic events, and anxiety. Because of the positive environment in this classroom, learning is fun for students. Students have permission to think, to do things well, to learn, and solve their own problems and enjoy themselves. However, in Steve's classroom students were under constant threat. Steve's inconsistencies and irregular

behaviour created an environment in which students had to be on constant guard. Flaro explained: "... the students' perpetual catastrophic and anticipatory expectations can only inhibit learning, breed resentment and escalate game playing." (p. 198). In fact, students in this class did not have permission to learn.

Kenney (1981) investigated the impact of student behaviour on teachers, in terms of the relationship between the existence of problem students and the teachers' behaviour. In this research, two teachers were observed for 30 minutes daily, and records were made of each teacher's ego state functioning. The main goal of this research was to improve teachers' behaviours with problem students by helping teachers to change ego state responses. Critical Parent, Nurturing Parent and Free Child were targeted through observation. During the presence and absence of the problem students, the teachers' ego state behaviours were observed and recorded. The results showed that on days when the problem student was absent, the Nurturing Parent and Free Child responses from both teachers were more and the Critical Parent was reduced.

According to the researches above, TA tools play an effective role in improving communication skills and developing relationships among individuals. Knowing about using ego states, individuals learn how people communicate with each other, and how others communicate with them. Using effective ego states creates effective communication with others, while using ineffective ego states frustrates our communication. These results show TA as a useful and functional social interaction theory. TA tools give ability to teachers to work on OKness of themselves and their students. Students who are receiving the You're OK response from their teachers can improve self-efficacy, self-determination and self-concept and increase motivation during the process of education. In other words, all of these social cognition factors improve when each individual feels OK about themself.

For instance, when teachers interpret their students' behaviour as meaningful and as showing intention, they are supporting the students' developing sense of agency. Having the experience of being able to mobilise the resources one needs also exerts a strong influence on behaviour. Bandura (1993) called this "self-efficacy." A music teacher might facilitate this when offering scaffolding, that is, support for the person who is learning to put new behaviours and skills into practice.

Non-TA Research

There are several non-TA concepts that were taken into account during this research, including:

Scaffolding - in teacher-student interactions, this is important in the process of learning, according to Küpers, Dijk, McPherson, and van Geert (2014). Reporting on Vygotsky's (1978) work in this field, they describe scaffolding as a form of teaching in which teachers provide a situation and create an atmosphere of support for students during the process of learning, to help them learn deeply. Küpers et al and studies by Van de Pol, Volman and Beishuizen (2010) describe how transfer of responsibility implies that scaffolding should result in autonomous competence.

Motivation – there is much material about the importance of teacher personality in terms of student motivation – readers can refer to the original dissertation for a summary and references (see author details).. Although West (2013) cautions "...it is certainly possible that the teacher's personality, interactions with students, instructional strategies, classroom environment, and a number of other factors might have influenced student motivation. Even the best research cannot account for the myriad intervening variables." (p.17), factors identified by others included: being supportive, cooperative and able to explain material well; being more extraverted and intuitive; a teacher–student relationship where the student is treated with respect and consideration; using teaching moments as caring occasions; the teacher models 'desirable' patterns of interaction; the degree of responsiveness between pupil and teacher.

Self-Actualising - Hallam (2002) said that the source of motivation was found in self-actualising individuals in their efforts towards self-fulfilment, to improve one's self, efforts which are often supported by environmental factors and feedback from others. Campbell and Scott-Kassner (2006) described motivation as: "any factor that increases the vigor of an individual's activity." (p. 274). Hruska (2011) cites the variables related to student motivation in studying instrumental music as: 1) when expectations for success were reasonable, 2) students received individual attention as needed, and 3) the class atmosphere was non-competitive in nature. Noels, Clément and Pelletier (1999) argued that people who are doing an activity voluntarily in order to challenge their existing competences, and who use their creative capabilities in their actions, are intrinsically motivated. Campbell & Scott-Kassner (2006) mentioned that a music teacher can play a crucial role in stimulating internal motivation among students by explaining to them how a particular lesson or task will help them understand themselves better, or how it can help them communicate their feelings or relate better to others.

Self-Concept - Greenberg (1970) defined self-concept as the perception people have about themselves. It refers to the ways in which individuals characteristically see themselves and feel about themselves. Greenberg believed that to understand the behaviour of any individual, self-concept can play a key role. Similarly, McPherson and McCormick (2006) stated that how students think about themselves, the task, and their performance is just as important as the time they devote to practicing their instrument (Cited by S. Zelenak, 2015, p.390). Leflot, Onghena and Colpin (2010) reported that children in the classroom have high levels of self-concept, at least in the social and academic domain, with teachers who are more involved, structuring, and autonomy-supportive towards them.

Self-Efficacy - Bandura (1993) has defined self-efficacy theory as “beliefs in one’s capabilities to organize and execute the courses of action required to produce given attainments”. (Cited by Cogdill, 2014, p. 50). In their research, McPherson and McCormick (2006) clarified the difference between self-concept and self-efficacy in this way: “It is important to note that self-efficacy can be distinguished from self-concept in specificity and content. Whereas self-concept comprises perceptions of personal competence in general or in a domain (e.g. academic, social, motor skills), self-efficacy refers to personal beliefs that one is able to learn or perform specific tasks."(p. 323). Self-efficacy thus refers to people's beliefs about their abilities to do a task in a particular situation.

Self-Determination - Vansteenkiste, Niemiec, and Soenens (2010) stated, "Self-determination theory is a macro-theory of motivation, emotion, and personality in social contexts". (Cited by Evans, 2015, p.105). Nowadays, researchers in music education investigate the role of Self-Determination Theory (SDT) as a comprehensive theory of motivation. According to an explanation by Küpers et al (2014), SDT plays a crucial role in understanding the dynamic of motivation. This theory is about how intrinsic and extrinsic motivation differ. They described SDT as developmental, in which the locus of control gradually moves from external to internal. SDT also identifies three basic human needs: competence - the capacity to achieve goals; relatedness - the ability to develop meaningful relationships with others; and autonomy - the ability to initiate and control one’s own actions. According to Evans (2015), self-determination theory also considers the social environment, in addition to individual factors, and is concerned with the qualitative aspect of motivation, coming from a sense of self, as well as quantitative.

Methodology

Research Questions and Aims

The aim of this study was to investigate the relationship between ego states used by teachers during the process of education, and student motivation. There is evidence that student motivation to learn from a teacher is an indicator of success in music education, and that TA can improve teacher-student communication.. More precisely, the hypothesis of this study is that teachers who use more of the specific ego states of Free Child, positive Nurturing Parent, and Adult ego states are more successful in motivating students to learn.

Variables

The researcher considered as independent variables the ego states of Adult, Nurturing Parent (NP) both positive and negative, Free Child (FC), Critical Parent (CP) both negative and positive, and Adapted Child (AC) both negative and positive.

The set of dependent variables includes motivation in general, and Intrinsic Motivation (IM) and Extrinsic Motivation (EM) in particular. General motivation can be seen as the Sum of Intrinsic and Extrinsic Motivation, abbreviated as SM.

Population

Research observations were carried out at a music institute in the Alborz Province of Iran. Three music classrooms were observed, with a total of 7 teachers and 11 students. Each class session was 30 minutes long. Three of the teachers were female and three were male. The student population consisted of five girls and five boys, aged 7-12 years. One teacher/student pair had to be eliminated because the student discontinued her studies mid-way through the research period.

Based on Erikson's (1963) psychosocial theory, school-age children are in the stage of industry versus inferiority; therefore, the social challenge is to develop the art of socialisation, collaboration, teamwork, and social comparison. However, this age group also has to learn to adapt to social comparison and performance differences. In this case, the music teacher's feedback and criticism on performance may be interpreted as negative, and may lead to low self-esteem and sub-standard performance.

Procedure

The research procedure was based on direct observation and one-on-one interview data collection tools. The direct observation procedure was based on the researcher observing behaviour on location as the behaviour took place. This method of observation, also known as behavioural diagnosis, is commonly used in recognising ego states in TA.

Stewart and Joines (1987) point out the behavioural diagnosis approach is one of the important ways to recognise ego states. In this manner, and refer to words, tones, gestures, postures, and facial expressions used by each person during the course of observation. These were therefore used as observational factors to distinguish between ego states (as shown in Appendix 2).

Kenney and Lyons (1979) comment on the importance of researching the ego states used by teachers and provide several examples of how they classified them. They did not mention gestures and these and posture factors were deemed unimportant in this analysis due to the fact that in all observations, the teacher maintained a normal stance with a non-interpretive posture. Very few gestures were used, which were at the time the students were looking down or involved in practice. The conclusion reached regarding gesture and posture is that these types of non-verbal communication used by teachers did not play a significant role through observation in this study.

The data used for this research included the recorded observations of facial expression, tone of voice and the statements used by teachers, as well as recordings of the dialogue between teacher and student. After collecting the data, the researcher listened to the audio recording of each class and compared it with the written observation form to assess teacher behaviour and determine which teacher ego states were apparent during teacher-pupil interactions. All of this data was recorded in tables (as the example in Appendix 2), which were then used to determine each teacher's ego states.

For instance, in one of the observed dialogues, the music teacher said in a firm and directive voice, "The necessary thing for this exercise is to smile," with a normal expression and in a calm and firm manner. This verbal and non-verbal command was seen as indicating the teacher being in her Adult ego state. In another observed dialogue the teacher said: "Do not push your voice when you are singing. Please sing again and relax your voice," with a serious and firm facial expression, and a firm and purposeful of tone of voice. This verbal and non-verbal command was regarded as an indication that the teacher was exhibiting her positive Critical Parent ego state.

The number of occurrences for five ego states were counted: Critical Parent (both positive and negative), Nurturing Parent (both positive and negative), Adult, Free Child, and Adapted Child (both positive and negative). To measure student motivation a questionnaire was used. Since the students were between 7 and 12 years old, considering the possible difficulties in answering these questions, the questions were asked during 10-minute interviews.

Instruments

One of the measuring instruments in this study was the egogram, devised by Dusay (1972). This is a simple bar chart to show how much time is spent in each ego state. Stewart and Joines (1987) suggest dividing up each the bars into negative and positive parts, but for this study we included bars for each.

The egogram is also regarded as an illustration of Berne's theory of psychic energy or cathexis in the personality (Messina & Sambin, 2015). In this study, both negative and positive aspects of Critical Parent, Nurturing Parent and Adapted Child were analysed; however no negative Adapted Child or negative Nurturing Parent behaviour was observed at any time throughout this study.

Dusay (1972) quoted several research studies and much application for TA therapist when affirming that the validity and reliability of egograms had been tested in several areas.. He also described how the shift in someone's psychic energy means that when one ego state increases, another one decreases. Years later, Nishikawa (2001) developed Dusay's ideas, commenting that: "Egograms are useful in diagnosing a client's ego state functioning in an objective way."(p. 199).I

In addition to direct observation and as a supplementary data collection research tool, a closed ended one-on-one interview with students was used, employing the Likert measurement scale (Jafari, 2013) (Appendix 1). This was done to attain a deeper understanding of students' motivation in relation to the teacher's transactions.

The interview questions were divided in three parts. Questions in the first and second part were adapted from Schmidt (2005) and were designed to elicit information on the state of students' extrinsic motivation (items 1-6) and intrinsic motivation (items 7-12) motivation. The third part of the interview questions was an adaptation of Mojavazi and Poodineh Tamiz (2012), reflecting students' opinions about their teacher's style of interaction and communication (items 13-19).

Results

The first step in analysing the results was to collect the data for each teacher during the three class sessions, and use it to create egograms. The different egograms show the intensity of psychic energy according to the ego state exhibited by the teacher during each of the three classes. In the second step, the information for assessing motivation is extracted from the questionnaires.

The egogram and questionnaire data is summarised in Table 1. The correlation between each pair of variables is shown in Table 2. These results support

the hypothesis that a positive correlation exists between student motivation and effective teacher ego states (Adult, NP+, and FC).

Overall, there was a positive correlation between the two variable sums: 1) the sum of (Adult, NP+, FC) by the teacher and 2) SM, the sum of the intrinsic and extrinsic motivation of the student, r(8) = 0.733, p = < .05.

Variables	Correlation
FC & SM	0.707
FC & EM	0.876
NP+ & SM	0.646
NP+ & EM	0.692
Adult & SM	0.422
Adult & EM	0.536
Sum of (Adult, NP+, FC) & SM	**0.733**

Table 2: Correlation between different variables in this study.

These results are a composite of the correlation between subset pairs of variables. The evidence indicates the highest correlation pairs are both for FC (FC & EM, r(8) = 0.876, p = < .05, and FC & SM, r(8) = 0.707, p = < .05). The second highest correlation pairs are for NP+ (NP+ & EM, r(8) = 0.692, p = < .05, and NP+ & SM, r(8) = 0.707, p = < .05). Neither correlation pair for Adult (neither SM nor EM) is significant on their own, because they fall below the r(8) .632 critical value threshold for Pearson product-moment correlation coefficients. But when compiled with FC and NP+, the overall correlation of 0.733 is significant.

Although neuroscience has moved on from the idea that the brain is in two halves, the correlation between the Free Child (FC) ego state and extrinsic motivation (EM) is still significant in terms of what led to previous beliefs. According to research by Nims (1981), the Adult ego state correlates with left hemisphere brain functioning, while the FC ego state with the right hemisphere.

Teacher	Student	CP+	CP-	Adult	FC	AC+	AC-	NP-	NP+	IM	EM	SM
1	1-3	18	5	20	4	0	0	0	2	28	18	46
1	1-4	18	9	22	17	0	0	0	21	25	24	49
1	1-5	18	9	22	17	0	0	0	23	29	26	55
2	2-1	12	0	10	3	0	0	0	4	27	11	38
3	3-1	20	2	7	1	0	0	0	6	30	15	45
3	3-2	18	13	10	4	2	0	0	10	30	19	49
3	3-3	16	7	8	4	0	0	0	15	30	17	47
4	4-1	15	7	26	6	0	0	0	6	30	19	49
5	5-1	17	17	7	4	0	0	0	16	30	14	44
7	7-1	19	3	20	2	0	0	0	5	29	12	41

Table 1: Abundance, consisting of data from each egogram and each questionnaire.

Keys:

CP - Critical Parent (+ positive, - negative)
FC – Free Child
AC – Adapted Child (+ positive, - negative)
NP – Nurturing Parent (+ positive, - negative)
IM – Intrinsic motivation
EM – Extrinsic motivation
SM – Sum of intrinsic and extrinsic motivation

A research article on the bibliographic instruction of the brain (Gedeon, 1998) stated that the left hemisphere functions in processing of data and the right side focuses on visual thinking. The results of the present study suggest that a high proportion of FC in teacher behaviour plays an important role in increasing enthusiasm among students. This suggests that music teachers who exhibit right-hemisphere thinking (or whatever it is that led people to recognise such a pattern) may provide more motivation for students.

Teacher behaviour in this study was assessed from the perspective of TA by analysing the effect of ego states during communication. The TA ego-state natural observation method used provides a comprehensive picture of teacher behaviour, both verbal and nonverbal. This information can lead to more effective intervention techniques for improving and developing teacher-student communication.

For instance, one of the results in this research indicates that a significant correlation exists between Free Child (FC) and extrinsic motivation (EM). This suggests that being enthusiastic and enjoying the process has a great impact on student motivation, because these kinds of behaviours are related to FC. Consequently, the TA approach is a practical approach for a teacher who wants to improve his or her behaviour, develop communication skills, and increase student motivation.

Egograms

An egogram for each teacher-student interaction is provided in the following 10 charts, with a few summary comments.

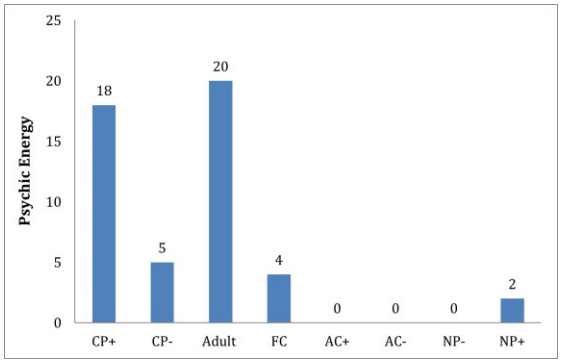

Chart 1: Egogram Teacher 1 with Student 3

Chart 1 shows that Teacher 1 exhibited a low level of FC and NP+ ego state with Student 1-3, and NP+ in particular was significantly lower that most of the other charts.

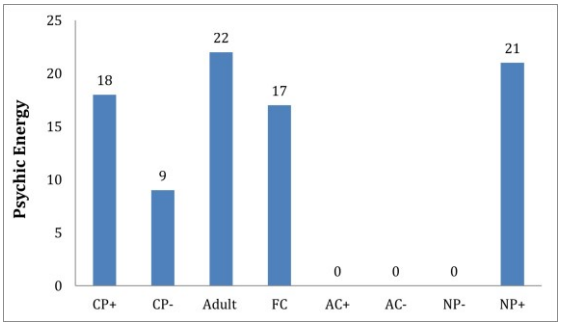

Chart 2: Egogram Teacher 1 with Student 4

Chart 2 demonstrates more of both FC and NP+ ego states in Teacher 1 with student 1-4

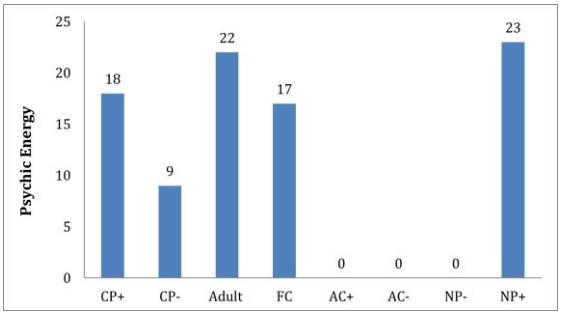

Chart 3: Egogram Teacher 1 with Student 5

The proportion of NP+ in Chart 3 is also high, even higher than NP+ in Chart 2. Other than this, Charts 2 and 3 are essentially identical. This indicates that this teacher's behaviour with Students 1-4 and 1-5 was similar, in contrast to Student 1-3.

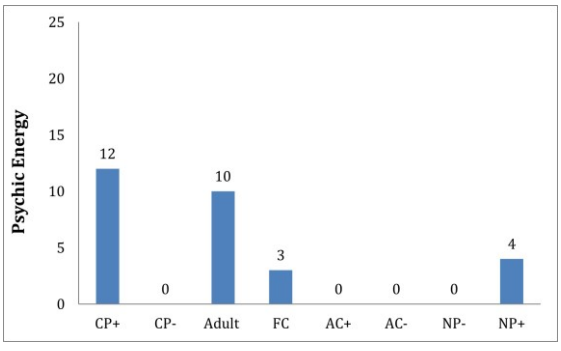

Chart 4: Egogram Teacher 2 with Student 1

Chart 4 shows the egogram of Teacher 2 with Student 2-1. The proportion of psychic energy of Adult is lower than the proportion of psychic energy for Adult in Charts 1, 2, and 3. There is a low proportion of FC and NP+, similar to Chart 1.

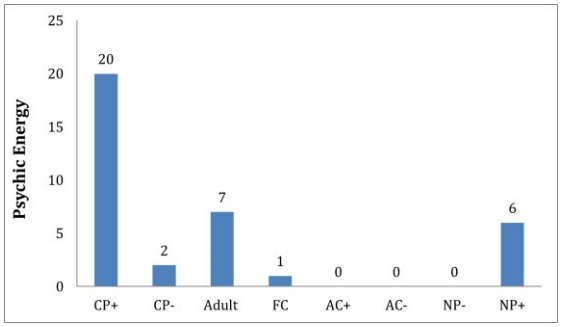

Chart 5: Egogram Teacher 3 with Student 1

Chart 5 shows Teacher 3 with Student 3-1. In this chart FC was the lowest proportion among all the egograms. Additionally, the proportion of Adult in this egogram is one of the lowest. Student motivation with this teacher would be expected to be low.

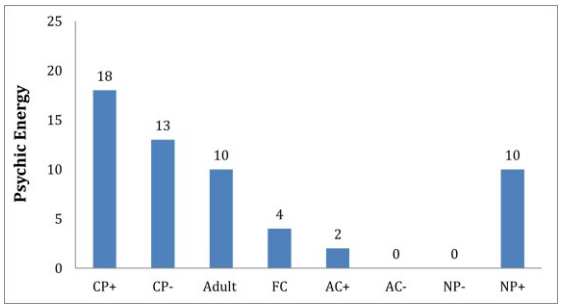

Chart 6: Egogram Teacher 3 with Student 2

Chart 6 shows Teacher 3 with Student 3-2. The level of CP+ is the highest proportion of psychic energy during the session. There is the same proportion of FC as Chart 1, 6, 7, and 9, and the proportion of Adult and NP+ psychic energy is the same.

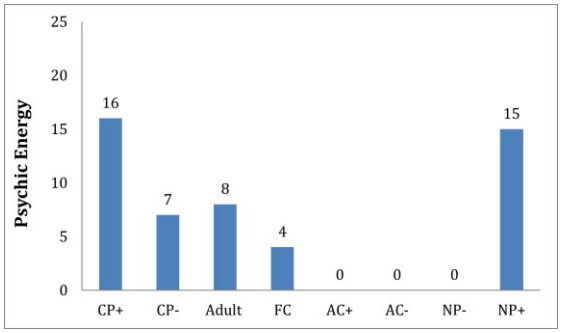

Chart 7: Egogram Teacher 3 with Student 3

Chart 7 shows the egogram of Teacher 3 with Student 3-3. In this egogram, the proportion of NP+ is higher than the proportion of Adult and FC. The proportion NP+, FC, and Adult are nearly the same as those in Chart 9.

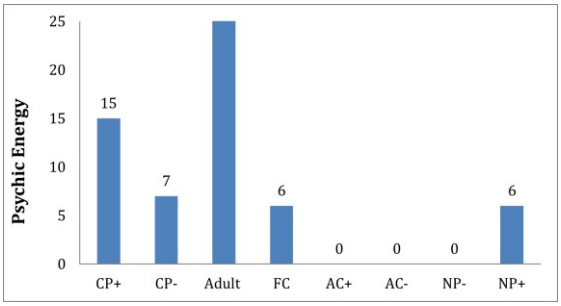

Chart 8: Egogram Teacher 4 with Student 1

In chart 8 the proportion of Adult is the highest of all the egograms. There is a similarity between the proportion NP+ in this chart and Chart 5. Also the proportion of psychic energy of FC and NP+ in this chart are the same.

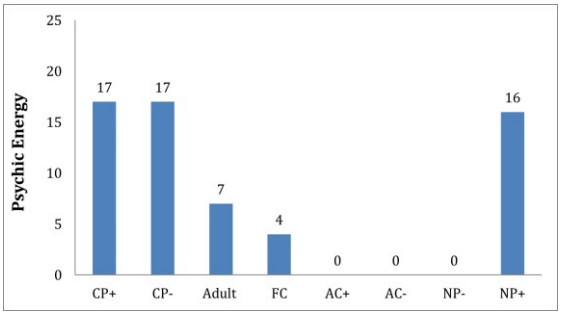

Chart 9: Egogram Teacher 5 with Student 1

Chart 9 illustrates the egogram of Teacher 5 with Student 5-1. The proportion of NP+ is higher than the proportion of Adult and FC in this chart. The proportion of FC is that same as Charts 1, 6, 7, and 9.

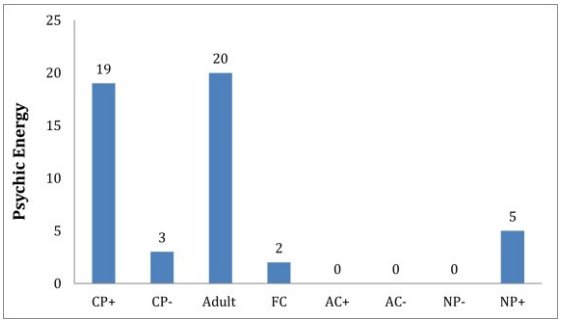

Chart 10: Egogram Teacher 7 with Student 1

Chart 10 shows the egogram of Teacher 7 with student 7-1. The highest proportion of psychic energy in this egogram is related to Adult. This chart had the second lowest proportion of FC compared to all the other charts.

Discussion

This research clearly suggests that the quality of teachers' behavioural transactions with students can play a crucial role in teacher effectiveness. Actually, awareness among teachers regarding the ways they transmit their educational message is important both verbally with regards to the words they use, and nonverbally based on facial expression and tone of voice. (Tafoya, 2004). According to an earlier (1970) ITAA definition, referred to by Stewart & Joines (1987), TA works wherever the understanding of individuals, relationships, and communication is needed, such as for teaching or collaborative work. TA tools provide a well-proven method for improving communication and interpersonal transactions. (Garrison and Fischer, 1978; Myrow 1978; Temple 1999; Smischenko 2004). In this respect, learning to use TA tools is an opportunity for each teacher to achieve new insights, and to improve communication by modifying unsatisfactory behaviour, when communicating with their students. Additionally, understanding the concept of ego states can help teachers manage their behaviour during interactions with students. For instance, in TA terms, various behaviours from different ego states have an impact on creating the appropriate atmosphere for student learning. Teachers who attempt to create a situation in which students feel safe use the Nurturing Parent ego state. Teachers may also use the Free Child ego state to bring the joy of learning into the classroom. Teachers who use these ego states in communicating with students have been shown to be more effective.

As previously mentioned, a teacher's personality has a great impact on their students' motivation, and certain personal characteristics of a teacher have an impact on their teaching effectiveness. (Teachout 2001, Campbell & Scott-Kassner 2006, West 2013). Rath (1993) describes ego states as representing the human personality. Teachers who are using appropriate ego states to communicate You're OK to students can be become effective since they project a feeling of OKness to their students. The feeling of OKness increases the students' self-efficacy, self-determination, and self-concept, which as discussed previously, are significant factors in social motivation. For instance, in Chart 3 a high level of FC, NP+, and Adult ego states can be observed. And it can be noted that the amount of EM and SM is higher than the others. In another example, Chart 4 represents the one of lowest proportions of psychic energy of FC, NP+, and Adult ego state. Notice that the amount of SM and EM in this case is correspondingly the lowest. These observations indicate that the ability to function in these three ego states is an important factor in increasing a student's intrinsic and extrinsic motivation.

The relationship between effective ego states (Free Child, Adult, positive Nurturing Parent) and student motivation has been demonstrated in this study. Direct observation of interactions between teachers and students from the perspective of TA provided a tool for analysing teacher-student communication, while the closed-ended one-on-one interviews explored the corresponding student motivation.

Limitations

An obvious limitation with this study that it was a small group of teachers and students, within a specific institution, so the findings might not apply more generally.

The fact that no negative Critical Parent or negative Adapted Child behavioural ego state was observed may mean that teachers and students were influenced by the presence of the observer - that they were on their 'best behaviour'.

Another possible limitation is the way in which many different models of ego states exist within the TA community. This means that different individuals might categorise behavioural ego states inconsistently. The researcher is relatively untrained in TA so might well have drawn different conclusions to a qualified TA practitioner, especially one with many years' experience as a psychotherapist, organisational consultant or educator.

Finally, no account was taken of any factors such as the student's home circumstances, childhood experiences before the time of the study, genetic predispositions or biological factors, or physical or mental health considerations.

The Future

Research in TA in education is limited, infrequent, and out of date. This topic was deemed popular and very much pursued by researchers in the 1970's and 1980's; however, interest has since decreased. Therefore, finding relevant and up-to-date research for the purpose of this research study was problematic and difficult. In addition, the amount of available research conducted in this area did not necessarily focus on teaching music, nor on the correlation of the instructor's role or the importance of the teacher in a student's motivation and learning.

As can be seen in the literature review section, most of the current valid and reliable research in the area of TA concentrates on the role of TA tools in establishing effective communication and interpersonal relationships. However, only one study has touched upon the effects of TA tools on music teacher-pupil communication, and that study did not consider the effects on student motivation.

The scarcity of research in this area motivated the author of this paper to conduct a more thorough

study of the value of TA concepts and tools for music teaching. Through the research methods described, the author was able to show correlation between a teacher's ego states and student motivation. The study provided evidence that indicates that the teacher-student relationship can be beneficial or detrimental to the development of motivation and learning processes of the student. Additional studies with larger sample sizes would be helpful in corroborating these findings.

Future work in this field should also take into account the presence of confounding factors. For example, it may be valuable to control for other influences in motivation, such as the role of innate ability, the environment, and context. Theorists such as Freud, Vygotsky, and Erikson have long brought to the psychologist's attention that a child's innate abilities or cultural influences can significantly affect the degree of motivation, desire, and willingness to learn. Hence the researcher of this study recommends that future studies consider the role of other factors when investigating the value of TA in understanding and improving interpersonal relationships between teacher and student, with the goal of increasing student motivation.

Kianush Habibi completed this project as his Dissertation submitted in partial fulfilment of the requirements for the degree MA Music Psychology in Education at University of Sheffield. He is currently principal and lead teacher of the Avadisheh School of Music in Karaj, Iran, and continues his research into effective methods for teaching music to children and young people. He can be contacted at kianoosh.habibi@gmail.com.

The dissertation can be seen, in English, at https://taresearch.org/publications/

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Appendix 1 Questionnaire

Dear student,

This questionnaire is designed to help us improve teaching music. Please indicate your opinions about each of the following statements by circling the appropriate number. Your answers will be kept strictly confidential.

A.1 Answer according to the following scale:

Strongly disagree (1) Moderately disagree (2) slightly agree (3) moderately agree (4) strongly agree (5)

The main reason I am taking music and practicing my instrument is that my parents want me to do this.

(1) (2) (3) (4) (5)

I want to do well in the music class and play my instrument because it is important to show my ability to my friends.

(1) (2) (3) (4) (5)

I want to learn to play an instrument so that I can play on different occasions when my parents and other family members are present.

(1) (2) (3) (4) (5)

I am going to music class because my friends go.
(1) (2) (3) (4) (5)

If I play my instrument better, my parents and friends will pay more attention to me. (1) (2) (3) (4) (5) I go to music class because I want to be as a famous musician.
(1) (2) (3) (4) (5)

Playing instruments is really important for me because it makes me calm. (1) (2) (3) (4) (5)

I want to learn music because it is a really nice entertaining activity for me. (1) (2) (3) (4) (5)

I really enjoy playing my instrument. (1) (2) (3) (4) (5)

I love playing, listening, and going to music concerts. (1) (2) (3) (4) (5)

Music class is one of my favourite activities, and I am really happy when I go there. (1) (2) (3) (4) (5)

I am really happy with my choice of this instrument. (1) (2) (3) (4) (5)

Appendix 2: Extract to show Sample Data Table

Student: 4/1 Teacher: 4 Date: 3 March Recording number: 37

Phrases and actions	Time	Ego-state	Facial Expression	Tone of Voice
Singing and doing exercises	00:00	Adult		
“Listen to me.”	0:30	Critical Parent positive	Serious	Alarmed and stiff
“We do not want to sing in this way, we want to sing in natural way.”	0:43	Adult	Normal	Calm, soft and firm
Teacher laughs	0:54	Free Child	Happy face	Passionately
“Pay attention, do not force yourself to sing high pitch.”	1:02	Critical Parent positive	With the firm smile	Alarming voice and firm
“Do not push your voice when you are singing. Please sing again and relax your voice.”	1:18	Critical Parent positive	Serious and firm	Firm and purposeful
“Please correct your mouth position.”	2:04	Critical Parent positive	Serious and firm	Alarming voice and firm
“You sang very well. I am pleased. You have succeeded in singing with your head voice.”	2:16	Nurturing Parent/ Free Child	Happy face with smile	Warm and passionately
“Very good. You followed my structures very well.”`	3:02	Adult	With the firm smile	Gentle and firm
Teacher and students practice together.”	3:04	Adult		
“I repeat, don't force your voice to sing.”	3:28	Critical Parent positive	Serious and firm	Alarming voice and firm
“Making gestures doesn't mean you are singing correctly. Please sing naturally.”	3:54	Critical Parent positive	Serious and firm	Alarming voice and firm
“For singing high pitches you should open your mouth.”	4:38	Adult	Serious and firm	Gentle and firm
Teacher and students practice together.”	5:50	Adult		
Teacher explains to students.	6:10	Adult	Serious and firm	Gentle and firm
Students sing with the teacher.	6:44	Adult		
“Your voice is not loud enough for this place, sing another way.”	8:25	Critical Parent positive	Serious and firm	Alarming voice and firm

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Imagine That: Postmodern Redecision Methods that use Imagination

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Abstract

This article presents two stories of redecision therapy that use the client's imagination and imagery as resources for change. It presents a rationale for using imagery and imagination with greater awareness as therapeutic interventions, for both uncovering unconscious script patterns and inviting change. Techniques of redecision therapy that use imagery have been looked at through a constructivist lens, with the hope that the use of these techniques can gain prominence in contemporary practice.

Key Words

Story, Imagination, Imagery, Redecision, Narrative, Constructivist, Transactional Analysis, Early Scene Work

Stories and Redecisions

We are all storytellers. We are the stories we tell.

In our own practice, we are contactfully involved in the stories that our clients share. What stories are they choosing to tell? What are they telling themselves about themselves, others and life? How do the stories they tell impact them? Do the stories allow them to enjoy the unfolding process of life in a lively and flexible manner or do they keep them stuck by not allowing new emotions or information in? We look for meaning within each story and also for themes across stories.

When we are applying redecision therapy (Goulding and Goulding, 1979/1997; Allen and Allen, 1995, 1997; McNeel, 2010) we are curious about the origins of some of our clients' stories. Using feelings as a reference point to search for stories from a client's childhood, we explore how the child's autonomous expression was invalidated. We are curious about how the child made meaning of the experience and what decisions they made in response. We then use experiential methods to work with the story, trusting clients to make choices for themselves.

We believe within our approach that clients need to have a new emotional experience for them to have a new cognitive framework, so the methods are designed to arouse and intensify emotions. As clients work phenomenologically, new insight, meaning, emotions, sensations and imagery are activated through the interventions. This new experience is integrated into the self.

Traditional redecision therapy was conceived by Goulding and Goulding as a therapy process that helps the client make a new decision. In contrast, postmodern redecision therapy, as described by Allen and Allen, is seen as a therapy process that helps the client gain a new story.

Allen and Allen (1995) describe redecision therapy as a narrative, constructivist process. Within constructivism, we are not regarded as passive recipients of information but as active constructors of knowledge, based on our experience. As we experience the world, we make meaning of what happens to us. We build our own representations of the world in our minds. "What we make of experience constitutes the only world we live in." (Glasersfeld, 2003, p.1). Clients share their worlds with us through their stories. This narrative truth is what we attend to as therapists. We are less concerned with verifying the accuracy of the client's story and more concerned with their meaning-making. We are curious about how clients have constructed their thoughts and feelings in order to fit into the world as they experienced it.

So while the methods used in redecision therapy may be the same, how we conceptualise the process is different in both these approaches. The traditional redecision therapist will think in terms of injunctions, decisions, structural analysis and impasse resolution. The postmodern therapist will focus on the client's choosing a new story or giving new meaning to an old story; Allen and Allen conceive of the process as "coconstructing a new past" (Allen

and Allen, 1997, p.93). Naming the decision and heightening the discomfort around the same is not seen as a necessary step to the transformation of the narrative. Gentle, non-directive, playful and imaginative processes work well. The redecision has a "more incremental nature over time, notwithstanding the occasional dramatic moment of insight or catharsis." (Mcneel, 2018, p. 65) Consistent, incremental therapeutic gains are seen as valuable. Achieving rapid change is not a prioritised goal. In the relationship, through dialogue, the new story may gradually come to the foreground over several sessions. The old story recedes into the background and gradually fades away.

The role of imagination and imagery

The construct of narrative truth challenges the idea that there is one truth and opens us up to the possibility of many truths. Allen and Allen (1995), when writing about narrative theory, say, "Each person is entitled to more than one story" (p. 329). Because this approach to therapy is possibility-focused, imagination plays a crucial role. Imagination is the human capacity to envision that which has not been experienced. Imagination is a form of magical thinking. So the goal of therapy becomes not to challenge magical thinking but to harness it, to aid the client's active participation in their own growth.

If imagination is the capacity to envision, imagery is the product of this capacity. We concretise our inner world, giving it form and shape. Ronen (2011) understands imagery as using all the senses in the construction of a mental picture. We think of them as a whole experience unto themselves - what we see, what we sense (hear, touch, smell, taste), how we feel and how we understand and make meaning. Images also contain representations of our unconscious that include fantasies and influences from our culture. Imagery is thus an immensely rich source of information, a construction that is composed of sensory, emotional, cognitive, historical and cultural information. (Lang, 1977; Gladfelter, 1995; Ronen, 2011).

Arntz, de Groot and Kindt (2005) state that if a person is remembering something that is highly emotional, it is likely to be in the form of an image. Holmes, Arntz and Smucker (2007) say that the converse is also true and that it means imagery has a powerful impact on emotions, more than the verbal processing of the same material. Because imagery gives us a sense of 'being-there', it is likelier for the person to experience affect. (Arbuthnott, and Arbuthnott, 1987). Imagery enables the focus to shift from overdetailed explanations to experiencing in the moment. Thus imagery offers a way to bypass the verbal barrier and can be used very effectively with clients who get stuck with intellectualising their experience.

Redecision work using imagination and imagery

Images can be summoned from memory or created through fantasy. Both are constructions in the present. (Ronen, 2011). This means we construct both our image and our experience of it. Our images are not factual representations of our experiences, but are imbued with meaning that fits our larger frame of reference. The premise of work with an early scene is that these images can be reconstructed in therapeutic interventions. Smucker (1997) observed that distress in trauma-related memories is embedded in the imagery itself, and recommends modifying the imagery as a potent way of dealing with the trauma.

In redecision work using imagination and imagery, a new story is invited by changing the imagery in the story. Early scene work can be conceptualised as a form of mental time travel in which clients visualise a key scene from their past and narrate the story as though it were happening in the present. It is typically a scene where the child's autonomous expressions were invalidated in some way. Revisiting the scene gives the client an opportunity to contact inner truths about themselves in relation to others in that situation and re-experience the emotions in the present. The goal is to identify how the child made meaning of the earlier experience and at what point gave up its autonomy.

Imagination is then used to transform the story in a manner that the client feels supported to stay autonomous. The transformation can be achieved by the addition of a new element into the image that has the power to counter a powerful limitation of an existing image or by the transformation of any oppressive element in the image into a less toxic one. Images become the canvas for the therapist and client to paint newer stories on. In the process of playful exploration, the client discovers, often surprisingly, that they have the capacity to reimagine and change a story. While the injunctive messages received by the client are not eliminated, they learn to respond differently to them. (McNeel, 2018)

This process allows the client to "construct a new representation of the original memory that challenges its original meaning, and will hopefully be preferentially recalled over the toxic one." (Wheatley and Hackmann, 2011, p.445). Brewin (2006) suggests that "there are multiple memories involving the self that compete to be retrieved" (p.765) and that the task of therapy is to help the positive representations win the retrieval competition. "If these new representations are memorable and

meaningful, then they may be strong enough to compete with the original representation that had been stored with all its negative meanings." (Wheatley and Hackmann, 2011, p. 445)

In this paper, we highlight two specific techniques for leading the client to a new story by imaginatively transforming imagery.

Redecision work by bringing in a Magical Supporter

I (first author) experienced this technique first in a two-day redecision therapy workshop by Ian Stewart at The Berne, UK, in 2019. I was fascinated by the impact it had on clients, both in the workshop and in my use of this with clients subsequently. However, we found no written material around this method and therefore decided to showcase its potency by conceptualising it and presenting an example of its use.

We can conceive of the Magical Supporter as a metaphor for the parent figure that was missing in the key early scene, who offers the child the permission to choose autonomous behaviour. The Magical Supporter could be a person (real or imaginary, alive or dead), animal or higher being that a client chooses. Because the supporter is magical, they can intuit and unconditionally offer what the child needs in the moment.

The introduction of a Magical Supporter can be seen as the application of the self-reparenting technique (James, 1974). Muriel James wrote, "Imaginary characters in novels and dramas often have real power in a person's life." (p.37). She says the process that the person uses to create a New Parent ego state is similar to that of a creative writer, drawing ideas from many sources. Thus clients through their imagination and active work design their own combinations of parent figures. "The New Parent will have positive qualities, planned by the Adult to balance the negative qualities incorporated from their historical parents." (p.34). "The New Parent does not replace the old parents, but it does change the Parent ego state." (p.36).

McNeel (2018) says, "If an injunctive message exists, you will find an earlier parental voice that is somehow in collusion with that message. People need to have voices inside them that contain compassion, wisdom and love." (p.66). He refers to these new protective voices as the "new parental stance that heals".

The Magical Supporter is a way to elicit these new protective voices that offer feelings of warmth and acceptance for the self. In response to the New Parent, the Child has a different experience. The use of an external supporter makes it easy for clients who have a very high internalised Critical Parent, and find it difficult to nurture themselves. Bringing in a new, supportive Parent as a technique is particularly effective in Asian cultures, where the Cultural Parent requires people to be grateful to parents. Inviting clients to own their anger towards their Parents often invites resistance. This method allows the Parent(s) to stay who they are, and therefore makes it culturally acceptable. The imagery can be accessed repeatedly to evoke feelings of acceptance and safety, and offer permissions to self.

Introducing the magical supporter gives the reins to the client - the therapist is not suggesting what can change - the client participates and uses the information they now have to create another self with its own plot-line.

The story of Tia

A 43-year client of mine (first author) Tia was going through difficulty in her marriage and struggling with it alone. I was aware of Tia's history. She was the second girl child. Some of the stories that her mother had shared with the two girls were "Even though both of you were girls, your father distributed sweets.", implying that the father had demonstrated a largeness of heart uncharacteristic of men, and that they ought to be grateful that their existence was accepted. Tia would often use the words, "I don't want to burden anyone with my troubles." Indeed she believed her very existence was a burden to her parents, and easily slipped into anxiety. Identifying anxiety as the distressing feeling in the present, I asked Tia for the earliest memory of the same feeling. She said, "Almost every day. When papa came home from work."

I invited Tia to close her eyes, relax, reimagine the scene, and share it in the first person as if it were happening in the present. My instructions were: Sit comfortably, close your eyes, take a deep breath. Focus on what is going on inside you. Imagine the scene as though it were happening right now. Can you see yourself? How old are you? Who else is there?

Tia said, "I am six years old. My sister, mum and I are playing carrom in the living room."

"Tell me more about your living room," I asked. "We have these lovely chairs with intricate cane weaving, and comfortable cushions. The room is airy. There are pictures of us on the wall and a large TV in front of us." "What time is it?" I asked her. "It is six p.m. I have finished my homework, and am really looking forward to this playtime with my sister. My mum has made some grilled sandwiches for us." "What sandwiches are they? Are they nice?" I asked her. "They are delicious cheese sandwiches, warm and crunchy," she said smiling. My questions helped her

imagine what she had seen, heard, felt, smelt and tasted. It immersed her in the visualisation and reduced cognitive distractions. "What happens now?" I asked her. "After we play for about 30 min, we hear my father's car pull up. My mother's face turns anxious. "Time up for playing," she says hurriedly, "Pack up and go to your room and do something useful. Otherwise papa will be upset."

This is the point where her autonomy is negated. I invited her to describe her bodily experience, her thoughts and her feelings. "I am very scared and confused. My heart is pounding. I don't want to stop playing. But mum is very anxious. I go into my room. Papa comes in looking very sad. The air in the house feels heavy. We are all very quiet. I am very scared that I might say or do something that might trouble him. I peep into the living room and he is there, looking morose. I shut the door and stay quiet."

This story revealed to me Tia's meaning-making process. In order to remain okay with her parents and survive, she must not need things or express herself.

At this moment, I introduced Tia to the idea of a magical supporter. I asked Tia if she would be interested in reimagining the scene with her supporter and using her intuition to let it unfold with this new character in the story. Tia looked curious and interested. I told her that the magical supporter may be there from the beginning of the scene or may come in at any point that she thought was appropriate.

Tia took some time to make her decision. "I am thinking of James Bond," she said with a big smile on her face. Her energy shifted from the scared Child to the playful one. I was excited too by her choice and curious about how the process would unfold.

I asked her to retell the story. "James Bond is with us, playing carrom. He is on my team. We are winning. He does a high five with me as I strike a white piece into the pocket. Papa's car pulls in. Mama looks anxious and says, 'Time up for playing.'"

"What happens now?" I asked her.

"James Bond, looks at mama puzzled and says, "Why?!!" "He will be upset," mama says. James Bond looks at us and says, "He will be alright. We don't have to stop playing," using the striker with flair. He winks at me and gives me a thumbs up." Tia smiled as she narrated this. Her eyes were still closed.

"How do you feel?" I asked her. "I feel curious and nervous." "What happens now?" I asked her. "Papa comes in. We are all still there." "You are all still there," I emphasised the difference.

She nodded and continued, "James Bond looks at papa and smiles. Papa smiles a weak smile and settles into a chair. I look at James Bond and he tells me it is my turn. Mama goes into the kitchen to get papa some tea. My sister, James Bond and I continue to play. I see my father right next to us, sad and morose, drinking his tea and watching us play. I am not feeling heavy. I feel like asking him to join us, but I let him be. I can see the board in front of me and see the red queen. I get ready to pocket the queen."

Tia's redecision

Tia had a new story. By introducing James Bond into her story, she had found a way to offer herself the support and permissions she needed to be herself and not worry about being a burden to her parents. In the new narrative, Tia disentangled her feelings from her father's, and did not take on the responsibility for feeling his sadness for him. She had a new feeling.

The scene had a new outcome. She changed what she believed was possible for her. She redecided who she was in relation to her father.

James Bond's presence created a playfulness in her story. He was self-assured and full of flair, like Tia wished she were. It was almost as if James Bond snipped away the strings of obligation to be sad, small and quiet, with a flair of his scissors. The imagery in the new story is congruent with the new feelings and choices, as James Bond smiles on encouragingly and Tia gets ready to pocket the queen.

After this session, Tia decided to travel home to meet her parents. She shared with me later that she imagined James Bond came along too. At the dining table, she could see both her unsmiling father and next to him the smiling, encouraging James Bond giving her a Thumbs up. She said she had a constant smile on her face during the trip and the energy in the house did not feel morose or heavy. Hebb's (1949) famous law postulates that neurons that fire together, wire together. The imagery stayed with her and activated self-soothing emotions, strengthening her capacity for self-nurturing.

Tia shared with me that when she shared the news of her failing marriage with her father, he received the news without getting devastated and was "surprisingly supportive" of her decisions and choices. Change in meaning for one aspect of our story alters other aspects as well. James Bond's presence in the narrative anchored Tia's new-found view of herself as relaxed and confident. The image of the scary father changed to fit coherently with this new image of herself.

Redecision Work by Transforming the Ogre

The Ogre is a fearsome image of a Parent in P_1: "magical, primitive, powerful and electrifying" (Steiner, 1979, p. 26). This image, while it originated externally, is constructed by the child. This part of our personality imposes crippling injunctions on us. To the child, defying the asks of this image implies doom.

A good metaphor for the ogre is the Boggart in the Harry Potter series. (Rowling, 1999) The Boggart is a non-being, which means it exists only in imagination. It has no shape of its own. When it meets a person it takes on the shape of what the person fears the most. The ogre too exists in a person's imagination and symbolises what they fear the most.

The clue to dealing with the ogre lies in the spell that repels the Boggart. This is what Remus Lupin says while teaching students in his Defence Against the Dark Arts class, "You see, the thing that really finishes a Boggart is laughter. What you need to do is force it to assume a shape that you find amusing. After me, please ... Riddikulus!" If the spell caster is able to laugh, the boggart disappears. This story encapsulates a powerful psychotherapeutic principle – our fantasies create emotions and therefore an alternate fantasy can change the emotion. The alternate fantasy could help us recognise our earlier fantasy as a fantasy, and an absurd one at that.

In this technique, the power and impact of a terrifying P1 image is diminished by using imagination to transform the parent image. In the new imagery because the parent is not scary or intimidating, the child does not feel as vulnerable and reclaims its autonomy. It also makes the idea that injunctions are given by the Child ego state in the parental figure clearer to clients. The vulnerabilities and unfinished business of the parent come into the foreground. The toxic messages lose their potency.

The key is to transform the image into something that feels less threatening. Redecision therapy offers a creative license to both clients and practitioners. We could imagine the ogre with elephant ears or wearing a clown suit or having shiny, large white teeth. These challenge the automatic viewing of the parent as threatening, and embolden the client. Clients can gain a sense of control and confidence.

The story of Maya

Maya often offered lengthy explanations in therapy, going off on tangents and feeling confused about where she began. When we explored this pattern of hers, she contacted her belief, "I will never be understood". As she discovered this, she got in touch with a heaviness in her chest, "I feel sad that nobody was there for me as a child, to just listen and understand."

I (first author) invited Maya to close her eyes and think of her earliest memory of the sadness and narrate it to me in the present tense. This was the full story that she narrated, with several encouraging prompts from me. "I am seven years old. I live in a colony with many blocks of apartments. Kids usually play around in the common areas. So, I go out to play around 6 p.m. I see no one outside to play, so I go to my friend's house to ask if she would come out to play. She is in block 4, right next to mine. She invites me inside. I hesitate. I vaguely see a side view of my mum at our block, seeing me standing outside my friend's house. But I am too excited to play, push all unnecessary thoughts, and focus on having a good time with my friend. We play till 8:00 pm losing track of time. Now that I have to go back home, I am filled with dread at being questioned. My body goes from being energetic to slumped. I know I will be reminded of everything that is wrong with me and how my behaviour is the doom of me.

I reach home and hurry into my room, heart thumping. I am in between my cupboard and bed. I am changing clothes. My mum comes and stands in front of me. The wall is behind, mum is in front, the bed and the cupboard are on either side. I feel trapped. She says, "Where were you all this while?" Not looking at her I lie, "Playing outside". I am taking a chance in case it wasn't her who saw me enter my friend's house. I hope this enquiry is done.

But she continues. "You were playing in Annie's house." "Damn. She knows." The next set of dialogues roll out, "How many times have we told you not to play in people's houses….blah .. blah .. blah".. Her face is getting contorted with anger. Her anger rises steadily, her pitch gets higher. I want to speak but her response would be, "You don't understand. Don't act so smart, don't lie, just listen to me." She is towering over me with trishool (a three pronged spear) shaped wrinkles on her forehead, her powerful finger wagging at me like it has the power to decapitate me. I feel her fury. I stop listening. I want to crouch in the corner and make myself smaller but that would make her even more angry. Any action on my part would only make her more angry and I would get more hurt. So I decide to not speak at all. I wish she would hug me and I could just cry, but that would never happen. I stand there frozen, wishing I could be invisible or I could fly away. I tell myself, "She hates me. This will end soon as I will escape all of this. This is not where I am meant to be. My place in the world is somewhere else. There I will not trouble them and they will not trouble me.""

Maya's meaning-making was very evident in her narrative. I invited her to visit the scene again, but

this time her mum would be five years old. Maya smiled the moment she heard this.

In the second narration, I asked her for some more details, “What are you doing with your friend?” “We are trying on makeup”, she said. “My friend is a good dancer and has tons of makeup and artificial jewellery. We play with makeup, she shows me her dance moves and shares some stories. Two hours pass by.” I noticed her face brighten. “This sounds like fun,” I said. “Oh it is great fun!” she agreed, beaming. “So are you going back home with make-up on your face?” curiously engaging with her. “No I have scrubbed it clean. I am very good at hiding things from mom,” she said grinning. “That is very clever of you,” I said. “I go back home and change my clothes. And mum (5-year old) comes in.” Maya giggled for a moment, “She is so tiny.” I reminded her to imagine her mum in the same clothes as the earlier scene. Her words, gestures and tone remain the same. This mum is also fiercely frowning, with the trishool shaped lines on her forehead and finger wagging to decapitate her. “What happens now?” I ask her.

“I say to mum, ‘I just wanted to play. There was no one outside. What else could I have done if I wanted to play?’” I observed her challenging tone. At this moment Maya paused and opened her eyes and said, “Actually that’s all I wanted to say. I wanted to tell my mom that I just wanted to play.” “So say it now to her”, I encouraged her. She closed her eyes and continued, “Mum, I just wanted to play. It was just Annie’s house. You all are so friendly with their parents, then why can’t I go there? Why do you make a big deal out of everything? Are you not really friends? Are they not good people? What do you know that I don’t know?”

Maya opened her eyes again and looked at me brightly as if she had made a discovery, “I always felt they were never open with me. All their disciplining was based on a bag of secrets. Nothing was up for discussion. It made me feel I don’t know enough and so I was not to decide anything for myself. I also feel resentful at their volley of judgements passed about me when I questioned them. It was a deadlock.”. “Good awareness,” I said, inviting her to close her eyes again and go back to the scene.”

Maya closed her eyes and said to mom, “I want to hear something more than what I am supposed to! I want to know why you don’t want me to play in Annie’s house?” Mum says, ‘We don’t know what can happen in other people’s houses.’ She looks scared.”

“She looks scared,” I repeated, “How do you respond?”

“Inside of me that internal battle is not happening. I don’t have this urge to run away. I am able to listen to her and it doesn’t seem threatening. I feel like saying, “It is not such a big deal. Let it go. Don’t feel so scared for me.”

In my work with Maya I invited her to float above the scene and take a bird’s eye view of the same. “What do you see?” I asked her. “I see two kids. My mother and me,” she said, “She is so scared of life. She is always scared about my safety, my future.” “And what about you,” I asked. “I am scared of her judgement and rejection of me, but I am not scared of life. Living by their rules was suffocating, and I rebelled in very many creative ways. I would go again to Annie’s house despite the drama.”

I then asked her, “From this position in the sky, would you like to say something to little Maya locked in this battle with her mother.”

“I can see you getting hurt. I feel sad. I see you believing that you create problems for everybody. But there is nothing wrong with you. You were expected to be serious when all you wanted to do was have fun. Mum was scared. I am delighted that you did not let her fear stop you from having fun. And you always came back home. You knew that despite all the drama you were safe.”

“Does little Maya want to say anything to you?” I asked. Maya spoke as little Maya, “I know I have fun secretly. But I am ashamed. I want to be who I am openly, with pride. It is exhausting to battle them all the time.”

The older Maya and little Maya made contact and embraced each other in imagination. Maya felt immense love and admiration for the little one. “You can be who you are openly. I will support you. I want more of you in my life. You have such a zest for life.”

“How are you feeling?” I asked Maya. “Very light. The heaviness in my chest is no longer there.” She was breathing easily. Her face looked relaxed. She was smiling.

Maya’s redecision

Maya had a new story. In the new story, she discovered to her delight that she was already doing what she liked and that she was not scared of life. She developed admiration for her younger self who had taken charge of herself in her own creative way in the face of mum’s anger. Her resourcefulness and creativity got amplified in the new story. She had a new emotion and a new way of explaining her experience. In the new narrative, despite the drama, “It was safe to come home.” The past was re-constructed. Mum was seen as scared, not angry. The Parent and Child ego states were no longer in conflict. Floating above the scene, she was able to offer the comfort and permissions she desired from her mother to her younger self. We consider this the

development of a new parental stance that was healing. (McNeel, 2016). These permissions implied a further disentangling from mother. The embrace of older and little Maya was a symbolic integration of the vulnerable self. In the new story, it was safe to be herself. The visual imagery is congruent with the emotions and meaning associated with this image. Maya was breathing easy, looking relaxed and smiling.

Some considerations in the use of imagination and imagery

Imagining that imagery would work with everyone would be magical thinking on part of the therapist. Like other therapeutic methods, the practitioner must make choices about when and with whom to use imagery based redecision therapy. As Clark (1996) says, "… there are no absolutes in therapy. Each client is unique, and growth will occur within a therapeutic relationship that honors that uniqueness." (p.312).

Imagery would work best with clients who find it easy to describe images vividly and enjoy working with imagery. "People who think of themselves as very logical, rational, and practical may shy away from using imagination, considering such ventures into imagery as beyond their ability, as "not their style," or even as uncontrolled or threatening." (Ronen, 2011, p.102).

The process has to be meaningful to the client. "Simply asking the patient to imagine some fantastical outcome that could never have happened will not be helpful unless the imagery transformation challenges the toxic meaning of the original memory." (Wheatley and Hackmann, 2011, p. 445).

Images can very quickly evoke overwhelming emotions, and therefore have potential for harm for clients who are not ready yet to contain them. Given that memories connected to a child giving up its autonomy can be distressing, the therapist must have attended to strengthening the Adult and building a strong, trusting working alliance in the initial phases of therapy. The process must be used only when the therapist feels confident that the Child ego state feels supported and ready to relive the traumatic event.

Thus processes such as these cannot work unless there is a trusting relationship between the therapist and client. Judy Barr (1987) elaborates Kegan's description of the therapeutic relationship as a delicate tapestry, the purpose of which is "to keep buoyant the life project of the evolving person" (Kegan, 1982, p. 16)."(p.135). She sees this tapestry as interwoven with two sets of threads, the foundational threads representing the core relationship and the woven threads representing the concepts or techniques that the therapist selects using own judgement of what could help the client.

Change is happening at two levels. At the conscious level the client believes that they have found alternate resources by themselves. But the change has happened because at an unconscious level they have taken in the therapist's tenacious faith that they had the resources in themselves all the time.

For imagination to work in therapy, the therapist also needs to be curiously excited by possibilities. Through the therapist's rapt attention and compassionate curiosity as the story unfolds, the client takes in the permissions to boldly imagine new ways of being. "The decision on the patient's part to risk change is made by A1 after an intuitive assessment of· therapist's "magic." (White and White, 1975, p.22).

Even if clients just play with the imagery, they learn that it is less determined than they believed it was. It leaves room for them to challenge the image and to enter it as an active agent of constructing meaning. Both the processes that we have detailed in this article offer a structure, but they are not directive. We do not recommend that therapists feed words to their clients. Clients are invited to assume intentional authorship of their narrative events.

McNeel (2018) says that accepting a new belief is not enough for sustainable change. He discusses the importance of reinforcing the new belief through intentionally engaging in new behaviours. We concur and suggest that the new image or story reflecting the client's new belief can be revisited multiple times in therapy offering clients the chance to experiment with and cement the new belief.

In conclusion

Transactional analysis offers a strong cognitive framework to understand intrapsychic processes while offering tremendous creative flexibility in the methods to work with clients. We wrote this article with the hope that it would inspire practitioners to give imagination a more central place in transactional analysis practice. Imagination is not a rare gift available only to exceptional people. (all of us have it some way).

We wonder how the landscape of our practice would change if we trusted ourselves and our clients to be imaginative.

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Hard contracts, soft contracts and the unconscious

Abstract

This article is an examination of what hard and soft contracts are, how they impact the psychotherapy process differently, and especially how they impact the unconscious and the type of unconscious material each type of contract will tend to elicit. This in turn has considerable effects on what happens in the therapy room. The two types of contracts create a different ambience and climate in which the psychotherapy can occur. This article explains what the two different approaches are and how they can be dealt with by the therapist.

Key words

Unconscious, Preconscious, Unlanguaged, Soft Contact, Hard Contract, Redecision Therapy, Psychotherapy, Repression.

Introduction

The first known reference to the idea hard and soft therapy is presented by Berne (1966) when he wrote “In practice, regardless of the method used, there are "soft" therapies and "hard" therapies. In soft therapies the goals are diffuse and limited, and the technique is opportunistic. In hard therapies the goals are clearly defined and fundamental, and the technique is carefully planned with the aim of reaching those goals by the most direct route possible.” (p.104).

Holloway (1977) then mentioned contracts when commenting “I am wary of descriptions of ‘soft’ and ‘hard’ contracts which I occasionally hear about. The implication is that ‘hard’ contracts are goal specific, whereas ‘soft’ contracts do not contain a clear statement of change.” (p.219). Then Solomon (1986) made an eloquent statement about the use of hard and soft contracts with eating disordered individuals. She reports how one can first use a soft contract to let the client establish what they are wanting and then later use a hard contract to aim for the specific changes needed. More recently, Sills (2006) states “Therapy contracts are traditionally defined as ‘hard’ or ‘soft’. In a hard contract the goal is clearly defined in behavioural terms: For example, “I will find myself a new job within six months ….. Soft contracts are more subjective and less specific: for example, “I will start enjoying my life…"(p.13). Even more recently, Hay (2022) notes that originally Berne was a proponent of hard contracts because it brought a crispness to therapy but nowadays soft contracts are seen in a more positive light, providing for more diverse ways to practice transactional analysis.

Of course in the literature further work on contracts continues, such as Terlato (2017), Przybylski (2021) and Rotondo (2020), but with little discussion on the specific topic of hard and soft contracts. Hence, this article continues the direct discussion on soft and hard contracts, and looks at some implications of this hard and soft contracts in a number of spheres, and considers the implications of this dichotomy on the whole question of what is psychotherapy and psychological treatment.

Before continuing one needs to say that there is sometimes a view expressed that hard contracts are for some reason unchangeable. Once they are made then they stay that way. Maybe the word 'hard”' gives the impression of being carved in stone. Of course this is not so. Any contract, hard, soft or otherwise, is always a fluid concept that may need to be, and can be changed, at any time in the therapeutic process. As therapy progresses new information and circumstances are continually coming to light, and at times these require an altering of the current contract, which is then done as soon as necessary. As Hay (2022) also notes, soft and hard contacts can both be used as they are not mutually exclusive. As a therapist I certainly do this, often beginning with a soft contract and then eventually moving to a hard change contract as the client clarifies what they are wanting.

Examples of the content of soft contracts can be: I want to understand my anger; I want to discover the hidden parts of myself; I don't know what I want and seek to find this out.

Examples of hard contracts might be: I want to express my anger at my mother; I want to let go of the grief for my brother; I want to finish my thesis; I want to be assertive with my manager at work.

Definition of Psychotherapy

There are deeper implications of these two types of contracts than just being clear about change goals or not. They provide further illustration and more clarity about what psychotherapy is and is not. Consider this comment by Erskine (2001) "When therapy emphasises change, not as the primary goal but as a by-product of therapy, when the therapeutic focus is not on behaviour but on the client's internal process, we wind up with a slower form of therapy but one that can fill the psychological void the schizoid individual experiences internally". (p.4). Is this possible? Is it possible to have a therapy that is not about change, where change is not the primary goal. This of course asks the question of what is psychotherapy or what is psychological treatments.

For a definition of treatment the Merriam-Webster Dictionary (2022) states "the action or way of treating a patient or a condition medically or surgically : management and care to prevent, cure, ameliorate, or slow progression of a medical condition" (online). The American Psychiatric Association (2022) gives us a definition as "Psychotherapy, or talk therapy, is a way to help people with a broad variety of mental illnesses and emotional difficulties. Psychotherapy can help eliminate or control troubling symptoms so a person can function better and can increase well-being and healing." (online). These definitions clearly are talking about what would be considered as hard or change contracts. Treatment and psychotherapy, by these familiar definitions, are about some kind of change or remediation to a person. Treatment and therapy are defined as involving some kind of change and not simply about some kind of self-discovery or awareness. In this vein it is a hard contract that defines what is therapy or treatment and what is not.

To return to Erskine's comment above, this would question the idea of having a 'treatment' where change is only a by-product of the process and is not the primary goal. If two people are sitting together and talking where change is only a by-product of the process then you cannot call that a treatment; they are doing something else instead. The point being made here is that in psychotherapy a soft contact cannot exist on its own. If two people are sitting and talking with only a soft contract and no hard contract then what they are doing is not treatment or psychotherapy. In a process called psychotherapy a soft contact must at the very least always have a hard contract implied in it. For the process of psychotherapy to exist both parties must have some goal or desire for change in the client to occur. Or perhaps more precisely, for the process of psychotherapy to occur the therapist, at least, must have a change or hard contract in mind for the client. Preferably the change or hard contract has been identified and clarified to some degree with the client. If this is the case then yes, the process can be seen as some kind of treatment or a therapeutic one.

Levels of consciousness and contracts

In the early years of psychoanalysis one of the main concepts of Freud's (1933) theory was the unconscious. Since that time many have discussed the idea of human consciousness using the metaphor of an iceberg; as Green (2019) notes this has been a point of some argument about where it originally came from. One of the proponents of such a metaphor has been Stanley Hall (1979) who states, "Freud felt that consciousness was only a thin slice of the total mind, like that of an iceberg, the larger part of it existed below the surface of awareness." (p.54). It still continues to be talked about and discussed in more recent times such as by Scherer (2005) and Dijksterhuis and Nordgren (2006) and the idea of viewing the psyche as an iceberg in this way is commonly used today. Figure 1 shows the three aspects of consciousness that Freud theorised. As a result in the consciousness iceberg we have the conscious, the preconscious, the light unconscious and the deep unlanguaged unconscious.

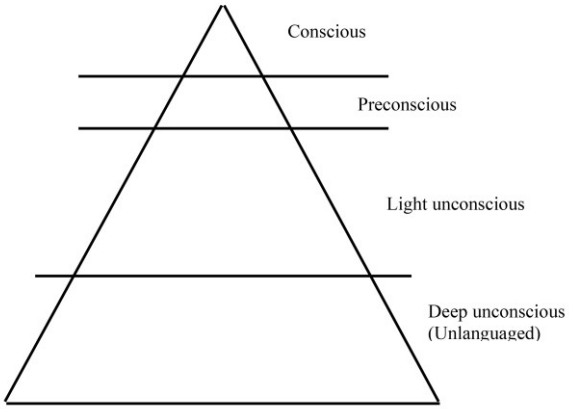

Figure 1: Levels of Human Consciousness

- A preconscious idea is one which can become conscious quite easily because the resistance to that is weak. There has been little, if any repression of it.
- The unconscious memories or ideas are more resistant to becoming conscious. Hall (1979) states that there are actually degrees of the unconscious. At one end of the scale there are

memories that will rarely, if ever, become conscious because they have no association with language. These are said to be unlanguaged unconscious memories. Stuthridge (2015) says unlanguaged experiences have never been formulated in thoughts, feelings and words which makes it difficult to become conscious because there are no words for them. Heath and Oates (2015) also talk about this unlanguaged level of material which is repressed into the unconscious. Berne (1957) says these tend to occur with memories before three years of age because that is when they are processed in an unlanguaged way. Before age three the person is seen as unlanguaged, where feelings are stored as unnamed images and no language which makes it very difficult for the person to later explain them.

- Then there are other unconscious memories that are not as resistant or repressed and can more easily become conscious with help from a therapist. These memories tend to be processed with the use of language and are easier to make conscious. In treatment the light unconscious material and fantasies tend to be the first that arise and can be dealt with, even within the first few weeks of treatment, (Starke, 1973).
- The deep unconscious material will only arise at much later times in treatment, if at all.

Surfacing repressed material

The repressed material in the unconscious has a constant need to resurface into the conscious. This is seen to occur because all the memories and fantasies in the unconscious can be seen to be unresolved, unfinished and not worked through. Hence they create a tension in the psyche of the person, like a twisted rubberband they have a natural and ever present 'urge' to untwist and reach a state of relaxation, consistent with the theory of homeostasis. As White (2022) notes, Berne used the idea of homeostasis and said that all people want to achieve a state of internal psychological equilibrium. The unconscious is full of states of disequilibrium and internal psychological tension. It is constantly seeking to change this and reach a state of homeostasis. This could explain the drive of the unconscious material, fantasies and urges to resurface in the conscious.

Some of the methods by which the unconscious seeks to achieve this have been discussed over the years, of course beginning with Freud himself. The unconscious can surface in the conscious by dreams, slips of the tongue and in free association as originally proposed by Freud, and unconscious material can demonstrate itself in transference and countertransference reactions which can also display themselves in games and enactments.

Stuthridge and Sills (2016) provide interesting comments about how a therapist can use their own experiences in reaction to clients. These experiences are seen to occur between the conscious and unconscious. The therapist's unconscious reactions to the client are allowed to surface and then used to establish meaning about the client. They report that in working with a client the therapist may experience phenomena like:

- A therapist may begin to feel a sense of discomfort and disorientation, or any behaviour of the therapist that deviates from the norm can indicate the unconscious is beginning to surface in the therapist's counter transference;
- The therapist may begin to feel free floating associations such as visual and auditory memories, images and daydreams coming up as they work with a client and which may indicate surfacing unconscious material;
- Images that occur in the therapist's mind, especially when they are uninvited and unwilled, including odd phenomena such as images, words or parts of songs may indicate the unconscious surfacing.

This is an interesting list of reactions that a person can experience and what these may show is how the unconscious of a person can demonstrate itself in the conscious. Of course these can occur in any situation and not just in the therapeutic setting. People may experience such phenomena in social settings, at work, when they are alone or doing any kind of activity.

Resurfacing material with soft and hard contacts

What the above shows is that the unconscious is a law unto itself. It will do what it wants, when it wants and how it wants. The above list of three items results from observations over time about how the unconscious chooses to function and the ways it has selected to let the person know of its existence, in its desire to achieve a state of homeostasis and to finally resolve the memories and urges that exist within it. Hence we arrive at the idea of the soft contract.

Soft contracts are at their best and most useful in accessing the deeper unlanguaged unconscious material. With little to no direction imposed by the contract, unlike a hard contract where direction and goals are quite clear, the person is afforded the opportunity to perambulate through the unconscious. The stage is set in the way the therapy is structured to allow the unconscious to 'speak up'. Those parts

of the unconscious which at that point in time are wanting to make their presence felt to the person can begin to surface.

There is a view expressed in Cornell, de Graff, Newton, and Thunnissen (2016) that making a hard contract too early in the therapy process will "place the unconscious at a distance" (p.193), or cause the unconscious to go into hiding with the implication that it has been somehow frightened off or offended. In my view this is a misunderstanding of the unconscious as a very fragile and timid aspect of the personality that can be scared off by a therapist who seeks to make a hard contract too early in therapy.

A hard contract does not scare the unconscious off or put a distance between itself and the therapy process. The unconscious is better understood as a robust entity that will do what it likes, when it likes. It could be said that nobody tells the unconscious what to do. The effect of a hard contract is more about how the unconscious functions and its nature, not its timidity. As Starke (1973) says, "the unconscious has also a special character of inflexibility and relative unalterability [sic]." (p.18-19). The unconscious is represented by characteristics of firmness and strength. Freud (1920) talks of the effectiveness of dreams in exploring the unconscious. He reports of a case where the patient was over and over again taken back by their repetitive dreams of the event to a traumatic disaster which they experienced, indicating that the unconscious does not give up easily and is determined in its goals. Freud then goes on to discuss the power of the repetition compulsion and how the unconscious or repressed material compulsively forces its way through into the conscious. Again this is characterising a strong, even compulsive quality to unconscious material in people.

Repression is an active force that attempts to force conscious material into the unconscious but it is a far from efficient mechanism. The repressed material constantly and relentlessly will break though that force and resurface again. As we can see these are active and powerful forces we are discussing here. This is not describing a peaceful process; which again highlights the power and strength of the unconscious which is not something that is going to be easily frightened off by a hard contract.

This strength and robustness of the unconscious is probably best summed up by Berne (1957) who states, "… storage in the unconscious is not 'dead ' storage. It is not like putting a pile of books in the basement, where they will remain dusty but otherwise unchanged until the time comes to use them. It is more like storing a flock of rabbits. These 'rabbits', fed by the feelings of the moment, breed and grow more powerful and would soon overrun the mind completely if they were not released." (p.126)

As mentioned before a soft contact is by its nature directionless, indeed it could be called a 'directionless' contract because the word soft can imply a gentleness and sensitivity. A soft contact will often bring up very painful unconscious material for the client, involving feelings of deep shame or anger, so it is not gentle and sensitive in that way at all,. Indeed, it can easily be more brutal to the client than a hard contract. If the unconscious was to be frightened off by anything, it would be the potentially very painful emotional consequences of having a soft contract.

The unconscious (or unconscious material) can best be seen as a meandering entity and a cauldron of a mixture of repressed memories, fantasies, urges and experiences. Freud (1920) says that unconscious mental processes are timeless, that they are not arranged chronologically and that the idea of a timeline cannot be applied to them; or as Berne (1957) says, "The conscious mind arranges things and uses logic, while the unconscious mind 'disarranges' feelings and doesn't use logic." (p.123).

As said before, a soft contact creates the 'perfect' environment for deep unconscious material to arise. The nature of the soft contact imitates the directionless, timeless and disarranged quality of the unconscious. It says to the unconscious - the contract is that we can investigate and discover whatever material you want to surface at the time. We will wait until you are ready to do this. It is taking the compliant or cooperative position in relation to the unconscious. It is recognising that the unconscious is in charge of this process. The structure of the soft contacting process is the same as the structure of how the unconscious functions.

If there is a hard contract following the soft contracting process, that tells the unconscious that once the material has been allowed to surface and be recognised, then an attempt will be made to resolve the unresolved issue. Thus allowing it to be worked through and then providing more homeostasis and equilibrium for the person. It would seem that this would be more appealing to the unconscious mind because not only is it encouraging the defiance and erosion of the repression but it is also encouraging the final resolution or working through of that material. On the other hand the structure of a hard contract is opposed to the structure of the unconscious and definitely the deep unconscious. They do not fit or match; the random, timeless, spontaneous quality of the unconscious mind is in opposition to the direction focussed, problem solving quality of the hard contract.

The hard contract has clear and specific goals and direction. As soon as the client and therapist impose a goal and direction onto the therapy, the unconscious material and wishes are not encouraged to express themselves. A hard contract makes no attempt to create an environment in the therapy that will allow the deeper material to begin to surface. It sees no point in doing so. For example, in redecision therapy the goal of therapy is to define a contract for change, diagnose the injunction and impasses related to the contract, then offer the client an opportunity to redecide the early decisions. There is no point in trying to access the deeper unlanguaged unconscious material or encouraging it to surface in the therapeutic process. There is no need to do that in order to achieve the therapeutic goals desired.

How unconscious material can be dealt with in hard contract therapy

Having said that, as was noted above, unconscious material will continue to surface relentlessly whether there is a hard or soft contract. As Berne said, the unconscious is not dead storage but is something that will continue to grow and become more powerful over time if it is not released in some way. Even when there is a hard contract in therapy, the therapist will still need to respond in some way to the client's surfacing unconscious material. It will constantly impose itself in the therapy setting and disrupt proceedings. Redecision therapy uses hard change contracts often and still the unconscious will continue to surface. McNeel (1975) provides a list of examples of how the unconscious may do this in redecision therapy and how the therapist can respond.

1. Confrontation of incongruity. The non-verbal transaction is at times incongruent with the verbal conscious transaction, such as when the client shakes their head indicating 'no' when they are verbally saying 'yes'. The unconscious has forced itself into the transactions between the client and therapist to give incongruent transactions. In redecision the therapist will often bring the incongruity to the client's attention so the unconscious then becomes conscious for the client.

2. Owning projections. The unconscious can display itself when the client makes a projection of self on to something else. McNeel gives the example of when a client says, "This is a beautiful day." and is asked to own the projection by saying "I am beautiful.". The person's view of their own beauty has been repressed and by owning the projection the unconscious is again made conscious.

3. Confronting a Parent ego state contract. The unconscious can sabotage the effectiveness of therapy by suggesting a Parent contact which will not work because it lacks interest and investment by the Child ego state. The therapist can confront this contract and the client becomes aware of how they are sabotaging their own therapy due to the repression of various urges.

Even in a hard contract therapy like redecision, the unconscious keeps surfacing again, showing its tenacity and power. Whilst a hard contract does not directly encourage unconscious material to surface like a soft contract does, the unconscious will continue to arise anyway. In the three examples cited, the therapist has simply made the unconscious material conscious in the client's mind, which can often happen in redecision therapy. However, depending on the situation, the redecision therapist may choose to use the unconscious material further. For example, with the projection of the person's beauty the therapist may ask, "What's wrong with owning your own beauty?" which is an exploratory soft contact question. Then the person may start recalling traumas of childhood that have been repressed and say something like, "My mother would always compare me with my sister and say that she was the beautiful one." The unconscious has surfaced and this would not be an uncommon procedure in redecision therapy but it would quickly lead to a hard contract. After reporting such a trauma the therapist may suggest a contract like, "I want to feel my beauty" and then the client makes a redecision with mother in the empty chair who is disowning her daughter's beauty. Hard contact therapies can and do use arising unconscious material in the process of the therapy as is shown here, not simply to provide awareness to the client of their repressed material but actively in identifying early trauma and in the process of the therapy such as in facilitating a redecision as shown in this case.

Any successful hard contract based therapy has to recognise and find some way to deal with the unconscious repressed material that will regularly surface during the process. A hard contract will not 'scare' off such unconscious material or place it at a distance due to its timidity or the believed fragility of such unconscious memories. As has been shown, the unconscious can quite easily 'stare down' any apparent foe and display its robustness and strength persistently in psychotherapy. However, as noted before, a therapy that uses hard change contracts as its primary focus is not creating an environment that will encourage the deeper unconscious material to surface. It sees no point in doing so, and does not

need that material to successfully complete change contracts and have positive outcomes from the therapy. Hard contracts provide a clear direction and focused quality to the therapy whereas the unconscious is collection of timeless, disarranged urges, feelings and memories. Like a mixture of water and oil - they don't mix.

Soft contracts and the unconscious mix very well because soft contracts are also directionless and meandering, which gives that quality to the therapy which fits well with unconscious material. The deeper unconscious material is given the time, space and environment in which to develop and eventually surface. This is what soft contracts can bring to the therapy process that hard contracts cannot. The deeper unlanguaged repressed material is encouraged to arise and surface in some form.

However, unfortunately many people may not have the opportunity to experience such a thing. The surfacing of such material takes time, often a lot of time. Articles and books written about clients who have experienced such therapy are usually in therapy for many months if not many years. The relationship between therapist and client has to take that long before such material will arise into the transference relationship. This somewhat unique group of clients are probably over-represented in the psychotherapy journal literature compared to how many actually occur in real psychotherapy practice around the world, because therapists tend to write journal articles about such clients because they are of personal interest to them and the relationship they have with this small group of people. Most psychotherapy around the world is probably short term, limited number of sessions, hard contract, solution focussed therapy. The soft contract, longer term approach to psychotherapy probably only occurs with a small group of clients because of the time and expense involved. No government, insurance company or other organisation will fund such therapy because of the expense and time it takes. The only way one can really get such treatment is in a self-funded private practice psychotherapy situation. So many of the more psychologically damaged people in the community, those who probably need it the most like the homeless, substance abusing or prison population types of clients, will never be able to access such soft contract, longer-term therapies because of the cost involved. Only a small group of people will ever be able to access their deeper unlanguaged unconscious material in the psychotherapy process.

Conclusion

This article shows that the unconscious or unconscious material in the human psyche has a quality of strength and power. It does not sit by quietly waiting to be asked to come out in psychotherapy. It does not need to be gently coaxed out of its hiding place by the psychotherapist. Instead it will force its own way out with unrelenting persistence into the here and now transactions going on between the client and therapist. Constantly interfering in the communications between them.

Hard and soft contracts create a different ambience in the psychotherapy setting. The soft contract allows for the deeper unconscious material to come out because it creates a tone of free floating exposure when ready. The hard contract does not do this because it provides therapy with a clear direction and focus. This is not encouraging deeper material to surface. However as with any therapy or any human communication, unconscious material will continue to surface whether hard or soft contracts are being used at that time.

As is continually acknowledged in the literature, contracts are at the core of the practice of transactional analysis and the idea of hard and soft contracts are used every day by therapists as they work. However discussion of them in the literature has been spartan to say the least. Except for the work by Sills (2006), Hay (2022) and to a lesser extent Solomon (1986), very little has been said about the nature and use of hard and soft contracts in psychotherapy. Hopefully this paper has addressed the barren landscape on this concept, which is used multiple times every day by almost every TA therapist. I hope this article will stimulate much more writing on this aspect of contracting in the future.

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The Client System: The Importance of the Client Support Group in the Area of Health Sciences

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Abstract

The author proposes in this phenomenological study the presentation of the Client System concept in the area of Health Sciences of Transactional Analysis, through a Narrative Study anchored in a literature review. It provides a basis for understanding the importance of knowledge and interaction of health professionals with client support groups - the Client System - when involved at some point in the health-disease continuum. It reflects on the impact that the loss of physical well-being can cause not only on the sick individual, but also on the groups to which they belong, including the health team involved in their search for recovery. It also proposes a more holistic and integrative view of health.

Keywords

Health. Disease. Health professionals. Transactional Analysis. Health Sciences.

Introduction

Margaret Mead was an American anthropologist who lived from 1901 to 1978 and contributed significantly to the understanding of the importance of the role of culture in the formation of values and social conduct. She is attributed a story about an answer given to a student who asked her about what she considered to be the first sign of civilization. Instead of citing the finding of clay pots, tools or religious symbols, the anthropologist chose as the first evidence of civilization the discovery of a fractured and healed femur, 15,000 years old, in an archaeological site. Her explanation for this statement was that, within a period of at least 6 months, someone must have taken care of the injured person, meeting their most basic needs for food, shelter and defence until the bone healed (Côrtes, 2021). For Margaret Mead, the measure of civilization is made in relation to the care we have for the other.

It is widely disseminated and accepted as fact that human is a gregarious animal and we can understand gregariousness as "a strategy for protection observed in several groups of animals that are grouped in more or less structured populations, permanent or temporary, aiming at the protection of individuals that compose it" (Wikipedia, in the entry Gregarismo, 2021). In his article entitled The importance of groups in health, culture and diversity, David Zimerman (2007) justifies the attribution of this importance to some factors, of which I cite the following three:

- the fact that human beings are gregarious by nature, participating in different groups from birth and only existing, according to the cited author, due to their group interrelationships.
- the fact that every individual spends most of their life living and interacting with these different groups, from the first natural group that exists in all cultures - the nuclear family - through the groups formed by day-care centres, nurseries and schools, even the groups that expand and renew themselves in adult life, with the constitution of new families and professional, sports, social, associative and other groups.
- the fact that, according to Zimerman, as the inner and the outer world are the continuity of each other, likewise the individual and the social do not exist separately. These two dimensions of the human interpenetrate, complement and confuse each other. Based on this, the author states that "every individual is a group (to the extent that, in their internal world, there is a group of characters who are introjected, such as parents, siblings, etc., and who live and interact with each other)" . (Zimerman, 2007, online).

When presenting his reflections on the innate drives that characterize physis, understanding physis as "the force that leads people to grow, progress and do better" (Berne, 1947, p. 98), Italian transactional analyst Piccinino (2018) identifies, acting within of

us, human beings, and motivating our behaviour the following impulses: Survival; Belonging to a group; Evolution and knowledge; and Self realization.

He goes on to say that in order to survive, human beings - especially given their relative physical helplessness - had to band together in groups and develop an innate tendency towards affection, group affiliation, altruism, empathy, mutual protection, mutuality and even a sense of justice within the world clan (de Waal, 2013; Ostaseski, 2017). We therefore 'invent' love and civility and the tendency to love another human being in order to address our pressing needs for affective and group attachments in order to survive from birth.

By understanding the importance of the impulse to belong to a group, especially in moments of greater challenge or fragility, such as those involving our physical health and the issues that revolve around the preservation of the integrity of our physical body, it is necessary that the various health professionals have as a highlight, in client service, the fact that whoever comes to them is not alone. On the contrary, the individual arrives accompanied by their own group of internal characters formed by the introjected figures in the formation of the Parent ego state, for example; arrives, bringing with them their support system, both in person and remotely, along with the culture, beliefs, rituals and values contained in such a context.

This work proposes the presentation of the Client System concept in the area of Health Sciences of Transactional Analysis, through a narrative study anchored in a literature review. It proposes reflection and understanding of groups that form the support system of people who are involved at some point in the health/disease continuum and how this system, the Client System, impacts the relationship between health professionals and clients. Having worked as a health professional for many years, I bring here, in addition to the narrative review of the literature, the vision I developed, on this topic, over 40 years of paediatric practice.

Systemic Thinking and Health

For the present reflection, health professionals are understood as the various professionals who are involved with people who are acutely or chronically ill, totally or partially incapacitated, temporarily or permanently or in search of preventive care for their health. Including therefore professionals working at any of the levels of health care: promotion, prevention and rehabilitation, including palliative care and monitoring in the process of death and dying.

Developing the perception of the client who seeks us out as someone belonging to a complex system of groups and subgroups that we will inevitably have to deal with, takes us back to the origins and evolution of systems thinking. Capra, in *The systemic view of life* (Capra and Luisi, 2014) sees the evolution of holistic thinking as a necessary paradigm shift, a new vision of life itself. In his words, it is "… an emerging new scientific conception of life, can be seen as part of a broader paradigm shift from a mechanistic worldview to a holistic and ecological worldview. At its very core, we find a shift in metaphors that today is becoming increasingly evident... - a shift in which the world is no longer seen as a machine and is understood as a network. (p.26).

According to Capra, there is a basic tension between the parts and the whole. The more mechanistic view of the world, also known as reductionist or atomistic, although it was essential for the emergence of science that took us away from a period of obscure knowledge, also diminished the vision of life and the human being. In contrast to this, there has been an evolution towards a more holistic, organismic or ecological view, where emphasis is placed on the whole and not on the parts. This perspective, known as 'systems' from the 20th century, is based on the so-called systems thinking, whose characteristics we will see below.

The cited author presents a detailed explanation of the evolution of thought and vision about life and the universe through the history of Western science. This evolution of thought through the centuries can be summarised as follows:

- During most of the Middle Ages, until the 13th century, the world view was an organic view, with people living in small cohesive communities and depending on nature and on each other in an intimate and communal way, under the system of feudalism. The Church exerted an important influence and there was a mixture of spiritual and material concerns. In the 13th century, there was a fusion of Aristotle's ideas about nature with Christian theology and ethics, placing the science of this time, based on faith and reason, around questions related to God, the human soul and ethics.
- In the 16th and 17th centuries there was a radical change in the prevailing perspective in the Middle Ages. According to Capra, "The notion of an organic, living, spiritual universe was replaced by that of the world as a machine, and the mechanistic conception of reality became the basis of the modern worldview." discoveries and postulations in the fields of Physics, Astronomy and Mathematics.

- The 18th century brought the application of Newton's Mechanics that deepened the shift in perspective by explaining the movements of planets, moons and comets down to the smallest details, as well as the flow of tides and various other phenomena related to gravity.
- During the 19th century, important investigations culminated in the presentation of the atomic hypothesis and electric and magnetic phenomena. In addition, there was the emergence of Mendel with the postulations that became the basis of modern genetics and evolutionary thinking, with the Theory of Evolution of Species by Lamarck (1744-1829) and Charles Darwin (1809-1882), which was a landmark of rupture with the "Cartesian conception of the world as a machine that emerged, already perfectly constructed from the hands of its creator" (p. 58).
- It was in the 20th century, which has just ended, that the Theory of Relativity and Quantum Theory emerged, questioning and shaking the main concepts of the Cartesian worldview and Newtonian mechanics. Capra places the beginning of systems thinking at the beginning of the 20th century, having as pioneers the biologists who emphasised the view of living organisms as integrated wholes. There was opposition to the reductionism of Biology, Physics and Chemistry. Schools such as Vitalism (19th century) and Organicism (early 20th century) maintained that, although applicable to living organisms, the laws of Physics and Chemistry were insufficient to fully understand the phenomenon of life.

Capra, referring to systems thinking, said that the behaviour of a living organism as an integrated whole cannot be understood from the study of its parts. As systems theorists would express themselves several decades later, the whole is more than the sum of its parts. From this perspective, "a system has come to mean an integrated totality, whose essential properties arise from the relationships between its parts, and "systems thinking" has come to indicate the understanding of a phenomenon within the context of a greater whole." (p. 94). According to Capra, understanding the world and beings in a systemic way means understanding them within a context, establishing the nature of their relationships and emphasising the fact that the essential properties of an organism arise from the relationships and interactions between the parts.

Systems thinking has several characteristics that constitute changes in perspectives that, if evaluated within the context of health and client/health professional relationships, greatly contribute to the understanding of another form of interaction with the client and their support system. Relating the various characteristics of systems thinking and linking them to a systemic view of health, we can reflect on some of them, such as those listed below.

- *Change of perspective from the parts to the whole*: the properties of living systems cannot be reduced to those of smaller parts. Essential, or systemic, properties are properties of the whole, which none of the parts have. The over-specialisation of many areas of health brings, as a side effect, the risk that the clients of professionals in these areas are often treated, not as João, the husband of Dona Maria, but as the 9:30 am surgery, heart failure of 304, the molar of 15h, the attendance of a dysphonia or the bath of 503.
- *Change of perspective from objects to relationships*: living beings are seen within the systemic view, as integrated wholes, both to their smaller components and to the larger whole to which they belong. According to Capra, there are no parts, only patterns in an "inseparable web of relationships." (p.113). Therefore, the perception of the client, by the health professional, without associating them with their context, without evaluating their past history, will inevitably lead to an incorrect view of them and, perhaps, to an erroneous or incomplete diagnosis and treatment.
- *Changing perspective from measurement to mapping*: when we think about the world and beings in a less reductionist way, we realise that these cannot be evaluated through measurements alone. In systems thinking, evaluation is based on the assumption that relationships cannot be measured and weighed, but rather mapped. The author in question says that "When we map relationships, we discover certain configurations that occur repeatedly." (p.114). Capra calls this a pattern. Perceiving people within their patterns of repetition brings us directly to the link with Berne's theory of script. It is extremely important that the health professional remember that the client who comes is a whole with a previous history, probably full of nuances and cycles full of meaning, even if the complaint is a stiff neck, hoarseness, caries or an ugly nose. And also that any of these cycles, stories or beliefs are closely related to the people who form the groups in their context.
- *Perspective shift from structures to processes:* systems science perceives structures as the manifestation of underlying processes, understanding the living structure through the

understanding of its metabolic and developmental processes. If we take some childhood complaints as an example, we can observe that many signs or symptoms are due both to the context-group to which they belong, and to the stage of development they go through.

- *Change of perspective from objective science to epistemic science*: this characteristic is highlighted by the fact that, when receiving a client, the health professional becomes part of their context, of their support group, in short, of their network and, for this also becomes an important influencer of their processes.

  For Cartesian science, scientific descriptions must be objective, independent of the human observer and the knowledge process. On the contrary, systems science postulates that the understanding of the knowledge process needs to be explicitly involved in the description of natural phenomena. Using, in a superficial way, a thought of the quantum physicist, Heisenberg: the observer changes what is observed by the simple fact of observing it.

- *Change of perspective from Cartesian certainty to approximate knowledge*: The mechanistic paradigm is based on the certainty of scientific knowledge. In the systemic paradigm, we will not find this complete certainty in belief as a single truth.

In relation to the health area, holding and concentrating the value of knowledge only on the health professional does not contribute to autonomy. The traditional view that people have of health professionals, in general, places the latter in a hierarchical role that tends to reinforce the status quo, which intensifies beliefs about power, passive behaviors on the part of clients and their support systems and makes people less autonomous than they could be in relation to their health. People in general have considerable knowledge about their physical matters, even if this knowledge may be interspersed with fanciful ideas. The qualification of lay knowledge about illness and health helps health professionals to have, in the client, the indispensable protagonist in their healing process.

The systemic proposal for health presupposes that we understand it in a broader way, capable of contemplating the human being as a being, which, gregarious by choice and aptitude, has its well-being related to the harmony between its many contexts of action. Relating this proposal with the various definitions of health, I bring some of them for comparison and reflection.

The current WHO (World Health Organization, 2006) definition of health states that it is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. This definition of health, adopted by the World Health Organization in 1946, in a period immediately after the war, resulted from the current concern with the devastation that had occurred and from an optimism in relation to world peace. It has been as publicised as it has been criticised. It has been considered utopia because a state of complete physical well-being can be a beautiful goal to be achieved, but it has not been part of the reality of our planet, and therefore it is not a goal to be used by health services. Another criticism has to do with the lack of reference, in the text, to the environmental context in which the human being is immersed.

Also from the WHO, more specifically from the European Regional Office (2020), we have a broader reflection on the issue of health as the extent to which an individual or group is able, on the one hand, to fulfil aspirations and satisfy needs and, on the other hand, to deal with the environment.

In Brazil in 1986 at the 8th Natural Health Conference, the so-called Expanded Concept of Health emerged: in its broadest sense, health results from the conditions of food, housing, education, income, environment, work, transport, employment, leisure, freedom, access to and possession of land and access to health services. It is thus, above all, the result of the forms of social organisation of production, which can generate great inequalities in living standards. Health is not an abstract concept. It is defined in the historical context of a given society and at a given moment of its development, and must be conquered by the population in their daily struggles (Child Neurology Society, 1986).

This expanded concept of health was a reflection of the re-democratisation process that was taking place at the time and of a feeling of freedom to express ideas and ideals that had been repressed by the military dictatorship, which, having lasted 21 years, had ended just one year ago. The 8th Health Conference took place in five days of debates, with more than four thousand participants distributed in 135 working groups and with the participation of users. It was the first conference open to the people. In addition to the Expanded Concept of Health, this historic conference gave rise to important subsidies for the future Constituent Assembly and for the definition of the Unified Health System (SUS).

Another way of thinking about health has to do with the systems thinking that we discussed earlier. For Capra “Health is a state of well-being, resulting from a dynamic balance that involves the physical and

psychological aspects of the organism, as well as its interactions with its natural and social environment (CAPRA, 2014, p.323). For Capra, understanding health is and always will be linked to understanding life. In the systemic view, it would not be possible to define health as this is a subjective experience, intuitively known, but not possible to be described or quantified. According to the author, “Health is a state of well-being that arises when the organism functions in a certain way.” (p.403).

To end this topic, I bring a last definition, this one considered a holistic definition since, in addition to including the various contexts that other definitions include, it also includes the spiritual dimension. Health is the consciousness of well-being, resulting from a continuous process of harmonization between physical, psychic, social, environmental... and spiritual aspects... in all phases of human existence. (Pozatti, 2007). For Pozatti, human beings, in the search for their wholeness and quality of life, generate health. For him, to be healthy is to be whole again.

All these definitions, elaborated in different moments of life of different people and groups, serve to reinforce the idea of how the individual can change their vision about the well-being associated with the concept of health, depending on the context and the time in which the individual lives.

It seems essential that health professionals, regardless of their specialties and where and how they develop their profession, can welcome the client who seeks them having, as a reference, the notion that the person who arrives in front of them bringing a complaint, hope or despair has a history, a family, a socio-economic cultural situation of their own and, most likely, a faith. This welcoming movement brings, in its wake, several challenges involving the previous history of the professional and their current availability and completeness to be able to be the target of the transference and projection that the client will inevitably make in the bonding process. Not all professionals who care for sick people or in search of preventive health care have, at their disposal, time, equipment or place for care that meet all the needs of the client and the health professional. This is the acute Brazilian reality, sadly evidenced in the current pandemic that plagues us. However, I believe that if the client can be seen as a whole and unique person, the client and the professional will win, even in the worst conditions of service.

The Client System

By Client System, we understand the client's context and the various groups and subgroups with which they interact, considering the level of relational proximity e.g. family, extended family, work group, cultural, religious group and health professionals involved. (UNAT-BRAZIL, 2019). In principle, this system is the client support system. Its peculiarity is that it is made up of people, with all the elements that make up people's personalities, elements that make them unique and original.

When presenting his vision of the structure of personality, Berne (1961/1985), when describing the determinants, organised these various elements that determine the way a person as structured during neuropsychomotor development and called them Internal Programming, External Programming and Probability Programming.

Internal Programming comes from natural biological forces of the individual. We are born endowed with this organism that has a programme to respond according to instincts. These instincts are the survival instinct that has to do with the search for food and the preservation of life and the species preservation instinct that is related to sexuality. Furthermore, we are gregarious beings who, as biological organisms, need someone else to take care of us. Not only are we born capable of seeing, hearing, sucking, and grasping in a highly specific way, we are also able to bond in our first hours of life. (Lewis and Wolkmar, 1990).

Biological programming comes from beyond instincts, natural emotions and our biological baggage, our genetic inheritance.

Probability Programming comes from autonomous data processing, based on past experience. In other words, Probability Programming is the result of the experience and learning we had in meeting the characteristics of the organism that is born (Internal Programming) with the environment that welcomes it (External Programming).

The neural networks that will give rise to our ego states are constituted through this learning, through the result of what happens between the organism and the external environment. In the question at hand, we are interested in focusing on External Programming, one of the Determinants that comes from incorporated external canons. We were born in an external environment and due to this, external programming will be everything that comes from culture, society, family and parents. Therefore, we are talking about values, beliefs, imitated behaviours and rituals, including those that interfere, beneficially or not, with understanding and behaviour in the face of the signs and symptoms of diseases.

The Determinants, members of the Psychic Apparatus, were understood by Berne “as factors that determine the quality of the organization and phenomena” (Berne, 1985, p. 222); that is, they establish the programming of the Psychic Organs that manifest themselves through the Phenomena. or

ego states of Parent, Adult and Child. They are the elements that, different for each person, make us unique. We are original not only because of our fingerprints or our voice, but also because of the unique phenomenon that is the formation of neural networks that will emerge as a result of the dynamics that occur in the encounter between the individual and the external environment.

Hine, a transactional analyst who studied the relationship between neural networks and ego states, understands the formation of the Self, “our identity, the essence of who we are” (Hine, 2004. p. 60), as a gradual movement, starting from unique neural connections, built by experiences, also unique to each person. These elements of each person's internal environment, when in contact with the elements of another person's internal environment, through ego states, can give rise to various forms of social structuring of time, from rituals, through psychological games to intimacy. When, in addition to this, there is a threat to physical or emotional health, the risks of conflict become greater, being, therefore, an important focus of attention for the transactional analyst in the area of health sciences. Therefore, when a person seeks a health professional, they do so with all this complexity composed of instincts, emotions, beliefs, rituals, values, logical reasoning and experience.

The client that we receive arrives with one of the psychic organs (archeopsyche, exteropsyche or neopsyche) more cathected, and it is with this one that we will make the first contact. Even if whoever speaks to us is the Adult ego state, expressing the content organised by the neopsyche, this content can come with or without contamination from other psychic organs, which can make a difference in the way the contact will take place. Faced with the stress caused by a physical or mental illness, the patient and their support system may react to the stimulus (illness) with the neopsyche (Adult); in this case, the solutions for coping with the crisis will come from this psychic structure, whose characteristic is, according to Berne, to deal with the transformation of stimuli into pieces of information and the processing and archiving of this information based on previous experience.

However, the content of the exteropsyche (Parent) or of the archeopsyche (Child) can invade or contaminate the neopsyche, which configures a structural pathology, an anomaly of the psychic structure, named by Berne as contamination, which assumes the configuration of certain types of prejudices on the one hand and illusions on the other (Berne, 1961). in prejudice, part of exteropsyche is included in the borders of neopsyche, with its contamination by content of exteropsyche such as prejudices or stereotyped judgments. In the illusion, there is a contamination of the neopsyche, such as, for example, illusions or fears, originating from the archeopsyche. a double contamination can also occur, when the neopsyche is contaminated by both prejudices and illusions.

Each of the psychic organs perceives the environment differently, according to its function and, therefore, reacts differently to a different set of stimuli. Therefore, the reaction to the disease stimulus may come, not from the neopsyche but from the exteropsyche with its characteristics of immersion in the culture in which the individual lives, or from the archeopsyche based on pre-logical thinking and on poorly differentiated or distorted perceptions. This possible contamination of neopsyche, which can either affect the client or the client's system, including the health professional, tends to be harmful both for the relationship between those involved and for adherence to the treatment instituted for the various pathologies.

Now, let's multiply this situation by the number of people that make up the support system of the individual in question and we will have a sample of the mosaic to which we will be exposed as health professionals, involved in the various situations related to the health-disease process. Unfortunately, we currently have daily examples of this, regarding the way people have behaved in the face of the pandemic. The issue of wearing masks, social distancing, early treatment for COVID and vaccination, are vivid examples of how beliefs and prejudices stemming from the culture of individuals, as well as illusions and fears can interfere with adult, appropriate decision-making time and impacting the health of the client, the client system and the community at large.

Knowing how to theoretically contextualize these reactions and respond to them with interventions that can decontaminate the adult ego state of the client and/or the members of their support system (through the use of therapeutic operations, for example) can be the differential that will lead the client to a good evolution and better prognosis of his pathology. It is important to have the client and the groups to which they belong as allies in the treatment. Decontaminating the Adult ego state about wrong or harmful ideas and behaviours that may be occurring in relation to their health is both indispensable and challenging.

One of the frequent events in Medicine and, I imagine, in other areas of Health Sciences as well, is the action of the ‘patient’ and their support system (Client System) on the symptoms and signs of the disease that afflicts them. The popular saying that

“We all have a little bit of a doctor and a madman” refers to this. People act on their pathologies and on the pathologies of those they love, acting against the symptoms of the disease and, above all, being harassed by fantasies and beliefs arising from the interaction of individuals with the culture of which they are a part.

In the DSM 5- Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2014), there is a chapter whose title is Glossary of Cultural Concepts of Suffering, in which several syndromes related to beliefs of the cultures, from various parts of the world, in which the affected individual is immersed are described. For example, Dhat syndrome, a term created in South Asia, which refers to a set of symptoms such as anxiety, fatigue, weight loss and impotence that is attributed to the loss of semen, with a cultural disposition to explain problems of health and symptoms through reference to Dhat syndrome. Another example would be the Maladi Moun or sent disease, a cultural explanation present in Haitian communities for various psychiatric medical disorders; something similar to our ‘Evil Eye’ or ‘Breaking’ that would cause watery eyes, sluggishness, sadness, yawning, and sneezing. I have often come across reports of treatments based on my clients' cultural beliefs. I cite a few: blowing on the ‘soft spot’ (fontanelle) or on the baby’s face when choking, shaking hard when baby has colic, putting a small lint of wool moistened with saliva on the forehead to stop the hiccups, instilling drops of kerosene in the nostrils to treat sinusitis, put a coin in the belly button to treat umbilical hernias, blessings for shingles, and others.

Respecting the culture of the client and its support system and separating what is innocuous from what is beneficial or harmful is a constant challenge in serving clients, in any area of health. The health professional will always work with groups, since the client is accompanied, subjectively or concretely, by this support system, the Client System.

Berne (2011) defined group as “any social aggregate that has an external boundary and at least one internal boundary” (p.63), understanding it as a social aggregate, the one in which there are transactional stimuli and responses. The first social group to which we belong is the family. Sociologically, family is understood as an aggregation of individuals united by affective or kinship ties in which adults are responsible for caring for younger individuals. Despite having undergone important changes over time, the concept of family continues to have as its main characteristics the formation of a nucleus and the care with elements not yet fully developed. As it is the first group to which we belong, its importance is imposed and its influence acts on the other groups to which the individual integrates during their life.

Generally, the first contact that the health professional makes with the client's support system is with someone from their nuclear family or origin, whether this person is present at this first meeting or not. In medical consultations, this contact with family members, even in the first consultation, is very common, being mandatory in the paediatric clinic, in geriatrics and in emergency situations and serious conditions. In other health professions this also occurs, for example, dentistry, speech therapy, nursing, nutrition, occupational therapy, social work and others.

Berne (2011), when referring to the organising and disorganising forces that act in groups, cited group cohesion as an organising force and pressure and agitation as disorganising forces. According to him, groups can be constructive and destructive depending on which of these forces are more present. The activities of a constructive group increase the order of the external environment and those of a destructive group aim to promote disorder in the external environment. Generally speaking, “the family is a constructive group in which each member contributes to the cohesion of the group and promotes internal order” (p. 94), although it is not uncommon for internal or external disruptive forces to threaten the survival of the family group.

The Client System and Disease

When serving their clients, the various health professionals come into contact with the full range of emotions and feelings triggered when someone, in some way, gets involved with their health issues, at any of the levels of health care such as promotion, prevention. and rehabilitation, palliative care and also the process of death and dying. This range of feelings, of course, extends throughout the Client System, bringing, in each case, the nuances of the culture of that group. Fortunately, we do not always have to deal with death - with the definitive and ubiquitous death, but when it comes to the health-illness continuum, we will always be having to deal with the fear of losing something physical, and with the fear of threats to the integrity of this unique vehicle for being on this planet, which is our physical body.

Nurses, physiotherapists, dentists, physical educators, speech therapists, nutritionists, occupational therapists, doctors, social workers, those who work with the elderly and, probably others that I am not mentioning now, all of these face the issue of loss or expectation. of some kind of physical loss, with the various emotional demands these possible occurrences evoke. There are countless

situations in which the client comes to the health professional due to the loss of some capacity that implies in their quality of life, for example: loss of range of motion, strength, teeth, speech, ability to walk, the possibility of singing, sphincter control or youth.

Often, before reaching the health professional, the issue in question has already impacted several of the groups that are part of the Client System. If the individual has some type of discomfort or physical limitation, this may be reflected in their attendance and productivity at school or at work, they may have to change elements of the habits and routine of the family group, and, in many cases, they may already have been ingesting substances or undergoing some other type of treatment prescribed or advised by the various members of all the groups to which they belong, including groups that involve non-human, but spiritual entities.

There were several situations in which, as a paediatrician, I received children referred or already medicated by components of their support system who had no more formal knowledge about the disease or discomfort in question. While this does not mean that advice is always inadequate and unresolving, it often causes problems due to the misinformation and lack of objectivity that emotional involvement and lack of training can cause. Add to this the searches carried out on Google and we will have a very approximate view of what usually happens.

I think it is important to point out that the health team that, in one way or another, serves the client, is also part of the aforementioned Client System and is absolutely not exempt from emotions, feelings, transference and countertransference, nor from Google searches. Illness and fear of illness impact the group as a whole and this creates a very favourable context for less healthy forms of relationship to appear due to anxiety. Being able to identify and diagnose what is happening in the relationships between health professionals and the client, between caregivers and the being who is fragile, or among the members of the support system, can be an invaluable resource in these situations where emotions and expression of them may be harming the healing process and the maintenance of health.

The concepts and proposals of emotional education for understanding relationships and personal calibration, such as the concept of the Emotional Awareness Scale proposed by Steiner (Steiner and Perry, 1998), in the book about emotional literacy, can be valuable for us to understand where the client or their support system is located. in terms of awareness of emotions or feelings. This scale is a diagram that serves to delineate the different profiles constructed from the levels of emotional awareness that range from a minimum (Insensitivity) to a maximum (Interactivity) of Emotional Awareness. The levels of Emotional Awareness are, in ascending order, Insensitivity, Physical Sensations, Primitive Experience, Differentiation, Causality, Empathy, and Interactivity.

It is very common that when treating physically ill people, at the time we receive them, they are at the lowest levels of Emotional Consciousness, not aware of how their emotions may be moving and expressing inside and outside of themselves, or experiencing the physiological changes that emotions cause as symptoms, not of their emotions, but as if they were coming from some pathology (somatisation). And sometimes, although there may be awareness of the emotions in progress, the person cannot understand or control them, and there may be emotional outbursts or fits of impulsiveness, which only serve to upset those involved in the situation. Understanding and diagnosing these levels of Emotional Awareness in the Client/Client System and in ourselves (health staff) is an invaluable resource for knowing which approach is most convenient for each emotional moment. Even taking into account that the client's contacts with professionals in the Health Area may have a short duration, if we have awareness and basic knowledge about the intra and interpsychic process, this will undoubtedly be a differential in our way of welcoming people who look for us and the result of our work.

The Health Team and Disease

When the client and their support group look for a health professional, they usually look to that professional for maintenance or recovery of their well being. I want to focus, in this item of the present work, on the search for professionals for diagnosis, treatment and cure of some debilitating, disabling or potentially fatal aspect. As we all know, including from our own experience, when the physical complaint is presented to the doctor, nurse, nutritionist, physiotherapist or others, along with it, there is yearning, fear, hope and, sometimes, despair. I think it is important to reflect on how this impacts health team members who, like the client and their support system, think, feel and act according to their culture, emotions and experiences.

The current world situation involving the pandemic caused by COVID-19 has greatly intensified the drama that is usually hidden from the public and that has to do with the impact that illness, death and pain have on health professionals. Characterized by the World Health Organization as a pandemic in March 2020, COVID-19 has decimated families, greatly damaged the economy and consistently changed the

way people relate. This serious health condition, despite having already been considered, caught everyone unprepared to face it. People who work in essential services, as is the case with several health professionals, had to walk in the opposite direction of social distancing, exposing themselves, in the case of those on the 'front', to environments with a high risk of contamination.

Although users of health systems know that health professionals share their human condition with them, being also possible targets of the disease, this does not prevent them, in their fear and sadness, from directing to professionals their expectation that they, in some way, will save them and protect them from the evil that frightens them. The acquisition of knowledge about COVID-19, regarding its characteristics, possible treatments and forms of prevention, took place while people were getting sick and dying and health teams tried to avoid this experientially and, certainly, with great emotional tension. The risk of becoming infected and contaminating their families, the lack of personal protective equipment, the lack of medication (let us remember the crisis due to the lack of oxygen that occurred in Brazil) and the political polarisation surrounding all this and favouring the denial of the severity of the crisis has put many doctors and nurses in a situation of acute stress. Taken at times as the heroes of the crisis and, in others, as vectors to be avoided due to the risk of contamination, health professionals developed, during this period of pandemic that we are going through, conditions such as anxiety, depression, post-traumatic stress and others.

Although we are talking about these situations now, due to the event of the pandemic, this is not new nor unprecedented in relation to health professionals. In an article on the mental health of physicians during the COVID-19 Pandemic, Galbraith, Boyda, McFeeters and Hassan (2021) cite the following "Research from previous epidemics/pandemics (such as the 2003 SARS outbreak, the 2012 MERS epidemic, or Ebola outbreaks in West Africa) shows that healthcare workers can experience a wide range of psychological morbidities, including trauma, that can linger for many months after the outbreak. The relationship between traumatic life events and suicide is well documented and trauma from disaster events can increase suicidal ideation in emergency workers. Fear of health risk and social isolation contribute to psychological distress, as do community perceptions of the stigma of infection. However, negative effects on mental health can be found in physicians, whether or not they work directly with infected patients. While frontline health care stresses during an infectious outbreak can lead to sick leave and increased staff turnover, most evidence suggests that doctors and nurses feel a strong professional obligation to continue working despite danger. " (online). Still in the same article, the authors comment on the fact that having to balance one's own safety with the needs of patients, family members and employers, in addition to the lack of resources and long working hours, can lead to distressing and consequential ethical dilemmas. moral damages.

Lucia Cecilia da Silva, in her reflection on *The psychological suffering of health professionals in the care of cancer patients* (da Silva, 2009), brings considerations of some patients. health professionals such as doctors, nurses, psychologists, social workers and physical rehabilitators who can become risk factors for your mental health. These characteristics would be the intimate and frequent contact with pain and suffering; close and frequent contact with the prospect of death and dying; dealing with bodily and emotional intimacy; or dealing with difficult patients, for example, complainers, rebels and non-adherents to treatment; or dealing with the uncertainties and limitations of scientific knowledge that oppose the demands and expectations of patients who want certainty and guarantees.

One of the author's conclusions is that "… being constantly faced with human fragility and vulnerability, health professionals who work in cancer patient care are exposed more often and more intensely to their own fragility and vulnerability as existing beings. It is in contact with the other that the "I" is constructed, differentiated and recognized, and knowing the pain of the other, the finitude of the other is knowing one's own pain, one's own finitude. And in this human identification with the patient, the professional recognizes himself [or herself] as a being open to suffering because he [she] also recognizes himself [herself] as fragile and vulnerable, subject to all the possibilities that life presents, with death being the most certain possibility." (da Silva, 2009)

The emphasis of the text in bold is mine and I do so because these questions are relevant since, in the constant evidence of the fragility of life and in the clash between personal needs and those of the other, the information that everyone, clients, systems of client support and health professionals, are part of the same and broad system of the client, emitting stimuli and transactional responses, in an intense way, as well as signs of recognition and affection for each other.

As situations related to the health-disease process so powerfully impact patients and caregivers, including health professionals, building a space for open and generous listening for both people who are

sick and those who care for them is vital for maintaining the quality of health-promoting actions. The health team's contact with the other groups to which the client belongs can prove to be enlightening and useful, especially if we return to the idea that the whole may have more resources than its parts. Seeking curiosity and empathy for those who come to us with their pain and fear, expands the scenario of the encounter. What set of experiences, traumas, beliefs come to seek our guidance? And how will all this meet with our own set of experiences, traumas and beliefs?

The Health Team and the Client System

In addition to the topics covered so far, there is an interesting question about groups and how people relate to and within them. According to Berne (2011), individuals join groups with certain equipment necessary for this, namely: a biological need for stimulation, a psychological need for structuring time, a social need for intimacy, a nostalgic need to standardise transactions, and a provisional set of expectations based on past experiences. When entering a group, the individual needs to make an adjustment movement in order to adapt their needs and expectations to the reality they encounters.

Berne defined group imago as “any mental portrait, conscious, preconscious or unconscious, of what a group is or should be.” (p.236). Napper, referring to the vision of Imago from Berne, says that “the term Imago from Berne refers to the picture that we unconsciously carry in our head of what any group we enter or are a part of will be like. It is based on the past experience of our first family group, growing to more recent group experiences” (Napper and Newton, 2016, p. 204).

The group's Imago changes while the adjustment process takes place, going through four different phases, in which the social structuring of time, in the group in question, will be different for each of them, ranging from rituals to pastimes and activities, passing through psychological games until reaching intimacy. During this evolution, the way members perceive themselves and others within the group changes and, with this, also the way they relate to each other. Both the client and the Client System have prior impressions or impressions to be built on in the group in which they and the sought-after healthcare professional are included. Just as the health team will be the group about which the client and their support system will make fantasies and develop expectations based on past experiences, so health professionals, when included in the Client System, will be able to see or imagine themselves being seen according to their previous experiences.

Often the health professional is placed, in the group to which the client belongs, as a leader regarding health issues. This can go smoothly or there can be obstacles as the client belongs to other groups that also have authority figures recognised by the client. Recognising the existence of these other important and influential leaders in the client's support system and working with them in a cooperative way can encourage the client and their families to achieve autonomy in relation to their health. As the situations to which we are referring are related to the maintenance or recovery of physical well-being, we will have, as already mentioned, the issue of each person's physical vulnerability permeating this entire process.

Piccinino (2018) highlights a fundamental aspect of all this by bringing the following reflection “Let us not forget that the reflective capacity necessary to choose between various behavioral options implies, on the one hand, an awareness of our vulnerability to illness, our insecurity, our casual dependence on external events and the inevitability of death. But, on the other hand, it also implies an awareness of the beauty of creation, as well as the pleasure of living and being in the world. Anxiety and the joy of living have the same root and rationality; they are the consequence of the rise of awareness of ourselves as individuals. Anticipating threats, being prepared to face the unexpected, forming groups, giving meaning to our existence, and so on. These are the reactions that humanity has “selected” not only to survive, but also to overcome the anxiety of knowing our condition.” (p.275)

Conclusion

Based on the discussion and reflections above, the Client System - defined as the client's context and the various groups and subgroups with which it interacts - is also defined as a basic support element for the prevention, maintenance and recovery of health. The systemic view of health brings us a proposal for the perception of well-being and the wholeness of being, as something integrated in the culture, context and life stories that clients bring to the various health professionals they seek.

Since humans are gregarious beings, this defining characteristic will mark and influence our experiences from the simplest and most joyful to the most dramatic and challenging, such as those involving the issue of illness and finitude. By becoming the depository of the client's health complaint, the professional who assists them will also become the depositary of their affection, fears, pain, anger and expectations of cure. In addition, you will also be exposed to the various feelings and actions that your client's health issue causes in your

support group. Facing the signs of the client's vulnerability, their pain and the risk of, perhaps, not being able to avoid their losses, can trigger, in the health professional, due to the evidence of their own fragility, anxiety and depression.

It is a right and, perhaps, a duty of the individual who finds themself at some point in the health-disease continuum to be the protagonist of their own health, seeking the diagnosis, treatment, guidance and support they needs from professionals and, in the groups to which they belong, understanding and support. The healthcare professional, whatever their profession, will need to get involved in some way and, at some level, with the Client System and, if they know how to take advantage of the opportunity, they will be able to find allies that, in some situations, will prove to be of vital importance. for the good evolution of the treatment or for the reception of unresolved situations.

Understanding and accepting the characteristics of the client's culture and the Client's System can facilitate not only the anamnesis and diagnosis, but also the performance and effectiveness of the treatment. It is important for the health professional to know that, by saying yes to actions of prevention, rehabilitation, cure or adaptation to situations of loss, they will be saying yes to the cultural meaning of each of these elements.

Sometimes, what may seem like small actions bring important changes in the reference framework of the health professional and the client, providing space for those involved to function as interconnected and supportive groups where each respects the knowledge and culture of the other and can talk about the boundaries of each one in a clear and respectful way. The experiences that take us out of the comfort zone, that expand our consciousness, allow us to build new ways of acting due to new positive experiences. Having done it differently once, having faced the challenge of spontaneously feeling a new possibility of relationship with the client and their context, brings a differential that is worth seeking. This differential, which has to do with subtle nuances, is made up of small changes that have to do with decontaminating the way of thinking and reviewing ethical issues and beliefs.

Transactional Analysis, with its relational approach, becomes an important help for health professionals to move through this intricate of beliefs, emotions and expectations that the disease generates, not only in the client and in their context, but also in the team of the healthcare provider.

Finally, experiencing new forms of relationships with clients and their support systems, with an awareness of their meanings for a ‘systemic life, can help us to place ourselves in this intricate world of limitations and fullness with our real size and, always, of holding hands.

The area of Health Sciences was validated after the formation of the first group in Brazil, in January 2021. In this way, this article is just the beginning of a vast area to be investigated and deepened. The limitation of this study is the isolated experience of the author. Field research will be useful to validate the empirical phenomenology of the Client System concept. This article is the suggestion and encouragement for such studies.

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Measuring the TA Concept of Autonomy and its Correlation with Employee Self-Performance Evaluation Scores Compared to their Manager's Evaluation

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Abstract

Description is given of a study that set out to measure the effect of the transactional analysis concept of autonomy and how it related to the consistency between the self-performance evaluation scores of employees and their manager's performance scores. A questionnaire was used that had previously been developed and researched with people studying to become transactional analysis practitioners. In addition to finding that there did appear to be a correlation between high scores on the questionnaire and agreement by the employee with their manager's evaluation, it was realised that there were shortcomings with the questionnaire and these raised questions about the concept of autonomy as it is typically described within transactional analysis. A revised questionnaire is included containing only 11 from the original 19 questions, and it is shown how the original four and then two components may be two different factors.

Key Words

Transactional Analysis, Autonomy Questionnaire, Autonomy, Self Awareness, Contact With Others, Spontaneity, Intimacy, Responsibility, Performance Evaluation

Introduction

This study was conducted within a group of companies where performance evaluation was regarded as having special importance and effect in human resources processes such as professional and personal development plan, rewarding, remuneration and career paths of individuals in business life. Employees, who have roles in manufacturing, sales, finance, and research and development, evaluate their own performance within the framework of the system in operation, and can view the evaluations of them by stakeholders such as their managers, colleagues, customers, and project contacts. In order for the performance evaluation outputs to be used correctly in other human resources processes, it is necessary that those involved analyse the current situation effectively and consistently. Hence, to ensure this it was decided that it would be appropriate to examine the autonomy of stakeholders, using autonomy in the sense that it is customarily regarded with transactional analysis.

Therefore it was agreed that the study would be to investigate the autonomy levels of the employees within the scope of the performance evaluation system in which the employees evaluate themselves and were evaluated by their managers. An analysis was carried out on how the autonomy levels of the employees affect the consistency between performance evaluation scores by them and by their managers.

However, what transpired was that the method of measurement used was inadequate, even though it had previously been applied by transactional analysis researchers, albeit only with respondents who were already engaged with learning TA as practitioners. This raised questions about the nature of autonomy as a TA theoretical concept.

Performance Evaluation

Performance evaluation can be described as recording specific workflows from a specific time period. The value of the performance is identified with six elements: quality, quantity, timeliness, cost advantage, the level of control, and the effects on interpersonal relations (Bernardin, 2003:). Effective business performance is related to the specific business results required within the framework of the principles, procedures, and business environment conditions. It can be evaluated whether the goals are achieved or whether the procedures are followed (Boyatzis, 1982: 11, 12). Performance evaluation is

expressed as a regular and systematic definition of the weaknesses and strengths of a working group or employees individually in the field of their work (Cascio, 1992).

Ideally, performance evaluation systems have two components. The first one is to evaluate the work outcomes of the employees in the recent past. The second is to assess the recent development in the right way and to determine the competencies expected from the individual for the future period in order to determine the correct development needs for the future (Boyatzis, 1982). Self-evaluation is one of the types of performance evaluation that refers to the importance of knowing how to reach personal goals (Ciftci, 2007). The purpose of the self-evaluation is to ensure that people have their own opinions on their own achievements and review themselves (Fındıkçı, 1999). The data obtained from self-evaluation provides an excellent resource for preparing recommendations and development programs (Palmer, 1993). Performance evaluation is an effective way for employees to manage their own performance, and also to have a more inclusive workplace as it allows sharing of opinions (Anthony, Kacmar and Perrewe, 2002; Walker, 1992; Fındıkçı, 1999).

It is possible to intervene in issues related to the improvement of performance by using transactional analysis in both organisational and individual aspects (Moreau, 2005). In this direction, the study hypothesised that as the autonomy level of employees increases, employee's self assessments and manager's performance evaluations are more likely to be aligned.

Transactional Analysis and Autonomy

Transactional analysis (TA) is a personality theory introduced by Eric Berne (Berne, 1964) based on human nature and behaviour (Kandathil and Kandathil, 1997). TA is a theory of human character and a system for the enhanced human relations positively (Hay, 1999; Taş and Dağtaş, 2016). TA is based on positive assumptions that all people are valuable, important, and respected, everyone can think and everyone can decide to change if they wish (Napper, 2009; Stewart and Joines, 2018). TA is a combination of broad theories and techniques that support individuals to realise their potential. TA is applied in many different fields - psychotherapy, organisational, educational and counselling, and in many different groups (from therapy groups to manufacturing and service businesses, governments, schools, etc.) (Hay, 2009). There are some studies in the field of organisational TA (Nykodym, Freedman, Simonetti, Nielsen and Battles, 1995; Krausz, 1996; Hay, 1997; Pavlovska, 2013).

The applications of organisational TA examine the relationship between the needs and behaviour of people and the way employees solve their problems. By observing and analysing non-functional beliefs and behaviour patterns a healthy organisational culture can be created (Hay, 1999). The success of TA applications, which support this goal of creating a healthy organizational culture, relies on effective observation. It is important to examine and observe hierarchical links in the organisation. Indeed, TA not only shows who is responsible for organisational problems, but also offers ways to find and replace dysfunctional jobs and connections (van Beekum, 2011).

The main purpose of TA practice is for people to increase their autonomy (Stewart and Joines, 2018), which is one of the key concepts of TA. Autonomy can include people's experiences of communication, both with themselves and with others (van Beekum and Krijgsman, 2000). Within the scope of TA, autonomy can be defined as the realisation of the potential of the Adult ego state (Stewart and Joines, 2018; Akkoyun, 2007). It is a situation in which the individual perceives the facts as they are and evaluates the various options properly (Akkoyun, 2007).

Considering autonomy as an ultimate goal could move us away from our internal resources. Messages like "earn more" or "work hard" take us away from using our potential, so it is better to think of autonomy as a process instead of a result. Verney (2009) disagrees with considering autonomy as a destination, and also mentions that individualisation begins with a step towards adulthood and maturation and autonomy. In this context, if our true self's original impulse towards life is blocked, including by both the reality created by hereditary potential and the set of possibilities shaped by our actions or expressions, then each of us will live like a dead person and realise very little of our potential (Cornell and Landaiche, 2008).

Autonomy as described by Berne (1964) has three dimensions: awareness, spontaneity, intimacy. A fourth has been added: responsibility (van Beekum and Krijgsman, 2000; Mellor, 2008): ***Awareness*** is a state of being ready to perceive the sensations and emotions that occur as much as possible, here and now (van Beekum and Krijgsman, 2000). In the organisational context, awareness develops as employees are involved in decision-making processes, express their feelings and thoughts, and feel respected (Hay, 2009). ***Spontaneity*** is the freedom for individuals to choose and express what

they want including the feelings they feel (Berne, 1964). ***Intimacy*** can be expressed as the ability to instantly perceive individuals and to live openheartedly in the current time and environment. This situation can be achieved by avoiding psychological games and exhibiting open-heartedness (Berne, 1964). ***Responsibility*** refers to the idea that actions are always influenced by a broader context in which individuals should take a responsible attitude (van Beekum and Krijgsman, 2000). It also means that we are in harmony with a natural ethic that seems to exist in all of our existence under the title of integrity (Mellor, 2008).

Objectives/Hypotheses

This study was set up to investigate the question of whether the autonomy levels of the employees affect the performance evaluation consistency i.e. between self-performance evaluation and the performance evaluation by the manager of the employee. For this purpose, some hypotheses were developed:

H1: main hypothesis: the higher the autonomy levels of the employee, the higher the performance evaluation consistency.

H1a: sub-hypothesis: the higher the level of awareness and intimacy, the higher the performance evaluation consistency.

H1b: sub-hypothesis: the higher the level of spontaneity, the higher the performance evaluation consistency.

However, the nature of autonomy and the components of it were questioned when the results were analysed.

Methods

Convenience sampling method was used. The contents of the questionnaire based on the autonomy scale was used; this had been used in the psychotherapy field in past studies (Van Beekum and Krijgsman, 2000; van Rijn, Wild, Fowlie, Sills and van Beekum, 2011). This questionnaire was designed by van Beekum and Krijgsman (2000). It included 24 items and four dimensions: intimacy, awareness, spontaneity, and responsibility although they then refined these after their studies into two dimensions: *contact with self* and *contact with others,* and reduced it to the 19 item version that we used. They stated that Cronbach's Alpha reliability coefficient of this scale was 0,76 for the dimension of connecting with self and 0,67 for the dimension of connecting with others. The scale was subsequently used by van Rijn et al (2011) and results were obtained to support the two-dimensional and 19 items structure, although the later study named the factors as self awareness (10 statements) and contact with others (9 statements). Both of these dimensions against items are shown in Table 1, to which we have added our own results.

Although the purpose of the pilot study was only to test the factor structure of the Turkish version of autonomy scale, it was seen after analysis that the factor structure of the scale was not the same as the two or four factors structure identified previously. It was decided, therefore, to adhere to the original structure with 19 items for the main study.

It was translated into Turkish; three academics with backgrounds in TA and organisational behaviour gave expert opinions and these were compared by the authors. The Turkish version (Appendix A) was then tested in the pilot study on employees of different companies operating in the Aegean region of Turkey.

The main study was carried out later to investigate the effect of autonomy on performance consistency between self-assessment and manager assessment on a group of companies operating in the durable consumer goods sector. In the main study, employees in all companies are evaluated within the framework of the same rules over a single performance system.

The survey in the main study was sent to the employees via e-mail. Data were collected from employees with a questionnaire that included autonomy scale items, employee self-evaluation score, and manager evaluation score that they had in the last period.

In the pilot study, the link was delivered to the employees via the mobile application through the personal network. It was forwarded to 980 employees working in different companies operating in different sectors. We got responses from 289 people, and response rate was 29% for the pilot study. In the pilot study, only the autonomy questionnaire was used, without asking for any performance score. This may be why the response rate was higher than it was for the main study. For the main study, the questionnaire was forwarded to 600 employees working in a single group of companies. We got responses from 104 people, so the response rate was 17% for the main study.

Also used for the main study were the performance evaluation scores given by each employee to themselves, and the corresponding evaluation from their manager. The performance evaluation process of the group of companies was based on competencies measured across a 1-5 score and average scores were then expressed as a percentage..

Ethical Considerations

Approval was obtained for the group of companies for the implementation of the study, on the basis that company information would not be shared for publication. The management also accepted that employees would be free to decide whether they wished to participate or not. Confidentiality and anonymity were assured for both participants and their managers and organisations; publication would only be within scientific publications.

Participants were informed about the purpose of the study with an introduction letter before participating in the study with the questionnaire form. Their names were not included in the questionnaire. They were advised there were no right or wrong answers. It was emphasised that the participants could withdraw from the study at any stage, and that whatever they decided would have no impact in relation to their employment.

Results

Demographic details of respondents showed 57% were female and 43% were male. 61% were between the ages of 20-30 (61%) and 39% were 30-51 years old.

A summary of results is included in Table 1, which also show the results of the previous studies.

According to the reliability analysis of the autonomy scale, Cronbach's Alpha coefficient was calculated as 0.834. A factor analysis was performed by Principal Component Analysis (KMO and Barlett's Test = 0.785; sig: 0.000, Approx. Chi-Square: 835,181), and determined that the items were distributed to 2 factors. The Factor Plot Scree is shown as Figure 1.

While the original version of the scale included 19 items, 8 items such as keeping an open mind/making quick judgements, challenging authority/complying, having one's own thoughts /taking ideas from others were removed due to the distribution of factor loads. Finally 11 item were left in the scale and the first dimension of the scale was named as Awareness & Intimacy and the second dimension was named Spontaneity, in line with original labels used by van Beekum and Krijgsman. Factor loads are given in Table 2.

As a result of the reliability analysis of the dimensions, Cronbach's Alpha coefficient values are 0,815 and 0,511 respectively. The correlation between the two dimensions was found to be 0,220. This is satisfactory in terms of correlation but means that the Alpha value is below the usually expected 0.65 for Spontaneity.

When the performance evaluation results were examined, it was seen that 18 (17%) of employees gave themselves 90 points, whereas 11 (11%) of managers gave the same score and another 12 (12%) gave a score of 85. Managers gave one person 100% whereas 6 of the employees rated themselves at that level. The range of scores are shown in Table 3. The spread across scores can be seen as realistic in terms of variations in performance, or as an indication that the method of evaluation is not working well, especially when we take into account that no-one scores blow 65%.

It was examined whether the means of employee evaluation score, manager evaluation score and difference between the manager evaluation score, and employee self-evaluation score, differed from the estimated average with One Sample T-Test. According to the results, the mean of the manager evaluation score of the sample (X = 86,661; s = 6,578) was found to be significantly higher than the estimated average at the level of 0.001 ($p < 0.001$). When the mean score of employee self-evaluation (X = 86,661; s = 6,578), it was found that this value was significantly higher than the estimated average at the level of 0,001 ($p < 0,001$). Similarly, it was found that the mean difference between employee self-evaluation and manager evaluation scores (X = 1,699; s = 6,696) was significantly higher than the estimated average at the level of 0.001 ($p < 0.001$)

In the analysis it was firstly determined whether there was any consistency or not between the performance scores given by the managers to the employees and the self-evaluation scores of the employees. The autonomy scores of employees with uniformity were compared with those of employees with differences. Binary logistic regression was used to test the hypothesis. In this context, the dependent variable is based on: The same score of employee self-evaluation and their manager evaluation: 1; The different score of employee self-evaluation and their manager evaluation: 0. The two dimensions (awareness & intimacy, spontaneity) that we had from the factor analysis of the autonomy scale were considered as independent variables.

The results of the binary logistic regression analysis are given in Table 4. When the importance levels of the autonomy variable on the same evaluation of the employee self-evaluation and manager evaluation are examined, it can be said that the size of *Connect with others* is significant at 0.066. The beta value shows the coefficients of variables in the model. Exp (B) value refers to the change in the independent variable's one-fold increase on the dependent variable. In this respect, a one-fold increase in the level of contact with others increases the ratio of the probability of the performance evaluation consistency as 1,956 times. The confidence interval of this probability is between 0.957 and 3.999.

Items	van Beekum & Krijgsman, 2000		van Rijn et al, 2011	Kılıç & Sürgevil (This paper)
	At the beginning of the study	At the end of the study		
1	Awareness	Contact with self Contact with others *Not allocated to item numbers*	Self Awareness	Awareness & Intimacy
2	Awareness		Self Awareness	Awareness & Intimacy
3	Awareness		Self Awareness	Awareness & Intimacy
4	Awareness		Self Awareness	-
5	Spontaneity		Contact with others	Spontaneity
6	Spontaneity		Contact with others	Spontaneity
7	Spontaneity		Contact with others	Spontaneity
8	Spontaneity		Contact with others	Spontaneity
9	Spontaneity		Self Awareness	-
10	Intimacy		Contact with others	Awareness & Intimacy
11	Intimacy		Contact with others	Awareness & Intimacy
12	Intimacy		Contact with others	Awareness & Intimacy
13	Intimacy		Contact with others	Awareness & Intimacy
14	Responsibility		Contact with others	-
15	Responsibility		Self Awareness	-
16	Responsibility		Self Awareness	-
17	Responsibility		Self Awareness	-
18	Responsibility		Contact with others	-
19	Responsibility		Self Awareness	-

Table 1: Dimensions of Autonomy Scale (Van Beekum & Krijgsman, 2000, Van Rijn Et Al, 2011, Kılıç & Sürgevil)

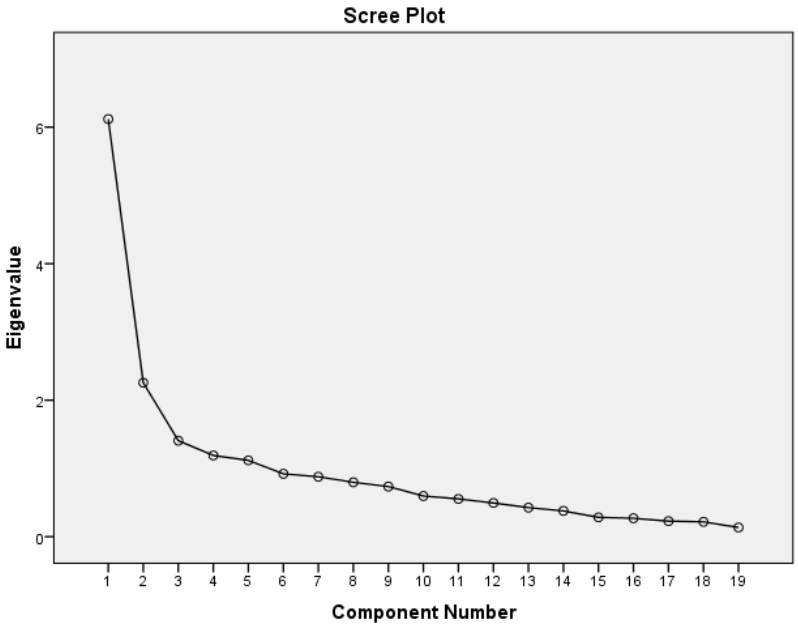

Figure 1: Factor Scree Plot

Van Beekum & Krijgsman (2000)	van Rijn, Wild, Fowlie, Sills & van Beekum (2010)	Kılıç & Sürgevil 2022 (this paper)	Items	Factor Loads Kılıç & Sürgevil, 2022 (this paper)	
				Awareness & Intimacy	Spontaneity
Awareness	Self Awareness	Awareness & Intimacy	1	0.627	
Awareness	Self Awareness	Awareness & Intimacy	2	0.666	
Awareness	Self Awareness	Awareness & Intimacy	3	0.443	
Spontaneity	Contact with others	Spontaneity	5		0.550
Spontaneity	Contact with others	Spontaneity	6		0.613
Spontaneity	Contact with others	Spontaneity	7		0.475
Spontaneity	Contact with others	Spontaneity	8		0.728
Intimacy	Contact with others	Awareness & Intimacy	10	0.755	
Intimacy	Contact with others	Awareness & Intimacy	11	0.792	
Intimacy	Contact with others	Awareness & Intimacy	12	0.820	
Intimacy	Contact with others	Awareness & Intimacy	13	0.703	

Table 2: Factor Loads of Scale Dimension

Manager Scores	n	%	Employees' Scores	n	%
65,00	1	1%	65,00	1	1%
70,00	2	2%	70,00	1	1%
72,00	1	1%	74,00	1	1%
73,00	2	2%	75,00	2	2%
77,00	1	1%	76,00	2	2%
77,50	1	1%	78,00	1	1%
78,00	2	2%	79,00	2	2%
80,00	7	7%	80,00	5	5%
81,00	2	2%	81,00	1	1%
82,00	2	2%	82,00	4	4%
82,25	1	1%	82,50	4	4%
82,50	2	2%	83,00	1	1%
83,00	1	1%	84,00	3	3%
83,75	2	2%	85,00	9	9%
84,00	4	4%	85,50	1	1%
84,25	1	1%	87,00	2	2%
85,00	12	12%	87,50	3	3%
86,00	9	9%	88,00	2	2%
86,25	2	2%	89,00	3	3%
87,00	3	3%	90,00	18	17%
87,50	4	4%	91,00	3	3%
88,00	2	2%	91,25	1	1%
88,75	1	1%	92,00	5	5%
90,00	11	11%	92,50	2	2%
91,00	2	2%	93,00	3	3%
91,25	2	2%	95,00	8	8%
92,00	2	2%	96,00	3	3%
92,50	2	2%	96,25	2	2%
93,00	2	2%	97,00	1	1%
94,00	3	3%	98,00	3	3%
95,00	6	6%	98,75	1	1%
96,00	3	3%	100,00	6	6%
96,25	3	3%			
96,75	1	1%			
98,00	1	1%			
100,00	1	1%			

Table 3: Performance Scores Distribution

Subscales	Beta	Std Deviation	Wald	p	Exp(B)	EXP(B) %95 Confidential Interval	
						Lower Limit	Upper Limit
Awareness and Intimacy	*0,671*	*0,365*	*3,379*	*0,066*	*1,956*	*0,957*	*3,999*
Spontaneity	-0,239	0,399	0,358	0,550	0,788	0,360	1,721
Constant	-2,726	1,253	4,729	0,030	0,065		

Table 4: Results of Binary Logistic Regression Analysis

Discussion

Autonomy is an ambiguous concept. People might choose to follow someone they think has the same answers as they do, especially when questioning who they are and about life. With the experiences they have gained over time, their need for these people decreases and they can develop a mature perception in their processes such as making choices and judging (Denton, 1982). In this context, considering that individuals with high levels of autonomy have gone beyond this period, it can be interpreted that awareness and intimacy is important for employees in order to make more informed and effective evaluations rather than automatic and unconscious evaluations.

If we accept our own values as a starting point in the context of the autonomy concept, self-enlargement enables us to deeply examine and question our past which makes us unique, and to understand our past and present values which are in the form of self-

connection relations. In this process, we also need to balance our relationships with others (Freeman & Auster, 2011). Applying this point of view to this study, it is possible to think that employees who have awareness and intimacy are more open to consider their manager's thoughts about themselves in the performance evaluation process.

Limitations

Although it is not a limitation with the process of the study itself, the outcome of a questionnaire with only 11 items lacks apparent credibility. We have also shown that the TA concept of autonomy is subject to various different interpretations.

Although the pilot study did not confirm the factors, it did highlight that we need to look more closely at the TA concept of autonomy. It may well be that those studying TA (as with the previous studies) have different perspectives about the meanings of the various items in the questionnaire than a member of the public will have.

Translation processes are inevitably suspect. In this case the possible changes due to language may have been exacerbated by the nature and connotations of the TA terms, and the fact that the previous studies were with respondents who 'knew' TA. The items have been translated back into English and it can be seen that some of them are different to the original (van Rijn et al, 2011), which is repeated in Appendix 1.

The research was conducted with the employees of a group of companies. Although assurances about anonymity and confidentiality had been given, employees may have avoided giving real answers to questions or provided socially desirable answers.

Had the 19 item questionnaire had been found to be reliable, a limitation would have been that the scope was limited to employee responses. It was not possible to have managers complete any questionnaires about their employees. This means that the analysis of autonomy is only about how the individual perceived themself - there is no behavioural evaluation of how they might have demonstrated that autonomy.

Conclusion

We still believe that TA offers a great framework, a strong tool and a method that respects the system, and can be applied for performance improvement of companies and the individuals within them (Moreau, 2005). In light of our results, we need a better tool for applying the TA concept of autonomy within HR to create more effective performance evaluation systems in organisations. We hope that this account of our experiences will prompt others to continue the research process because a more grounded definition of autonomy has great potential. We need to develop practices for measuring, monitoring and increasing the autonomy levels of employees and managers.

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Appendix A: Autonomy Questionnaire Items

1	İçsel diyaloglarımın farkında olmak	1	2	3	4	5	6	İçsel diyaloglarımın farkında olmamak
2	Sezgilere açık olmak	1	2	3	4	5	6	Sabit fikirli olmak
3	Düzen sevmek	1	2	3	4	5	6	Düzensizlik sevmek
4	Karmaşa ile başa çıkmak	1	2	3	4	5	6	Sadeliğe ihtiyaç duymak
5	Duygularımı ifade etmek	1	2	3	4	5	6	Duygularımı saklamak
6	Düşüncelerimi ifade etmek	1	2	3	4	5	6	Düşüncelerimi kendime saklamak
7	İlişkilerde bağımsız olmak	1	2	3	4	5	6	İlişkilerde yakın bağlar kurmak
8	Başkaldırmak	1	2	3	4	5	6	Uyum sağlamak
9	Açık fikirli olmak	1	2	3	4	5	6	Önyargılı olmak
10	Başkalarına saygılı olmak	1	2	3	4	5	6	Başkalarını eleştirmek
11	Hoşgörülü olmak	1	2	3	4	5	6	Katı olmak
12	Kadirşinas olmak / Değer bilmek	1	2	3	4	5	6	Kibirli olmak
13	İlişki kurmak	1	2	3	4	5	6	Geri çekilmek
14	Otorite ile mücadele etmek	1	2	3	4	5	6	Otoriteye boyun eğmek
15	Kendime ait düşüncelerim olması	1	2	3	4	5	6	Başkalarının fikrine ihtiyaç duymak
16	Yeni şeylerin olmasına izin vermek	1	2	3	4	5	6	Mevcut durumu sürdürmek
17	Aktif olmak	1	2	3	4	5	6	Pasif olmak
18	Kendi ihtiyaçlarıma öncelik vermek	1	2	3	4	5	6	Başkalarının ihtiyaçlarına öncelik vermek
19	Olayları akışına bırakmak	1	2	3	4	5	6	Olayları kontrol etmek

Turkish Translation Version of the Autonomy Scale

1	Be aware of my inner dialogues	1	2	3	4	5	6	Be unaware of my inner dialogue
2	Be open to intuition	1	2	3	4	5	6	Being inflexible
3	Like structure	1	2	3	4	5	6	Dislike structure
4	Dealing with complexity	1	2	3	4	5	6	Need for simplicity
5	Expressing my feelings	1	2	3	4	5	6	Withholding my feelings
6	Expressing my thoughts	1	2	3	4	5	6	Keeping thoughts to myself
7	Be independent in relations	1	2	3	4	5	6	Creating close bonds in relations
8	To be rebellious	1	2	3	4	5	6	To be adaptive
9	Be open minded	1	2	3	4	5	6	To be biased
10	Be respectful of others	1	2	3	4	5	6	Criticize others
11	Be tolerant	1	2	3	4	5	6	Be intolerant
12	To be appreciated	1	2	3	4	5	6	To be arrogant
13	Making contact	1	2	3	4	5	6	Withdrawing
14	Challenging authority	1	2	3	4	5	6	Complying to authority
15	Having my own ideas	1	2	3	4	5	6	Taking ideas from others
16	Letting new things happen	1	2	3	4	5	6	Maintaining stability
17	Be active	1	2	3	4	5	6	Be inactive
18	Standing up for my own needs	1	2	3	4	5	6	Prioritising the needs of others
19	Letting go	1	2	3	4	5	6	Holding on

English Translation of the Turkish Version

A	**1**	Awareness of my internal dialogue	1	2	3	4	5	6	Lack of awareness of my internal dialogue
A	**2**	Intuitive	1	2	3	4	5	6	Rigid
A	**3**	Creating structure	1	2	3	4	5	6	Creating disorder
A	**4**	Dealing with complexity	1	2	3	4	5	6	Need for simplicity
B	**5**	Expressing feelings	1	2	3	4	5	6	Withholding feelings
B	**6**	Expressing thinking	1	2	3	4	5	6	Keeping thoughts to myself
B	**7**	Creating independence	1	2	3	4	5	6	Creating close bonds
B	**8**	Creative rebellion	1	2	3	4	5	6	Adapting to authority
A	**9**	Keeping an open mind	1	2	3	4	5	6	Making quick judgements
B	**10**	Respectful	1	2	3	4	5	6	Critical of others
B	**11**	Permissive	1	2	3	4	5	6	Firm
B	**12**	Appreciative	1	2	3	4	5	6	Dismissive
B	**13**	Making contact	1	2	3	4	5	6	Withdrawing
B	**14**	Challenging authority	1	2	3	4	5	6	Complying
A	**15**	Having one's own thoughts	1	2	3	4	5	6	Taking ideas from others
A	**16**	Letting things happen	1	2	3	4	5	6	Maintaining Stability
A	**17**	Active	1	2	3	4	5	6	Inactive
A	**18**	Standing up for one's own needs	1	2	3	4	5	6	Prioritising the needs of others
A	**19**	Letting go	1	2	3	4	5	6	Holding on

Van Rijn et al, 2011, p.24 version