

IJTARP

International Journal of Transactional Analysis Research & Practice

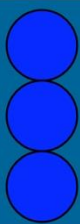
Volume 15 Issue 1 - June 2024

<https://doi.org/10.29044/v15i1>

ISSN 2218-3159

IJTARP is published under the auspices
of the International Centre for Transactional
Analysis Qualifications CIC. www.ictaq.org





Volume 15 Issue 1 June 2024

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Editorial

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I have been having a very exciting time working on this issue because we have such a great range of material - from authors in Australia, Guatemala, Hungary, India, Poland, and the UK – plus I am delighted to be the Editor of this international journal that offers more than English - prompted by the authors, I am introducing a new initiative of translations, this time into Hungarian, Russian and Ukrainian.

With so much variety of content, I have collated it under four themes:

1. three articles about new ideas – about ego states, organisational hierarchies, and emotional autonomy;
2. two articles that review material – one on Internet addiction and the other on adolescence - these will be very useful for anyone in terms of practice and/or research on either subject;
3. one article that presents us with a significant description of research methodology about an investigation of the use of outcome measures within transactional analysis, and sets the scene for future material about the results ;
4. and finally there is the new initiative in this issue - three translations of articles that have appeared in IJTARP – a Hungarian version of an article that is published in English in this same issue, and another that was published in the previous issue that has now been translated into Russian and Ukrainian.

Hence we begin and conclude with items about ego states, and have many fascinating topics and themes in between.

The first article is by Piotr Jusik, in Guatemala, and Zbigniew Wiczorek, in Poland, who consider the impact of language and provide us with an ego state timeline model.

This is followed by Szabolcs Lovas in Hungary, who tells us about organisational hierarchies and

presents some new examples of how we might view organisational triangles. This article has also been provided by him in Hungarian.

The other new idea is provided by Tony White in Australia, who provides us with intriguing material about emotional autonomy rather than.

When it comes to the reviews of material, the one on Internet addiction has come from M D Ajithabai in India and covers from 1995 right up to 2023.

The other review is about adolescence and comes from Sam Connors in the UK who was looking at the way the TA Proficiency Awards are run.

Next comes the major article about research methodology by Carol Remfrey Foote, in the UK, as a follow-up to her article (Remfrey Foote, 2023) in the previous issue in which she introduced her research. Now she gives us a very detailed account of how the research methodology has been chosen and implemented, and how she has been investigating potential uses of outcome measures as a contribution to TA diagnosis, contracting and treatment planning. Carol has written enough detail that anyone could replicate her research, or use the methodology for another research question – and later on we look forward to publishing the results which she is now engaged in analysing.

Finally, we have the translated articles – first in Hungarian of the article in this issue by Szabi Lovas about organisational hierarchies, followed by Ukrainian and Russian translations of Lena Kornyeveva's (2023) article about a valuing-based ego state model that appeared in the previous issue.

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Remfrey Foote, Carol (2023). Outcome Measures in Transactional Analysis Clinical Practice. *International Journal of Transactional Analysis Research & Practice*, 14(2), 3-16. <https://doi.org/10.29044/v14i2p3>



Ego State Trip or Ego State Trap: Unlocking Change Through Language

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Abstract

The article introduces a proposal for a linguistic model that combines the concepts of linguistic determinism from Sapir-Whorf, linguistic constructivism from Delia, and transactional analysis. Assuming that thinking and feeling are dependent on language structure, we can create a matrix representing our understanding of reality, distributed between ego states on an axis of time to which particular transactions refer. This matrix can be utilised to further work with clients, providing a direction for enquiry. Exploring transactions in this way promotes a movement to the meta-communication level, which, in turn, aids clients to develop their Integrating Adult. The article presented a brief analysis of work with clients in terms of the ego state timeline model (ESTM) with reflections on the significance of language in shaping one's frame of reference, illustrated with practical examples of application.

Key Words

transactional analysis, ego states, Ego State Time Model, languages, multilingual, communication

Introduction

Language serves as the foundation of the societies in which we live, shaping cultural frameworks and facilitating socialisation and communication. It is challenging to envision life and functioning among people without language. Despite this, there is no complete agreement on how language should be regarded. In broad terms, language can be considered as a derivative of our consciousness, primarily serving as a channel of communication; alternatively it can be viewed as the foundation of our consciousness. In the former understanding, the focus is solely on the instrumental value of language in facilitating the achievement of goals. In the latter understanding, the assumption is that the structure of language can influence our *understanding* of goals and *how* we accomplish them. Transactional

analysis (TA) pays particular attention to language through the classification of transactions based on the concept of ego states (Berne, 1966), which give rise to transactional patterns that can be described, challenged and redirected in order to create conditions for healing, growth, learning and development. This article is going to offer an exploration of the impact of language on facilitating change from a linguistic, psychological as well as pragmatic perspective in the context of broad practice of TA.

The Significance of Language

In the realm of psychology, one of the most prominent concepts emphasising the importance of language is the Sapir-Whorf linguistic determinism hypothesis (Hussein, 2012; Cibelli, Xu, Austerweil, Griffiths and Regier, 2016; Kay and Kempton 1984). This concept posits that the language we use at a semantic level shapes or limits the way we conceptualise the world. The hypothesis suggests that individuals using different languages will perceive reality differently to a significant extent. While the Sapir-Whorf hypothesis originated from the analysis of Native American languages, its validity is debated, with arguments both supporting and challenging it, including observations of cultural differences (Engle, 2016) and neuroimaging studies (Siok, Kay, Wang and Tan, 2009).

An intriguing argument in favour of the hypothesis is evident in the deaf community, where individuals using sign language may have limited proficiency in their surrounding spoken language. Deaf individuals often do not consider deafness a disability, and deaf parents may be sometimes displeased when a hearing child is born to them. Therefore, languages shapes experience and its structure influences one's frame of reference, both at the individual (Schiff and Schiff, 1975) and cultural level (James, 1994).

Beyond psychology, George Herbert Mead (Mead, 1934; Puddephatt, 2017), the creator of symbolic

interactionism, explored the significance of language in the process of socialisation. In his book "Mind, Self, and Society" published by his students after his death, Mead proposed that language is the foundation of human consciousness, drawing from observations of children raised by animals and the communication processes among different animal species. Mead focused on the meaning attributed to communication, which can vary across cultures. In TA terms, it can be surmised that the meaning attributed to communication is determined through the interplay of ego states, the individual frame of reference, the cultural frame of reference, as well as stroking filters (Woollams, 1978) and the selective meanings that we create through the proclivities of our scripts (Newton, 2006).

In the realm of social communication, Marshall McLuhan (according to Euchner, 2021, and Jan, Khan, Naz, Khan and Khan, 2021) presents an interesting concept of technological determinism. According to McLuhan, changes in the dominant mode of communication for a culture or era influence thinking and perception of reality. McLuhan's analysis is based on historical transitions, especially between oral communication, written language, and the printing press. For instance, the observation of cultural and personality transformations accompanying the popularisation of electronic communication (Euchner, 2021; Jan et al, 2021) lead to reflecting on to what extent cultural changes observed post-Covid pandemic are a result of an actual fear of illness or the proliferation of Internet communication.

The major aspects of facilitating guided change, whether in coaching, counselling, group facilitation or learning, are based on the deliberate use of language in order to name the client's underlying conflicts, blocks, areas of vulnerability as well as strengths, talents and insights that contribute to positive shifts over time. As individuals and groups become more apt at describing their inner landscape, their functioning tends to improve. This view is supported by Delia (1976) who identifies the creation of language constructs as crucial to our functioning. His research demonstrates that individuals with cognitive complexity achieve better professional results (Griffin, 2003, p.141-143). Delia, based on Walter Crockett's Category Role Questionnaire (Burlison and Waltman, 1998; O'Keefe, Shepherd and Streeter, 1982), which, in its simplest form, measures the number of cognitive constructs in a written expression, developed three communication models differing in their effectiveness in achieving a change effect. The proposed models describe expressive communication, where emotions dominate; conventional communication, with a focus on adhering to social rules; and rhetorical

communication, which concentrates on achieving a set goal in a situation-appropriate manner (Behrens, 2021; Bodie and Jones, 2015). Delia considered sophisticated communication as one that allows achieving various goals simultaneously, i.e., cognitively complex communication. Delia's differentiation of the three major communication models, despite coming from a different theoretical field, can be loosely correlated to the concept of ego states. Expressive communication might be considered as corresponding to the Child, conventional communication related to the Parent and rhetorical communication as comparable to the Adult.

We propose that sophisticated communication is one of the aspects of the Integrating Adult (Tudor, 2003) enabling self-reflection, the integration of feeling and thinking as well as recognition and enhancement of resources (Fassbind-Kech, 2013). Crockett's questionnaire and Delia's constructivist model inspired the creation of the language model of change (Wieczorek, 2017, 2023), which will be further described and developed in the subsequent part of the article. For the purposes of the later part of this article, Jesse Delia's concept will be utilised.

Multilingualism and Ego States

In the realm of psychology, the significance of language was experimentally explored. Nairan Ramirez-Esparza (Ramirez-Esparza, Gosling, Benet-Martinez, Potter and Pennebaker, 2006; García-Sierra, Ramírez-Esparza, Silva-Pereyra, Siard and Champlin, 2012; Ramirez-Esparza and Garcia-Sierra, 2014) requested bilingual students to complete personality tests twice, using two different languages. The results of the tests conducted in English portrayed the participants as more extraverted, agreeable, and open compared to when they used the Spanish language (Ramirez-Esparza, Gosling, Benet-Martinez, Potter and Pennebaker, 2006; Ramirez-Esparza and Garcia-Sierra, 2014).

A similar experiment involved making decisions in different languages (Hayakawa, Tannenbaum, Costa, Corey and Keysar, 2017; Liberman, Woodward, Keysar, and Kinzler, 2017). Participants were asked to make a hypothetical decision regarding sacrificing someone else's life in an emergency situation. The scenario was presented to different groups in their native language or in a language acquired later in life. Participants speaking a foreign language were more likely to make hypothetical decisions that resulted in the death of another person. Given these findings, the considerations around the role of language in shaping human experience can be logically extended to multilingualism.

In the ever increasing interactions of culturally diverse individuals and groups, it is not uncommon for clients, counsellors, coaches, therapist and organisational consultants to work in languages that are not their mother tongue. The combinations of languages spoken could include the following scenarios:

- **native language** – the client and the practitioner communicate in their native language, e.g. a French native speaker seeing a client born and raised in France;
- **non-native** – either the client or the practitioner or both communicate in their non-native language, e.g. a native English speaker who is very proficient in French providing counselling in French to a native or non-native French speaker;
- **multilingual** – there are many languages spoken simultaneously which opens various parallel channels of communication, e.g. a multicultural class in an international school taught in English with students supporting each other's understanding by drawing on the languages they speak, for instance Portuguese speaking pupils from Angola helping the Brazilian ones.

The variety of languages spoken in psychotherapy, counselling, coaching or organisational settings allude to the multilingual therapeutic frame: "The multilingual therapeutic frame introduces a linguistic perspective so that anxieties around language can be explored and contained actively, relationally and constructively in the clinical encounter – by clients and by practitioners in training and supervision." (Costa, 2020, p. 9). Although these words refer mainly to clinical applications, they can be extrapolated into broader areas of guided change. The key matter is about *actively* considering the role of the languages spoken and the anxieties that this might evoke because multilingual clients are different from monolingual clients. People do experience themselves differently and do feel differently when switching languages (Dewaele, 2015). Thus, it is important to account for the significance of languages spoken in a particular context of work not only to remove barriers to change but also to draw on the resources that come with this form of diversity.

A multilingual therapeutic frame has implications for the psychological contract (Berne, 1966) in a variety of ways. Some languages are perceived as having a higher status, which contributes to the distribution of power in the relationship with the practitioner. For instance someone speaking English as their native language has more linguistic privilege in comparison to a speaker of a language perceived as having a lower status (e.g. Hungarian). This set up requires

the practitioner to consciously and empathetically account for the impact of the languages spoken on the outcome of the work.

From a TA perspective, we can consider that speaking another language impacts all ego states, albeit in different ways. The Adult gets cathected alongside the cognitive structures that support problem solving and here and now processing if a person possess the required linguistic proficiency and complexity that enables them to access their full capacities. Then again, depending on what the foreign language represents, it will resonate with various aspects of Parent and Child. The Parent can be associated with culturally determined symbolism, as well as well as the etiquette and character, justified by the technicalities of a particular language, that get introjected as contents of the Cultural Parent (Drego, 1983).

Notably, one can take on board cultural beliefs that shape the perception of a particular language. For example, in some indigenous communities in Guatemala parents discourage their children from learning their native tongues, such as Kaqchiquel, Tzutujil or Quiché because they see little value in them and they are associated with lower social status as determined by post-colonial white supremacy that favours the Spanish language. Thus, from an indigenous perspective the Spanish language is seen as the aspirational norm in the etiquette, with technicalities associated with a lack of consistent schooling in Mayan languages that lead to people being incapable of writing in their native tongues, with the character echoing centuries of oppression, exclusion, shame and terror.

For some people learning a second language invites at times responses from Child associated with feelings of inadequacy as one moves from unconscious incompetence to conscious incompetence (Howells, 1982) that activate the limiting aspects of one's script (Barrow, 2011). Depending on the age of foreign language acquisition as well as the perception of it, the attitude towards it may range from P₁ idealisation ("Speaking English makes me a better person"), P₁ demonisation and avoidance ("Why should I learn to speak like a gringo!?" to Adult appraisal of reality ("I will have more opportunities speaking more than one language.")). Lastly, given that cultural scripting at C₁ level "includes important sensory experiences of sight, sound, smell, taste and touch." (Vago, 1977, p. 303), the language spoken will also have a somatic component with corresponding bodily sensations. For instance, many people find that cursing in their first language feels more emotionally and physically charged than swearing in a language they are not familiar with.

Furthermore, an individual's linguistic repertoire (Busch, 2015), meaning the lived experience of the languages spoken by an individual, impacts one's sense of agency and the availability of their Adult Ego State. In some cases, speaking another language provides additional resources to mediate, express and process various life experiences, including trauma. Due to the creative distance and the detachment that comes with it, a client can access a wider array of emotional and cognitive processing tools that enable them to have mastery over their experience. Then again, there are instances whereby a particular language, in which the traumatic event happened, decreases an individual's sense of agency. Anecdotal evidence of TA practitioners suggests that learning TA in another language provides them with a greater felt sense of freedom from the limiting aspects of their scripts. Selecting the medium of communication is not a simple choice because in some cases speaking a foreign language might also be an unconscious way of avoiding the changes needed to move into autonomy. A thoughtful TA practitioner can account for these deep-seated factors by raising awareness of the impact of the linguistic repertoire on a client's perceived sense of agency.

As a modality of guided change TA encourages clients to acquire some of its accessible terminology, which echoes some aspects of learning a second language. Thus, the process explicitly expands individuals' linguistic repertoire with corresponding cognitive structures that shape their awareness and invite personal change according to the philosophical assumptions shared by TA practitioners. TA examination processes worldwide could be considered as a development of a personal linguistic repertoire of facilitating change.

It is therefore worth exploring what kind of TA language practitioners introduce to their clients. What are the subsequent dispositions getting promoted? What is the tone, structure, symbolism and the felt sense of the language introduced? Seasoned practitioners might recognise these questions as an exploration of ulterior transactions. Then again, a particular linguistic repertoire hints to the existence of a coherent, subjective and embodied sense of language that emerges in a specific culture. Thus, there may be various linguistic repertoires around the world which contextualise TA locally, giving rise to particular regional, cultural and linguistic idiosyncrasies. There are also some views that discourage the introduction of TA terms to clients, which may lead to "The game of TA" with the participants using jargon to alienate or label each other. Notably, many trainers emphasise the importance of experiencing, feeling and embodying

TA concepts rather than just intellectualising about them. When it comes to multilingualism, there are many considerations at play and it is crucial to stay sensitive to the impact of the multilingual frame, especially taking account of how the linguistic repertoire helps or hinders the change process.

Case Vignette 1

Martin, a 53 year old Dutch speaking man, lived in the USA for over 25 years. For the last 7 years he has been living in Central America and working seasonally in the USA. As a young boy he suffered sexual abuse from his mother between the ages of 8 – 11. He moved out of his parent's house at the age of 17 and after graduating from university moved to New York in his early twenties. Martin received prior psychotherapy in Dutch over the years (e.g. family therapy and individual therapy) and at his current level of functioning he could address archaic experiences in his Child through his Adult. Martin presented with low consideration of his physical and psychological needs and wanted to enhance his capacity for self-care. His symptoms included weight gain caused by poor dietary choices as well as insufficient rest. In session 4 Martin acknowledged that in his opinion he worked through his past and no longer felt the need to address directly the issues related to his family of origin. He was now well aware of his relentless and unsuccessful pursuits of a romantic relationship. He said that he really understood what made him unhappy and now he sought counselling to know what would make him happy. His overall contract was to identify and meet his needs related to his current international lifestyle, including gaining awareness of the triggers for his lack of self-care and identifying and acting on options that would enhance his physical and psychological wellbeing. When further asked what needed to happen in order for him to feel satisfied with the outcome of counselling, he stated "I will make smart choices by thinking about how much energy I have and saying no when needed." The counselling sessions were conducted in English, which for neither of the parties was a native tongue.

According to Berne, an impactful intervention needs to be received by the 8 year old part of the client. The counsellor, aware of the pitfalls of intellectualising, deliberately asked the client to use simpler language to contact their Child through their Adult and activate the resources available in this ego state. Additionally, Martin was encouraged to use his keen interest in painting to bridge his verbal insights with visual representations. Notably, his paintings included motifs of shattered pieces of glass, echoing not only his international lifestyle and the "Don't Belong" injunction (Goulding and Goulding, 1976) but also his deep need for integration and wholeness of his self.

It took some time and eventually in session 56 Martin became fully aware of the pressure he put on himself when setting himself unachievable goals to maintain his sense of helplessness. The use of simple language as well as his ongoing artistic work became a vehicle for strengthening the alliance between his Adult and Child. By becoming aware of his patterns of setting unachievable goals he started to cultivate a positive identity and no longer had to habitually discount his needs. He expanded his Adult through the awareness that by getting upset at himself and others he pushed other people away and did not allow others to be close and offer him support. Instead, he made a contract with himself to "get to know and like myself" and to "figure out and clearly tell others what I need". The counsellor facilitated Martin's growth by challenging his intellectualising language and inviting a linguistic repertoire of self-care ("It's good for me when I know that I did my best")

Martin completed his sessions successfully and decided to move back to the USA. At some point he returned for a course of 6 additional sessions due to a bereavement of a beloved pet. The counsellor employed the PHQ9 questionnaire (Kroenke, Spitzer and Williams, 2001) to rule out a depressive episode. Indeed, the scores were in the mild range (5-9) indicating no severe depression and confirming that the previous script obstacles to autonomy had been overcome. The current bereavement also triggered the client to recount the episode of sexual abuse, because in both cases he experienced a loss of agency. Mindful of the impact of language, the counsellor asked the client to say in his native language the words that his mother needed to hear from him. Mustering his Adult, the client spoke out loud in Dutch with calmness, clarity, gravitas and potency (Crossman, 1966). There had to be enough relational contact (Erskine and Trautman; 1996) to build up protection in order for the client to feel safe enough to share his traumatic memories in his first language. The counsellor encouraged Martin to find his voice, facilitating an expansion of his Adult and the processing and integration of his Child experiences that resulted in him giving himself new permissions that renewed his sense of agency.

Language Model of Change in Transactional Analysis

Given that language impacts our meaning making, including our feelings and thoughts, the authors drew upon the Sapir-Whorf linguistic determinism hypothesis and Jesse Delia's communication models as well as TA to consider the temporal aspects of communication. The Sapir-Whorf hypothesis posits that the structure of language translates into thought patterns. In their text "The Model of the Hopi

Universe," most likely written in 1936, they argued that the use of verbs in the Hopi language influences the Hopi Indians' perception of time and space. They particularly denied the existence of a universal notion of time and space. They described the Hopi language as a "timeless language" and contrasted it with "temporal" languages. The structure of the language we use is significant for our way of thinking, and time holds essential meaning in this context. Sapir and Whorf examined differences between languages and realised that even within one language, significant variations in structure would occur. Philipsen (Philipsen and Hart, 2015, 4-27) conducted intriguing research on this matter by introducing the concept of language codes, each possessing its own psychology and rhetoric. This constitutes the final element required for the language model of change.

In TA, humans are perceived as systems striving for internal autonomy, consisting of a specific structure distributed over time and actively interacting with the environment. This perspective arises from key elements of TA theory and its fundamental philosophy, based on the assumptions that people are OK, capable of thinking, decide their destiny, and can change it through communication and decision-making processes. The notion of script assumes the presence of a predetermined life plan originating in the past, a specific mode of functioning in current reality, and a more or less defined vision of the future. Every transaction can be considered related to these three temporal areas so meets the criteria of cognitive constructs described by Delia. In TA 'proper' (Berne, 1966) transactions are linked to ego states of the Parent-Adult-Child (PAC) model. Thus, adopting Crockett's analysis concept, one could analyse written and oral expressions, searching for cognitive constructs and categorising them based on two main criteria: alignment with ego states and the location of cognitive constructs on the timeline.

Script themes can be considered as entrenched and habitual personal constructs that shape our feelings, thoughts and actions in inflexible ways. They are built on our prior experiences, allowing us to anticipate the consequences of our actions. A dysfunctional construct can lead to unsatisfying behaviours and even pathological outcomes. Mere awareness of these constructs is insufficient; we must also understand *how* to deconstruct and modify them. The concept of a metamodel used in neurolinguistic programming (NLP) is most closely aligned with this thinking. The practitioner uses pertinent questions to uncover the essence of content at a deeper structural level, removing distortions, deletions, and generalisations. The deconstruction process allows us to understand, for instance, when our thinking patterns are unrealistic (Zhang, Davarpanah and

Izadpanah, 2023). Marshall Rosenberg's Nonviolent Communication (Rosenberg, 2003) employs a similar pattern. The message is broken down into observations, feelings, needs, and requests during the communication and listening phases. This deconstruction helps to reduce biases and stereotypes, transforming communication into a more empathetic form (Adriani, Hino, Taminato, Okuno, Santos, Vieira and Fernandes, 2024). In TA, the deconstruction process could involve breaking down the Parent-Adult-Child model on the axis of time. Since we base our present actions and future plans on past experiences, gathering information about this should yield a similar effect to deconstruction using Milton's metamodel (Bandler and Grinder, 1975) or Rosenberg's (2003) procedure. Therefore, using Wieczorek's (2017, 2023) concept of the ego state timeline model (ESTM), the first order structural model of an individual would look as shown in Figure 1.

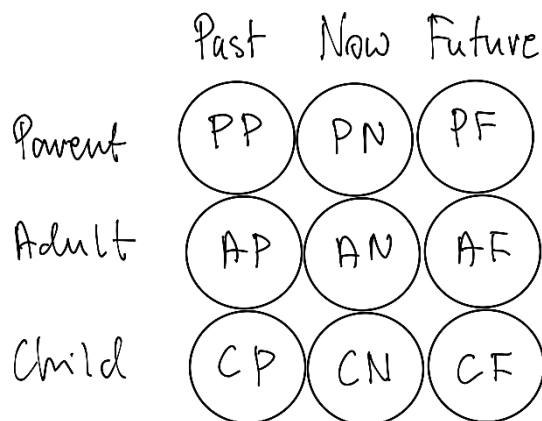


Figure 1: Ego-State Timeline Model (ESTM)

In view of the proposed model, analysis of spoken or written communication involves identifying indicators of time and ego states. Indicators may include statements related to what we think, feel, do, plan, remember, etc. The direction of the discourse appears crucial. In simplified terms, someone taking a path of first feeling a spontaneous urge and then planning actions follows a sequence where the Child-Self initiates, followed by the Adult-Self. In this scenario, actions directed towards the future become apparent. If we hear that a client intends to do something relevant to the here and now (Adult) because they felt a certain way (Child), we infer that the direction of action was initiated in the past, and there is no certainty that it will translate into practical steps. This line of thinking illustrates how language patterns reveal self – sabotage. For instance, the intention to start a diet (future) due to neglect (past) represents a direction that, as practical experience shows, lacks effectiveness. The transition into the future is vague, lacking connection to the present

moment, where currently no steps are taken towards the diet. Identifying the ego state as well as the temporal indicators in transactions pinpoints to the gaps, or areas of discounting (Mellor and Schiff 1975), and invites reflections that help to narrow them and account for the present moment actions. Highlighting the temporal incongruence (the empty space or the discount) enhances the effectiveness of actions and is similar to the therapeutic operation of confrontation (Berne, 1966).

All unsuccessful undertakings usually start "tomorrow," where tomorrow is unrealistically considered as a permanent state. For instance, if transactions only relate to the here and now, such as frustration of not having met one's goals (Child), expecting action and change becomes challenging. We can initiate a transition to the Adult by asking, for example, "What do you plan to do about it?" and looking towards the future with questions like "What will you do about it in the long run?" If the transactions only involve a future tense, for instance "I'll show him, he'll remember me, I'll make him pay!" we anticipate impulsive action or passivity (Schiff and Schiff, 1971). A statement suspended in the future may never progress beyond perpetual postponement. Questions we can pose include "How do you feel about it now?, What can you do about it now?" or anchoring the client in the past with questions such as "What do you think is the cause of this situation?, Where did it come from?, How did it develop?". We can envision our behaviour as a chessboard on which we move to fill in the missing squares. Instead of the nine circles of the ego structure, we can employ a nine-square chessboard on a regular sheet of paper. This is also a straightforward note-taking method that may be less intrusive for the client. Thus, we can consider that our decision making process is a result of a particular configuration of ego states and their temporal aspects, leading to effective or ineffective behaviours.

One way this is seen is in mediation services, where certain recurring patterns occur in transactions of clients getting stuck. For example, sample records of simple statements may appear as follows: "I cannot (PN) agree to this (AN), I don't trust him (CN), he misled me in the past (AP), and I suffered a lot because of him (CP)." As shown in Figure 2, this corresponds to the expressive communication described by Delia.

For longer expressions and during a conversation, we can determine the saturation of cognitive constructs for individual ego states. An example record is presented below in Figure 3.

Again, by paying attention to the temporal and ego state patterns, it is possible to identify areas of

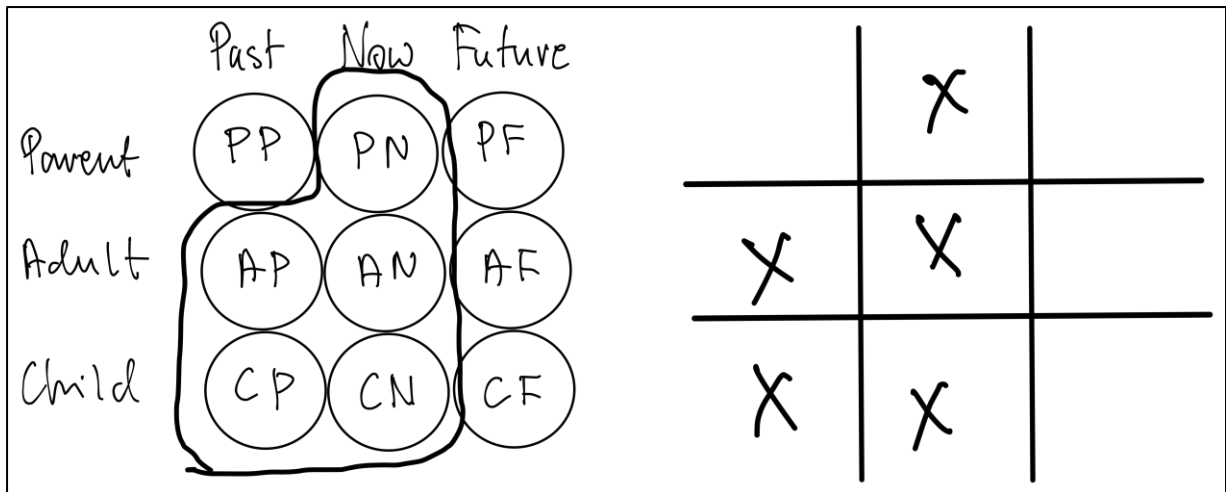


Figure 2: ESTM model applied to simple statements

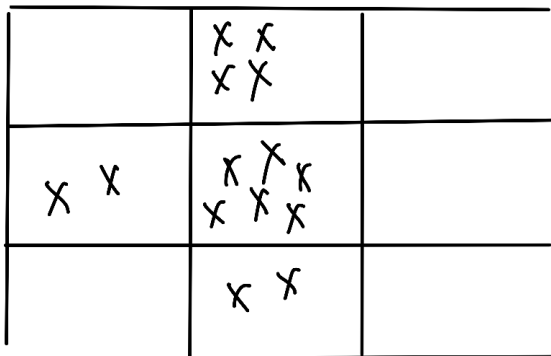


Figure 3: ESTM model for longer interactions

discounting or temporal incongruities that keep a client stuck. Looking at the record below it could be surmised that this person is present – focused in terms of Parent, Adult and Child, with the awareness of past and there and then appropriate responses. They are not accounting for the future, neither for fixated or introjected influences of the past. The line of enquiry could clearly be directed to the future with questions such as “How is this going to affect you in the future?” or to the past “How did you feel about similar situations in the past?; “What was your parent’s attitude when facing these kind of problems?”

However, optimal results can be achieved when we invite the client to work on a temporal ego map or timeline ego state map, utilising a sheet of paper and visual aids, such as playing cards or pieces of chess. We can also make notes on small cards representing situations crucial to the client, discuss them, and place them on the board. The client's involvement in working on the model can lead to gaining deeper insights into their own behaviours. It teaches TA language, which in this context becomes even more

significant and aids in strengthening the client's Integrating Adult.

During the process, we can inquire about the fields that are empty or establish the significance of fields where multiple statements appear. These can serve as resources or specific anchors that support a client's movement towards autonomy. Both in Delia's concept and in TA, we assume that effective functioning requires being in the here and now, with an awareness of the past, the ability to plan for the future and consider social principles while being aware of one's own emotions and desires. Delia refers to this as sophisticated communication, which corresponds to the Integrating Adult-Self in the language of TA.

Case Vignette 2

Emma received long term counselling on and off over a period of ten years struggling with the aftermath of family conflict with her parents, misunderstandings and painful rejections, which led her to struggle with low self-esteem, emotional regulation and motivation. She lived outside of her home country and her sessions were conducted in her mother tongue. Over the years, Emma experienced incremental improvements, organising well her life abroad, creating a circle of friends and developing her business. Her main struggles resulted from the injunctions (Goulding and Goulding, 1976) Don't Be Important, Don't Be Well and Don't Be You; these were compensated by driver behaviours of Be Perfect and Please Others, which created significant blocks for the client. Over the years of counselling, Emma developed and integrated a number of resources, such as imagination, self-awareness and creativity. The counsellor employed the VIA character strengths (Peterson and Seligman, 2004)

questionnaire and the following five signature strengths were identified:

1. capacity to love and be loved
2. kindness and generosity
3. curiosity
4. appreciation of beauty and excellence
5. optimism and hope

The awareness of these character strengths was woven into the counselling process through resource-oriented questions, such as:

1. "What would that feel like if you loved yourself in the same way as you love others?"
2. "What is it like to be you when you show kindness to others?"
3. "How do you satisfy your curiosity?"
4. "How can you see beauty in yourself?"
5. "What can you remind yourself of when facing challenges?"

In the last session, using visual aids, the counsellor applied the Ego State Timeline Model to help the client integrate their takeaways from the process. When asked about her perception of counselling, Emma provided the following statements:

1. I am free from the inner Merry-Go-Round.
2. I can take a bird's eye view on my life and separate rationally what is and isn't true.
3. I can very quickly identify company that is not good for me.
4. If I am open, I can tap into the love present in the Universe.
5. I am a worthy person.
6. I can let go of what I cannot control.
7. I can let go of my mother's negative influence.
8. I believe in myself professionally.
9. Remember to breathe.

The statements were organised by the client on ESTM grid as in Figure 4.

7	3	6
2	2 / 9	8
1	5	4

Figure 4: Client statements organised on the ESTM grid

Organising these statements on the grid might have been challenging for an external observer due to the model's validity within a constructivist approach that operates within an individual's frame of reference. Through this client-driven process, Emma was able to enhance her Integrating Adult based on her personal insights into the past, present, and future.

During problem-solving discussions, simple statements often surface, focusing on specific external or internal behaviours. Drawing from the first case vignette, examples of these statements include phrases like "get to know and like myself" and "figure out and clearly tell others what I need". Statements generated and arranged by the client on the grid tend to be more intricate. While they can be recorded straightforwardly - such as statement 7 "I can let go of my mother's negative influence" categorised under 'Parent from the past' in the table - they may also be proposed with a more detailed description, like: "I recognise how my mother's influence has shaped me, acknowledging it had negative impact at times. I am empowered to distance myself from this influence and foster self-appreciation." If a client were to gain a fraction of this insight, the model is worth applying.

Conclusion

TA offers a valuable framework for enhancing cross-cultural encounters not only in counselling or psychotherapy, but also in the wider applications in education as well as organisational development. By adopting the language of TA, practitioners can negotiate and establish shared understanding of client issues and collaboratively formulate a change plan.

As shown in Figure 5, the Ego-State Timeline Model (ESTM) provides a structured approach for documenting client interviews in a manner that mirrors the formation of problematic behaviours. Every action stems from our past experiences and our anticipation of the consequences of our actions. When we are hungry, we draw upon our experiences to identify food items that we believe will satisfy our hunger. In cases where a behavioural cycle is dysfunctional, the ESTM interview allows for a deconstruction of the underlying construct along a timeline, fostering a deeper understanding of the entrenched dynamics. The subsequent step involves asking probing questions and exploring areas that remain relatively unexplored within the ESTM framework. It empowers clients to independently deconstruct their own behaviours. By adopting a metacommunicative stance, clients gain valuable insights into their patterns of behaviour. The use of ESTM for an initial assessment also captures a snapshot of a client's current reality as they are, without drawing on formal diagnostic models.

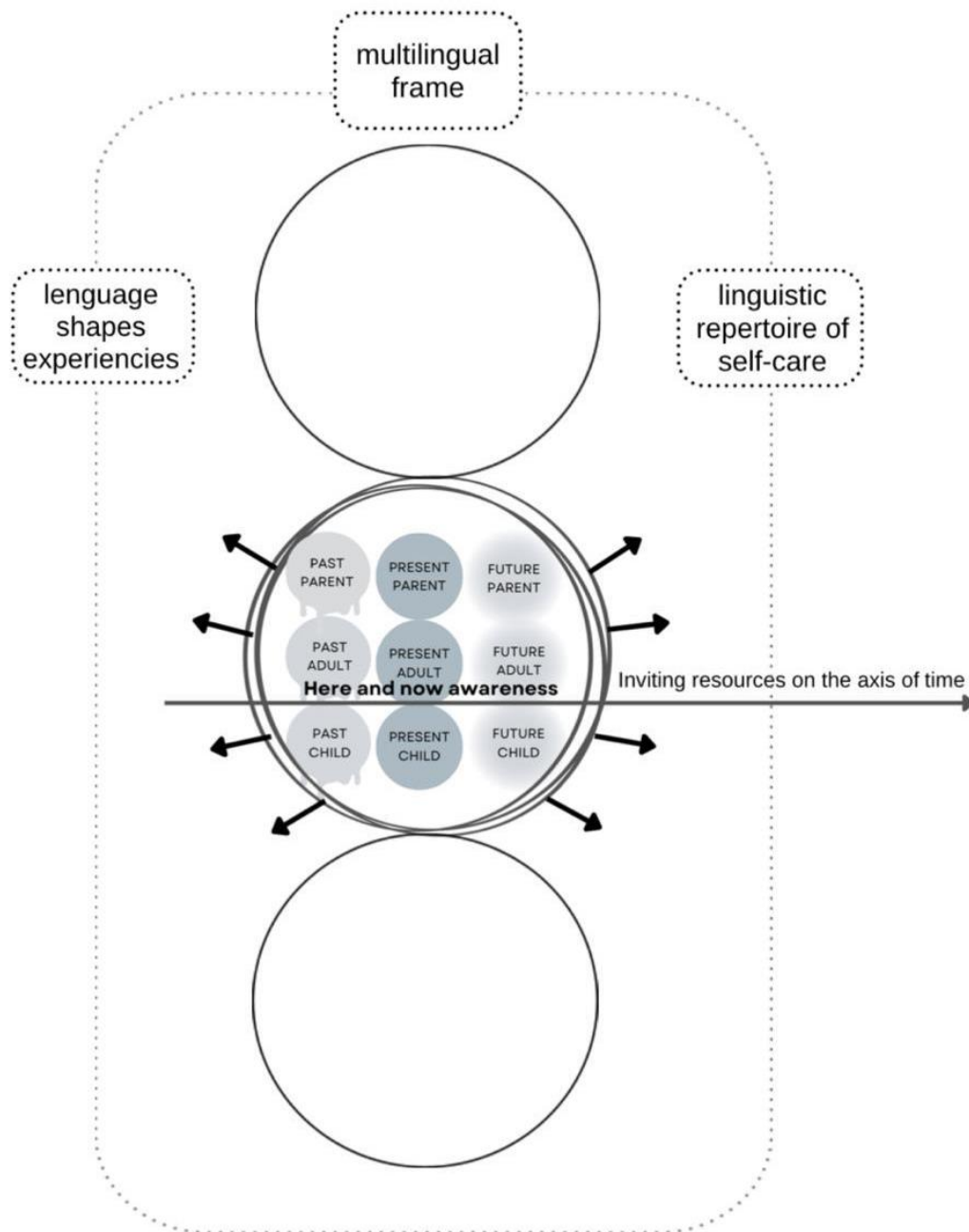


Figure 5: Integrating Adult in ESTM model

However, the effectiveness of this approach hinges to a significant extent on the assumption of shared linguistic and cultural backgrounds. In the absence of sufficient commonalities, misinterpretations of cognitive constructs are more likely to arise, potentially leading to misguided interventions (Jusik, 2022). Furthermore, the ESTM framework leans towards a rather cognitive (Schlegel, 1998) approach within TA and does not take account of non-verbal, symbolic, sub-symbolic or somatic aspects of ego states (Cornell, 2003). It appears to be less useful when working with the transference-counter-

transference dynamics, projections and enactments (Stuthridge and Sills; 2016) The process of classifying client statements may contribute to diminishing relational contact. The analytical character of this framework which organises aspects of feelings, thoughts and behaviours could create a normative attitude in the practitioner, which would have less application with clients requiring relational holding, for example after immediate trauma. Thus, TA practitioners need to be mindful of how they apply the proposed model to ensure that they take account of what is needed for a particular client and to avoid

the pitfalls of indiscriminate application of the ESTM framework.

We posit that the ESTM proves particularly useful when working with clients from diverse cultural backgrounds and with varied linguistic repertoires because it introduces a common denominator of ego states distributed over time, while making space for idiosyncrasies. By providing a visual representation of behavioural patterns, the ESTM mitigates the risk of misinterpreting client behaviours and attitudes. Figure 5 shows visually the various elements that were touched on throughout this article. The ESTM framework is placed in the Integrating Adult, providing a range of directions for enquiry and interventions that foster expansive self-understanding. Notably, it rests upon here-and-now awareness and self-observation of a client and a practitioner, which enables categorisation of transactions within the ESTM model. The newly acquired awareness becomes a springboard for integrating resources on the axis of time. Adopting a multilingual frame in practice means taking account of the impact of language in shaping individual and group experiences. As a consequence, a new linguistic repertoire of self-care emerges, based on the philosophical underpinnings of TA. When applied correctly, the ESTM framework fosters growth and self-awareness that are beneficial in linguistically and culturally diverse environment. Then the client and the practitioner can set off on an ego state trip, rather than falling into an ego state trap.

Piotr Jusik, MSc, is a Provisional Trainer & Supervisor Transactional Analysis (Counselling) (PTSTA C); accredited Counsellor/Psychotherapist (MBACP); Executive Coach (ILM 7 Dip. in Leadership & Executive Coaching). He was born in Poland and is now in Guatemala, having lived in several countries. He works internationally in English, Polish and Spanish as coach, therapist, counsellor and group facilitator. He collaborates with research and training institutes in several countries and can be contacted at peter@iflowcoaching.com

Zbigniew Wieczorek PhD, is a lecturer at the Faculty of Social Sciences of the Jan Dlugosz University <https://wns.ujd.edu.pl/> in Czestochowa, Poland, and a court mediator in the local legal aid system. As a lecturer, trainer and mediator, he utilizes models of TA, neurolinguistic programming, solution-focused brief therapy and process-oriented psychology. He is also engaged in local community activities in the field of participatory budgeting. He can be contacted at z.wieczorek@ujd.edu

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Organisational Hierarchies and Organisational Triangles

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Abstract

This paper provides a current literature review on boundaries and introduces a new categorization framework for practitioners. This framework comprises of three areas of focus: person, people, place. This new boundary conceptualisation offers TA practitioners a contemporary model from which to consider how boundaries impact on their work as professionals with clients dealing with boundary and relationship issues.

Keywords

organisational structure, organisational hierarchy, organisational triangles, organisational culture, organisational transactional analysis

Note: I thank the group who attended Julie Hay's webinar with me in February 2024 for their contributions to my thinking: they were Faye Karsikko, Igor Ostapenko, Natali Voronina, Sergio Caballero, Olga Vyatkina and Vesna Nencheva.

Introduction

In this article I give a brief summary of what we have in TA to describe organisational hierarchy. I then propose a further development of Hay's (2012) organisational triangle model. In the corporate world, it is a very common phenomenon that there is a declared message and then you have a different reality of things. I represent the original model as a declared level and add another level called followed level, which is in practice and that is more deterministic, similar to the way we do for ego states in terms of behavioural (functional) and internal (structural). Following the figures of this phenomena, I will illustrate through examples how I have encountered them in organisational development practice. Then some ideas are given how to analyse the organisations with the model and how can it be used as a developmental approach.

At one of my workplaces, as an employee, I was invited to a 'welcome day' as a participant, which was

an on-boarding day where we could hear about the history of the company from different heads of departments and management. They talked about the corporate values and introduced what they do. Shockingly, I was invited to this event after having worked for the company for six months, so I already had a lot of experience how things were going. I was surprised that, although there were similarities, during the welcome day I felt like I was listening about a different company and found that what was being said here as 'inspiration' was largely the opposite of what was happening in practice. This story illustrates the phenomenon that I will analyse in this article.

The re-consideration of the original organisation triangles model by Hay (2012) described in this article was motivated by an intuition supported by my real life experiences as an organisation consultant. During a webinar with the author, when I first met the triangles model, I had an intuition that something else was going on sometimes in organisations. When I reflected on my earlier projects as an organisational consultant, I developed Hay's model further and then presented it during one of Julie Hay's webinars to an international group. I have thanked the participants above who allowed me to present my ideas and this group reinforced them with further examples from their own practice.

The Development of Organisational Hierarchy Models Before TA

The origins of the earliest organisation charts go back all the way to the 19th century. In 1854, Daniel McCallum, a Scottish-born railroad engineer who was the general manager of the New York and Erie Railroad, designed an intricate tree to illustrate the complex nature of the railway system (Rosenthal, 2013). He gave a very graphic and beautiful representation, which was more a work of art than a practical organisational representation.

In 1917 a more functional structure of an organigram

was designed by Computing-Tabulating-Record Company (CTR Co.) (today working under IBM) who designed their own chart. It has highly symmetrical, pyramidal form (shown in Chappe & Lawson Jaramillo, 2020). This kind of organigram has become an established tool for structuring organisations and has helped managers, employees and investors to navigate the structure of organisations for many years in so many other organisations as well.

The TA Contribution to Organisational Hierarchy Models

In the TA literature, Berne (1963) first describes organisational structures in his book *The Structure and Dynamics of Organizations and Groups*. Here he presented several types of organisational diagrams, or as he called them, authority diagrams. His diagrams are typically based on psychiatric institutions and show the structure of treatment groups, which is understandable, since as a psychiatrist he worked in health care. However, some are based on a séance he joined because he was looking for a group situation free of the connotations of psychotherapeutic groups, but where he could experience the archaic aspect of the members' personalities. Also, his experiences during his military service also provided inspiration for the thoughts on structures of organizations; during World War II he joined the United States Army Medical Corps and served as a psychiatrist; he subsequently served as a consultant to the Surgeon General of the US Army; and in 1951 he accepted a position of Adjunct and Attending Psychiatrist at the Veterans Administration and Mental Hygiene Clinic in San Francisco.

In his 1963 book, Berne presents similar formal organisational structures to those used by CTR Co. It is based on the formal hierarchy and includes the locations of the addresses of the offices (Figure 1).

These are similar to organisation charts before TA. What was different from the organisational diagrams already in use was the way he incorporated psychology into the diagrams. He did this by including, in addition to the formal organisational hierarchy, the cultural and historical aspects of the organisation's structure (Figure 2). By doing this we could start to think about how these affect the operation of organisations even though some of the people included in the chart are not actually working there still, having left the company or even died.

In her book Hay (2024a) introduced something similar to Berne called the location diagram, but instead of the locations she put positions under the names (Figure 3). Hay mentions that this figure

shows the typical top-down version of an organisational chart, but increasingly, organisations may present their charts differently and this is how she elaborated her new ideas to represent them and called them organisational triangles (Hay, 2012).

The Organisational Triangles

Hay (2012) shows the same structure as in Figure 3 but formed it as a triangle and called it 'top-down organisation' (Figure 4). Then she introduced the notion that organisations in 2012 (and we can see nowadays too) were starting to turn the chart up the other way, so that instead of a top-down image they have a 'bottom-up' picture. The meaning of this is that the company emphasises the importance of the customer-facing staff, who would no longer be metaphorically 'at the bottom'.

It is here we can also see the concept of servant leadership 1977 (Greenleaf, 1977/2002), which seems to describe something very similar. Servant leadership was formulated as early 1977 but it was only a quiet revolution at the time; research continued through Spears (2010) developing the characteristics of this type of leadership. In the 10 years that followed, this leadership topic was an important part of organisational training and culture changes. I completed servant leadership projects for some international organisations based in Hungary during those years. For example in a big IT company the strategic goal of the Board was to recruit such leaders to the organisation and to train existing leaders. Thus, one of the aspects of the assessment centre used in the selection of new managers was whether their leadership style reflected the servant leadership approach. There was also a training course for existing managers that included familiarising them with the servant leadership approach as a preferred leadership style.

Hay describes a third option where the same organisational chart is put on its side to give the appearance that everyone is equal. At one end there is the customer facing staff; essential if the company is to continue to make sales. At the other end are the senior leaders - also essential for managing the company and to raise finance, lobby the government, and all the other strategic tasks that are so important to long term business survival. In the middle are the middle managers, who serve as the communications bridge between senior management and customer-facing staff. This role is essential for business operations and staff leadership because there are usually too many employees for each to speak directly with a top manager. Hay wrote "the organisation reaches the level version when people have recognised that all jobs are equally important.

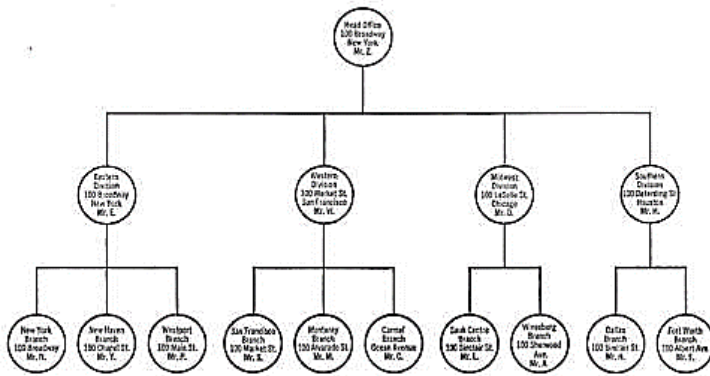


Figure 1: A Business Organisation – Location Diagram (Berne, 1963, p.3)

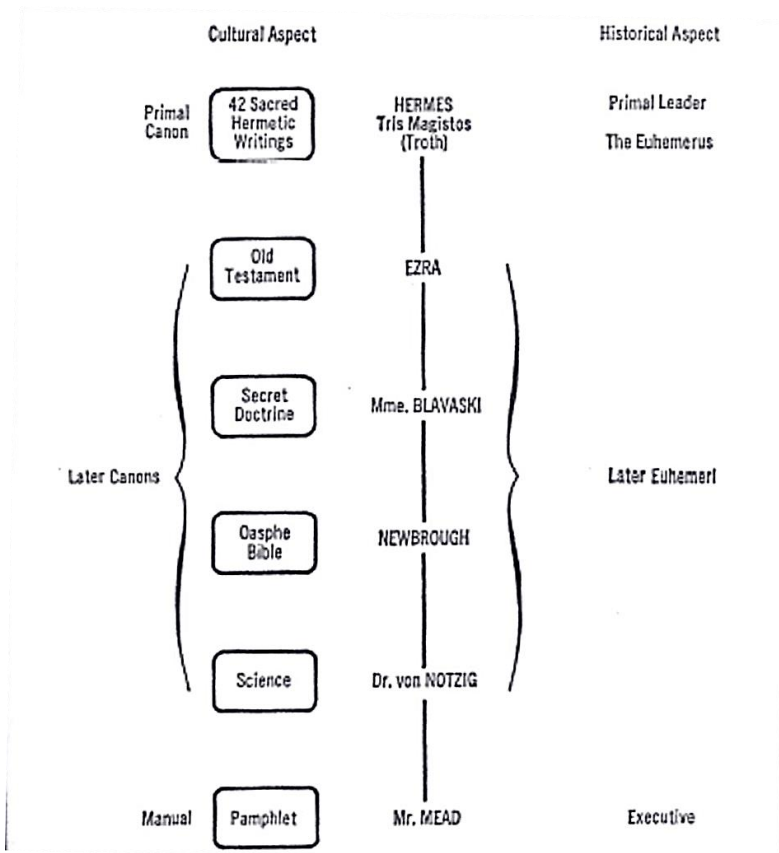


Figure 2: An Authority Diagram – Cultural and Historical Aspects (Berne, 1963, p.35)

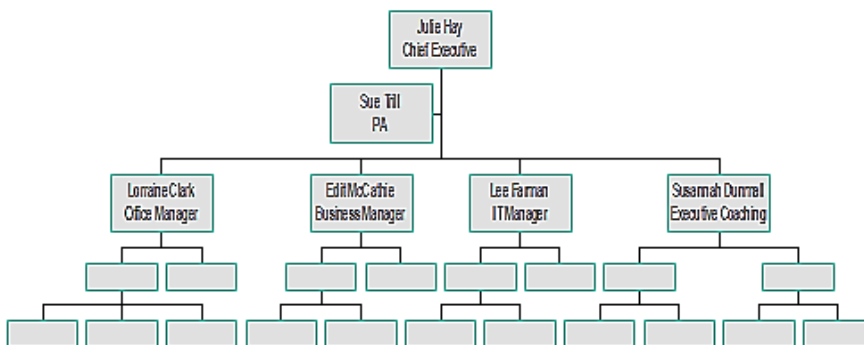


Figure 3: Typical Organisation Chart (Hay, 2024a, p.53)

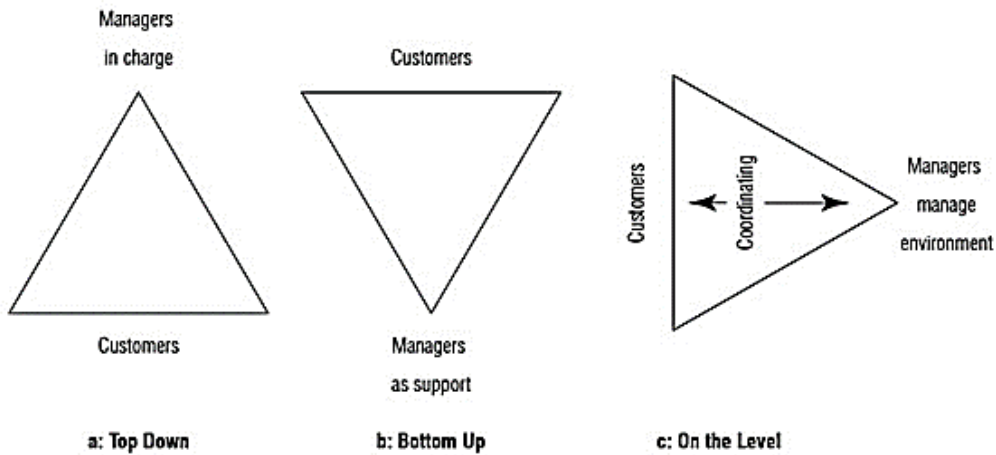


Figure 4: Organisational Triangles (Hay, 2012, p.58)

The customer contact jobs are valued, but so is the role of management in dealing with outside bodies such as government departments and local authorities, shareholders and other sources of finance, the local and perhaps the international community. There is even a recognition of the worth of people in between as coordinators and bridges. People are treated as equals and there may also be partnerships with suppliers and purchasers.” (Hay, 2024a, p. 54).

In this model the parties can work closely together to develop long-term sustainable, effective and

customer-centric operations. Hay developed the idea of ‘on-the-level’ organisations by combining and building on Berne’s (1963) organisational diagrams which resulted in the organisational cone (Hay, 2016) (Figure 5).

This model shows clearly that each level within an organisation is important on its own way. In addition, this model avoids the problem with Berne's group structure model, which portrays leaders as having no direct contact with the outside world, because it shows how all levels in the cone have external boundaries within different contexts.

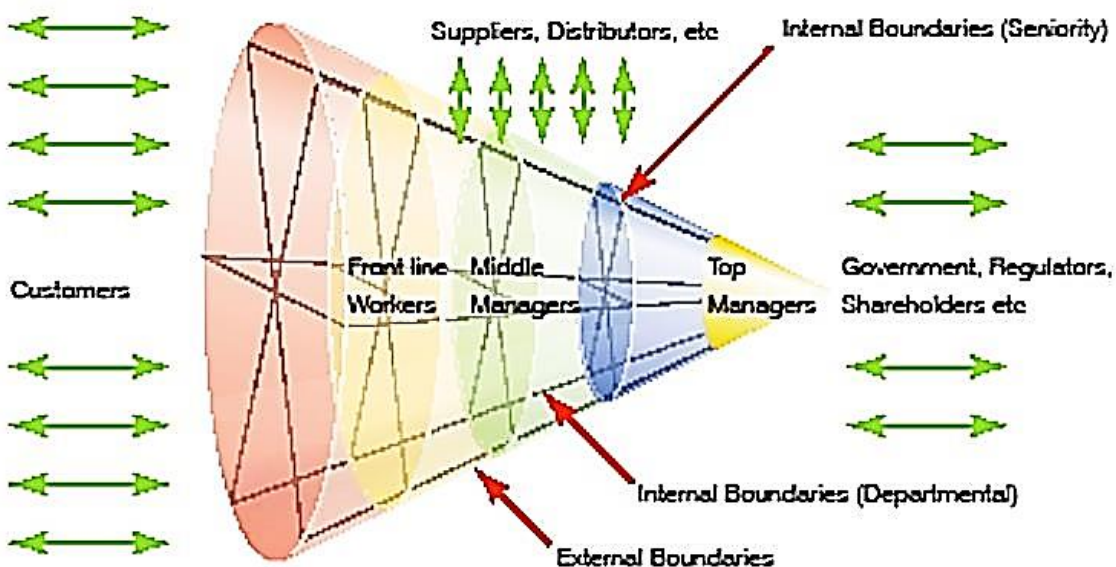


Figure 5: Hay's Organisational Cone (Hay, 2016, p.20)

We see the rise of on-the-level organisations for example in the so-called 'agile' (Chin, 2004) systems. Agile working incorporates horizontal rather than vertical linkages, with groups working in self-managing ways, and with individuals within the groups forming other groups to ensure that there is coordination between groups. The four main values of agile working are: focus on the individual and personal communication over processes and tools; focus on working software over comprehensive documentation; emphasising collaboration with the customer; and reacting to changes versus rigidly following plans. (Beck, Beedle, van Bennekum, Cockburn, Cunningham, Fowler, Grenning, Highsmith, Hunt, Jeffries, Kern, Marick, Martin, Mellor, Schwaber, Sutherland, & Thomas, 2001).

Nowadays it is used not only in the IT sector, where it is originally came from, but some elements have also been taken over by other sectors. I worked in an organisational consulting company with agile method where we were using an agile 'backlog' - the task management tool in agile where we put the task and the team members take on those themselves and the leader intervenes and assigns tasks only when really necessary. We were also developing e-learning contents via 'sprints', which means two-week periods of improvement in agile, followed by a retrospective meeting, which is an agile framework for meetings to reflect on how we worked together last time and identify how the team can work better in the coming period. In addition to these, we had weekly stand-up meetings, which again in agile is a short planning meeting where we look at three questions in a fixed structure: what have I done since the last meeting; what is waiting for me; and do I need any help?

Once I helped an international accounting company to import some methods from agile, where the challenge was that the manager was very overloaded and team members were less independent. It was decided by the manager to start using a backlog for task allocation, so that the employees would not have to wait for the tasks to be allocated. In addition to this, we taught the team members the agile approach (the values mentioned above) and helped them think about how they would like to implement these in their practice. As a result, the overburdened manager was relieved, which was evident from the fact that from 80 emails a day, after the development only seven a day were in his mailbox in the morning. Team members felt empowered and became more independent. So some of the elements of agile helped this organisation, particularly because of the repetitive nature of the field they are in. Having collected these repetitive tasks and put them on the backlog, they just had to think further about how to teach

employees to do most of them and to be free to choose tasks from this list.

Another example for on-the-level hierarchies is holacracy (Robertson, 2016) which is very similar to agile. Although the term holacracy as opposed to agility has not really caught on in my country. Robertson defines it as "a new social technology for governing and operating an organization, defined by a set of core rules distinctly different from those of a conventionally governed organization." (p.12). Holacracy is about taking power out of the traditional organisational hierarchy and spreading it throughout the organisation according to different, well-defined roles. This way, everyone knows what they are supposed to do and does it, without a single boss checking that everyone is doing it properly. One of the most significant benefits of which is that employees have 'more power' than in companies with a traditional structure.

And the non-top-down hierarchical trend has continued with the extreme emergence of many start-ups in the last years. In the case of these, there is usually an angel investor who takes a big risk by investing in start-ups in the hope of high returns. There is also a new approach in the market, when those investors who were once successful managers themselves, in order to maximise the chances of a return on investment, often become mentors too and support the leaders with experiences and relationships, so they work closely together in those start-ups. The entrepreneur is also actively developing the product with the help of the clients/customers, so they are all working on-the-level, very closely, relying on each other very much.

Organisational Triangles: Declared and Followed Levels

In Figures 6 and 7, I distinguish between followed level and declared level when we think about the triangles, just as we do with ego states when we make a difference between internal (structural) and behavioural (functional) ego states (labels used for internal and behavioural ego states are from Hay, 2009).

- *Declared level* – is the stated, professed level that is said at various company events or on different forums and platforms to employees and customers. This is represented in the same form as Hay did in the original organisational triangles model, drawn by a solid line.
- *Followed level* - is the internal, psychological agenda that they do not speak about but actually act on it. I draw it in dotted lines in the representation, as Berne (1964) does in the representation of ulterior transactions during

psychological games and as Hay (2009) does in the representation of internal (structural) ego states, to indicate that this level is not visible, not directly observable, but has a significant impact on the dynamics of what happens. Sometimes the followed level comes to the surface unexpected and brings bad feelings as we can see in examples below.

I call it 'clarified' when the followed and declared levels overlap almost completely, which is not a problem in practice; hence there can be three versions that have been clarified. However, there are two typical problematic versions where the followed and declared levels diverge, which I will explain through the following example cases.

Phenomenon 1

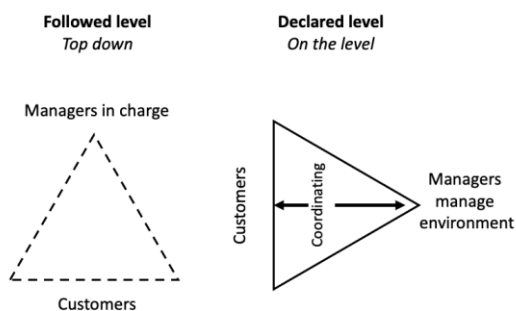


Figure 6: Phenomenon 1

We meet this when the followed level is top-down but the declared level is on-the-level (Figure 6). An example of this is when a company claims to put the customer first, but in practice actually this is not the case. A company claimed to be customer-centric in their marketing campaigns, but when we looked at the key performance indicators (KPIs), we found that they were looking at efficiency, how to maximise the results in terms of minimising the time spent with each customer. Employees tend to work to KPIs to achieve their own bonuses, rather than the company's declared mission. This leads to employees who are under too much pressure; sometimes they know consciously why, sometimes not and are only aware of the overwhelming feeling and stress they are experiencing because they cannot decide which one to follow.

Sometimes this is what happening in professional associations too, where the on-the-level triangle would be desirable. The members are on equal (and sometimes they are the 'customers' too) and should work closely with the leadership chosen by them. The members should make the decisions and work with the leadership who coordinate and manage the environment. The association is a form of a very democratic legal entity. We can see examples where

this equality is only a pretence; not every member is asked, or members have to vote without knowledge, or voting on association decisions is only a formality without real debate and discussion. Extreme and probably not a common example, but I once attended a general meeting of an association where every issue was decided by a 100% yes vote, which is an artificial harmony.

We can think about how this also describes the dynamics of some governments where they declare their decisions are based on national consultation, but in practice they are not based on real surveys, forums or any other form of democratic consultation, but on manipulated, suggestive questions. They use methods where the outcome is highly predictable, and often declare with big marketing campaigns, like propaganda, that the results are based on 'the overwhelming support' of the citizens.

Phenomenon 2

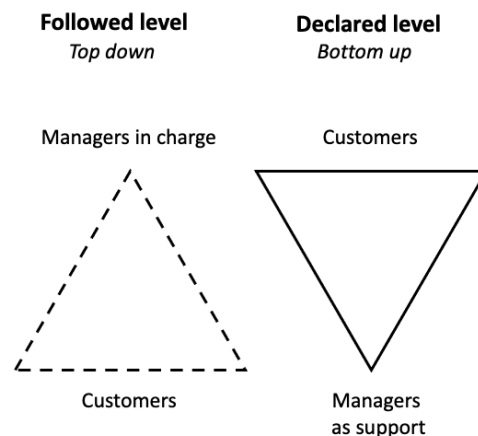


Figure 7: Phenomenon 2

We meet this when the followed level is top-down but the declared level is bottom-up (Figure 7). The situation in Figure 7 is when the people working there are more important than the customer, even though they claim on the declared level that they work for the customer. We can see this mostly in state-owned companies, such as the lottery companies. An interesting example of this for me is that the Hungarian state owned gambling company has won the 'most attractive workplace in the service sector' award for four years in a row, which is constantly promoted on their communication platforms and which has the ulterior message that actually it is the people who work there who are really important.

My other example for this is sometimes national railways, which all say that passengers are the most important, but sometimes in practice that is not the case. For instance, Hungarian Railways can be seen

in statistics (Weiler, 2024) to be performing worse and worse in the last 4 years, although they show on their social media platforms how they improve. Another problem is that the improvements shown do not respond to the most relevant customer needs. For example, they show on social media how they renovated a bathroom in a waiting room, but the number of delays increases significantly year after year.

Another example was when I worked with a company where in every corporate event, the Chief Executive Officer (CEO) declared that the customer is the most important and we always have to pay attention to what is good for them, but in practice that company did no product development based on feedback from those who did sales and met the customers most. The salespeople were not even participants in the company satisfaction survey, which covered only those in Headquarters (HR, IT, legal department, product development, etc). Another hint about this is when a company has a marketing campaign that instead of being about what the customer gets out of the product, compares itself to other companies, which sends the ulterior message that the brand is more important, not that the product is more responsive to customer needs. This phenomenon can also be seen in the cynical comments that staff make behind management's backs about how everyone knows that putting the customer's interests first is nonsense.

The difference between a followed and a declared level can cause problems many ways, such as when the declared level is misleading to freshly recruited employees. I have experienced working with an insurance company (Phenomenon 2) where a new employee expected that the goal was really to help customers create protection by insurance, because this was actually conveyed to him in the recruitment interview series. But as soon as he started working, he realised that this was not the case; he was pushed to make sales of products regardless of the needs of the customer. He left the company in disappointment. All this came out in the exit interview, which is an example of when the followed level comes to the surface, as it does in terms of ulterior transactions in the end of psychological games too (Berne, 1964). The similarity is also reflected in the fact that those involved in the situation leave with bad feelings too.

Contextual considerations

The basis on which a discrepancy between the level followed and the level declared is created is very much related to the context. What may be happening in the organisation may instead reflect the personal characteristics of the first person of that company. In the case with the insurance company, it was part of

the context that the new CEO was working there for two years and supported customer-on-top hierarchy. The CEO before him tended to suggest the top-down on declared and followed levels. The new CEO would like to change it, but it takes some time. To manage this they have to change the culture and the processes too. Until it is sorted out, the employees will be stressed about it as we could see in the example above.

Another contextual effect is that firms which are facing staff shortages and want to attract staff, may profess something different from what they actually do with staff and customers, and this is more likely to produce Phenomenon 1.

One more contextual impact could be in those countries and organisations where the corruption and the politicisation and bureaucracy is typical. These tend to induce Phenomenon 2, especially if we check the government owned companies in some countries.

Finally, if a company is in a monopoly position or there are few competitors in the market, this is more likely to lead to the cases described in Phenomenon 2. However it can also lead to this if competition is too high, the product is not unique and the company resorts to a manipulative marketing and business strategy.

How can we analyse the differences of the two levels with the model

I suggest that in organisational development projects, when we do an analysis of the company, we cannot focus only on the stated, declared level, but must also consider the followed level, that is going on the psychological level, as we do with ego states.

To check the differences we need to analyse two factors: how and for what the people are rewarded physically. Like what positions exist in the organisations and how they contribute to the performance of the company? What are the KPIs, work processes, bonus systems? Whether surveys exist and if so, who fills in employee and customer satisfaction surveys, etc?

As well as analysing what rewards are there psychologically, we have a lot more TA to use. Like what patterns are there in the organisation in terms of Parent, Adult and Child structural ego states (Berne, 1964) and how can we see the behaviour patterns in terms of Nurturing Parent, Controlling Parent, Functional Adult, Natural Child, Adapted Child behavioural ego states (Hay, 2009). We can analyse stroking patterns in terms of conditional and unconditional positive and negative strokes (Cooper & Kahler, 1974). We can check the leadership styles where we can use Krausz's (1986) model, where

based on the amount of energy used and the results obtained, she identifies four types of leadership styles: controlling, coaching, coercive, participative. Or there is Hay's (2009) leadership model (adapted from Kahler, 1979a, 1979b) along the lines of whether a person is active or passive in initiating a relationship, and prefers to work with others or alone, so a different leadership style is needed. Hay also links this to infer a person's working style and preferred types of strokes too, and defines the potential leadership styles as caring, connecting, controlling, consulting, concise. We can think about what kind of power is used and to what for, like Steiner (1981) uses the following classification: grounding, knowledge, control, communication, passion, love and transcendence; Krausz (1986) suggests to use coercion, reward, knowledge, competence, interpersonal, support, positional; or there is Hay's (2015, 2024b) comprehensive model, which integrates the previous two (and two more non-TA authors) into: physical, pecuniary, performance, personal, psychological, positional, political.

The Clarified Level

I have already explained that by clarified, I mean that followed and declared level are in sync, whether they work top-down, bottom-up or on-the-level. It is important to note that organisations have a lot to gain by having the two levels in line. For example, there is less internal tension in management and staff because of the differences; new recruits do not drop out after starting; negotiating strategic moves is much easier because everyone knows exactly how things work; and therefore managers and staff are more satisfied. Because they are satisfied, they will be less stressed, so there will be less driver or script behaviour by employees, and therefore there will be fewer psychological games. This way they will be better able to build better relationships with their own managers and with customers too. And good relationship is one really significant source of customer satisfaction at the end.

While any type of organisational structure can work, it is important to highlight that a clarified and on-the-level approach might be useful in terms of what young people will be expecting today and in the future. We can think about what we see in the labour markets around the world: younger workers are impatient, eager for a challenge and to grow and they are hungry to feel that they have an impact. Research also shows Generation Z (born between 1996-2009) are becoming more cooperative, demanding partnership in schools and workplaces (Mészáros & Lestyán, 2016). Researchers predicted in 2018 (Ruzsa, 2018) that Generation, Z will be the 'generation of self-identity expression'. Today we can see how true this has become. It means that in a

decade or two, companies that can attract this identity in individuals will be the ones that succeed. In practice, this means that a successful company should not have different values at the different levels. Such workers are conscious workers who will move on, not afraid to change jobs more often. They do not expect to take orders and will much prefer to work with a manager who builds a trusting relationship with employees, giving them constant and detailed feedback on their work, rather than the traditional authoritarianism (Visontai-Szabó, 2020). Thus this generation yearns for the on-the-level hierarchy in organisations where this can be achieved. If the company do not adapt to this, they will lose the interest of the new generation.

In organisations where this need is already perceived, in the process of organisational development our task can be to help the organisations reach on-the-level hierarchy on the declared and on the followed level too. It is also important to note that it is possible to bring the clarified and the followed levels closer together, but without the illusion that this is fully feasible. Therefore, the clarified level expresses the direction of ambition towards which our interventions could be designed.

To provide another example, once in a big company the salespeople, their sales managers, and the people at HQ were working very separately from each other, as if they were two separate companies, even though 'they were one'. In the organisational development project I was involved in, what we did was to invite the sales managers and their director (who belonged to HQ), to a fireside chat. The participants were able to throw questions into a hat for the director, which we pulled out and based on that they engaged in conversation. It was a very meaningful conversation, one that I was sure the attendees had not had in years. A few weeks later, the sales staff commented on the occasion: "I was given guidance, after that the decisions at HQ were no longer unexpected, I knew what to expect, I knew how to prepare for them and I could manage my people on that basis", "It was good from a human point of view, because I was not used to the big bosses sitting down with us. I felt that my opinion was important, I was listened to, it was new, it was very good", "The commitment of the director really comes through, which strengthened me", "The corporate culture and strategy came through, and after that I could place myself in the system as a cog", "I felt like the glass wall that had been between us was starting to break down", "We want to be people and not just numbers, and this is the feeling that this conversation created". The company decided to continue these chats with even higher management to establish a dialogue between salespeople and HQ.

All this shows that, although not yet achieved, this company - with the help of this and later some other interventions - is on the way to moving towards on-the-level working, both at the followed and not only on the declared level.

A Developmental Approach

I think it is important to interpret the phenomenon experienced not as a problem, but as a current state, where the followed level reflects the current situation and the declared level reflects the vision of the company towards which they are working. This interpretation is also acceptable and supportive for our clients in organisational development projects. We can stress that they are not alone in the market with this and we can share some of the examples above with them how typical it is. We can then go on to say that competitive organisations that want to evolve, however, perceive this and once they have perceived it, they can handle it.

Thus, as TA professionals, we can help organisations to use the model to recognise what is happening to them, in order to make them conscious of what they may not have been aware of (although they probably felt it). This way we can help our clients to develop options about changes that will lead to a level of alignment between what is declared and what is being followed. This is the personal interest of the customers, the staff, as well as the interest of the company, in terms of long-term, balanced, growing operation and performance. This can lead organisations to reach the clarified level and use their full potential.

Szabolcs Lovas is an organisational consultant who has worked with more than 4,000 employees in 26 workplaces, delivering individual and group development. He uses TA as his main approach combined with other methods. He has also voluntarily translated the full set of Abstracts of this journal into Hungarian. He can be contacted on hello@lovasszabolcs.hu.

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Towards a Theory of Emotional Autonomy

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Abstract

The author challenges the emotional contagion theory and proposes an alternative of emotional autonomy. He critiques how the contagion theory is faulty logic because it assumes different individuals may experience identical emotions, rather than each having their own phenomenological experience even though the outward signs may look similar. A way of ascertaining individual experiences of emotions is suggested, followed by an example of the experiences of pain, before the conclusion that we should adopt within the literature the assumptions of emotional autonomy.

Key words

transactional analysis, emotional contagion, emotional autonomy, phenomenological experience, projective identification

Introduction

This paper is intentionally written to be challenging because I believe we need more emphasis within transactional analysis (TA) on what I am calling emotional autonomy theory (EAT) instead of the current focus on how emotions are being presented within the psychological literature on the basis of emotional contagion theory (ECT). My argument with ECT is that it appears to be a collection of beliefs ranging from one believing they can be infected by other's feelings and they can feel other's feelings, to those who subscribe to the idea that mimicry of another's body posture will result in them experiencing the same emotions that the original person is having, whereas I believe that we can only ever understand and know our own emotional experience. As soon as we experience a feeling it is our feeling, in our body, and not somehow transported as an emotional experience from one person to another. When mimicking another person's body language, we can never know if the copier is having the same or different feelings as the person being copied.

I cannot recall ever having the experience where I had thoughts and feelings that were not my own.

Indeed, I would say that in usual circumstances, if a client started to report that they were having thoughts that were not their own and experiencing emotions that felt like they were someone else's that would be indicating diagnostic signs of a delusion or some kind of thought disorder.

I am challenging ECT because it appears to contain some contaminated Adult thinking about feelings. I am proposing EAT in an attempt to present clear Adult ego state thinking about how emotions and feelings are experienced and understood. I now contrast how emotional contagion tends to be presented within the literature, and how this needs to become a focus on emotional autonomy.

Emotional Contagion versus Emotional Autonomy

Examples of ECT in the literature include Olszanowski, Wrobel and Hess (2020) who write "The transfer of affective states between people has been given different names, such as emotional contagion, emotional transfer, affective linkage, or the social induction of affect." (p.367). Hsee, Hatfield, Carlson and Chemtob (2008) state "This study explores two questions: Do people tend to display and experience other people's emotions? If so, what impact does power have on people's susceptibility to emotional contagion?" (p.327).

Decety and Ickes (2009) say "Primitive emotional contagion is a basic building block of human interaction, assisting in "mind reading" and allowing people to understand and to share the feelings of others." (p.19). Additionally, Rothschild (2023) concludes "Thinking of the transmission of moods as akin to the transmission of social viruses, it seems reasonable to suppose that some people ... stand especially vulnerable to contagion." (p.92).

As one can see, this view is that emotions can be contagious the same way that a virus can, and that somehow one person's emotions can transfer into another person and then they experience that other person's emotions. This is the core of the ECT. This view is also stated in the transactional analysis

literature, especially in discussions of projective identification.

Tilney (1998) states "Projective identification: expelling part of the internal world (self or object) into another person (external object) so that they identify with the projected feeling or thought as if it was their own. This constitutes projection *into* the other while simple projection is projection *on to* the other. This is particularly important with babies where verbal communication is absent. If the mother is able to take in the baby's feelings she can be intuitively aware of its needs and be attuned." (p.95) (italics in original). Also in discussing projective identification Tenconi(2020) states "In other words, I was feeling her needy C1 (Child in the Child ego state), and I could finally feel the shame and worthlessness about her other C1, angry, spitting food and sabotaging herself."(p.106) and "This may allow a more mature transforming transference in which the therapist, through projective identification, feels and experiences something deep on behalf of the patient that cannot yet be thought or expressed in words." (p.109-110).

Additionally, Heath and Oates (2015) say the concept of projective identification was developed "to describe the way someone may unconsciously disown and project unwanted and unbearable aspects of self into another." (p.98). Speaking of Bion they also state "Bion insists that projective identification is not only a fantasy but a manipulation of one person by another and thus an interpersonal interaction. His work manages to capture some of the strangeness and mystery that characterise the experience of being involved as the recipient of a projective identification, which he suggests, is like having a thought that is not one's own." (p.98).

However, Ray Little (2012) clearly understood the limitations of ECT when, in his discussion of projective identification, he notes "the client exerts pressure on the therapist to act or to feel in a certain way. I would add that the feelings the client has pressured the therapist to feel are the therapist's own feelings, which in some manner are similar to even though different from the client's fantasy. The client is eliciting a mirrored response in the therapist. These responses consist of the therapist's own feelings." (p.261).

It appears that Little felt the need to clearly state a therapist can only have their own feelings and not someone else's. That in the process of projective identification the client may project their feelings onto the therapist but any feelings the therapist may feel are the therapist's own feelings and not the client's. That feelings cannot be contagious where you may transfer a feeling from one person to another. This forms the basis of what I am proposing as EAT. As

stated in the introduction, our emotions are autonomous. They are discrete things that are felt and experienced only by self. It is not possible to feel another person's emotions or have someone project their emotions into me such that I can experience them. As soon as one feels a feeling or has some kind of phenomenological experience then that is that person's experience and feeling not anyone else's. It is quite possible to have a feeling in reaction to another person, but that reaction is an autonomous event where the individual has their own emotional reaction to another person.

In the original quotes above, phrases such as these were used: transfer of affective states between people; people tend to display and experience other people's emotions; allowing people to understand and to share the feelings of others; therapist, through projective identification, feels and experiences something deep on behalf of the patient. In EAT these are seen to be the result of faulty or even magical thinking. One can only ever have their own phenomenological experience and never have another person's such experience.

Mimicking emotions

In discussing the process of how emotions are contagious, Olszanowski, Wrobel and Hess (2020) state "First, the receiver imitates the sender's emotional display in emotional mimicry. Second, facial feedback from such mimicry elicits the corresponding emotional state in the receiver ... As such, mimicry is a cause of emotional contagion." (p.367). Van der Schalk, Fischer, Doosje, Wigboldus, Hawk, Rotteveel & Hess (2011) also describe a two part process, "First, perception of emotional expressions leads to automatic imitation of these expressions, a phenomenon referred to as emotional mimicry ... Second, it is presumed that the perceiver begins to experience the emotion that is being mimicked through a mechanism of afferent feedback, a phenomenon we refer to as emotional contagion."(p.286).

As you can see, this whole process is based on an invalid assumption - the assumption that the perceiver experiences the same emotion as being mimicked. First to be clear, the emotion is not being mimicked; instead it is the behaviour and emotional expressions that are being mimicked. Second, ECT assumes that because two people have similar emotional expressions, then they must be having the same emotional experience of the feeling at that time. An interesting hypothesis but one that is untestable as you can never know if two people are having the same emotional experience. You can never know the experience of another person's emotions. You can see their facial expressions, body language, hear them describe an emotion but you

can never understand their phenomenological experience of that emotion. You cannot see and hear another person's emotional experience. One cannot mimic something that you cannot see, touch or hear, such as an emotional experience. So, you can never know if one person is having the same feeling experience as another person. If one person's feeling of sadness feels the same as another person's feeling of sadness, there is no way to measure or understand that. This is the core of EAT.

Individual experience of emotions

One could seek to find evidence that emotional experiences of individuals are in fact different and not similar. First, any therapist who works in a gestalt or cathartic kind of way uses an existential phenomenological philosophy where you do not try to understand the other; you simply react to them and be open to subjective experience. Using this approach in therapy one finds people report very individualistic body experiences for their feelings. Any therapist that encourages the cathartic expression of feelings in clients will have noticed that clients describe the bodily sensations of their feelings quite differently. In the clinical setting, such as with rededication therapy and many of the body therapies, when working with emotions we ask the client to understand their feeling or emotion in a bodily sense. For example, the following dialogue may occur:

Therapist: *What are you feeling now?*

Client: *I am feeling angry at my mother.*

Therapist: *Where do you feel that anger in your body, describe it.*

Responses

Client 1: *I feel it as a tingling sensation in my arms.*

Client 2: *I get a hot feeling in my head like I am getting a headache.*

Client 3: *I feel it like a clenched fist in my stomach.*

The majority of clients can answer these questions quite easily and the responses will be varied and highly individualistic. When asked to describe the same feeling of anger in their body the responses will vary widely from person to person.

From this one could argue that one person's experience of anger is quite different to another person's experience of anger. One feels it in their arms and another feels it in their stomach. So the reported phenomenological experience of it is different. A person cannot mimic another's tingling sensation in their arms because you cannot see that in the other person. You will never know it is there unless the other person tells you and in most situations that would not happen. Even if the one can mimic the facial expression of anger of another, to

some degree the bodily sensations reported above are usually going to be different, so the experience of the anger will be different, indeed quite different. One could then argue that it is not possible to mimic or understand another person's phenomenological experience of anger.

Whilst this is a nice hypothesis it is also an untestable hypothesis. EAT says you can only ever understand your own experience and never understand the phenomenological feelings of another person. Therefore, you can never compare your experience to another's and discover if it is the same or different. It may be the same or it may be different - we can never know. Even if one reports that their anger is like tingling in their arms and another says it's like a hot headache you can never compare those to see if they feel the same or different. There is no measuring device that can compare one phenomenological experience with another.

The Experience of Pain

Our feelings and experience of pain are dependent on a wide variety of psychological factors. In one way this is testable, as one can compare their own experience and feelings compared to self under different psychological conditions. There is significant evidence that shows this to be true with the phenomenological experience of pain, for example Akdeniz, Pece, Kusderci, Dogru, Bulgar, Suren & Okan (2023). In another study of the psychology of chronic pain, Main, Foster and Buchbinder (2010) state "Patient beliefs are a core part of pain perception and response to pain." (p.216). For example, the more a person believes they have a good approach to and management of their pain the less pain they will feel, the more they have good self-efficacy beliefs regarding pain the better as well. Linton & Shaw (2011) state "The experience of pain is shaped by a host of psychological factors. Choosing to attend to a noxious stimulus and interpreting it as painful are examples of two factors involving normal psychological processes. To be sure, pain is a subjective experience, and although it is certainly related to physiological processes, how individuals react to a new episode of pain is shaped and influenced by previous experience." (p.701).

As we can see, people who believe they manage their pain well have good self-efficacy regarding the pain, do not attend to the cause of the pain and will experience less pain than those who do these things. Other factors which effect the experience of pain are known to be: catastrophizing; experiencing anxiety or depression can lead to more intense experiences of pain; distracting may reduce the pain experience; negative thoughts can increase the feelings; and positive emotions can decrease the experience of

pain (Linton & Shaw, 2011). These factors reject the mimicry theory of emotional contagion. One can mimic the body posture and facial cues of a person experiencing pain but one cannot mimic the person's level of catastrophizing, their level of anxiety, their distractibility and so forth. Therefore, even though the body mimicking will take place, their experience of pain will be different so one does not know what that feeling is like for that person. Emotional contagion cannot occur in this way.

Conclusion

However, like in the example given above, from this one could argue that it is not possible to mimic or understand another person's phenomenological experience of pain. Whilst this is a nice hypothesis it is also an untestable hypothesis. EAT says you can only ever understand your own experience and never understand the phenomenological feelings of another person. Therefore, you can never compare your experience to another's and discover if it is the same or different. It may be the same or it may be different, we can never know. Even if we know that a person who catastrophises a lot feels more intense pain than another who does not, we can never compare them to know if that is true or not. There is no measuring device that can compare one phenomenological experience of pain with another.

I invite readers to consider whether to work on the assumptions of ECT or EAT. Can we be infected and feel other's feelings, or can we only ever understand and know our own emotional experience?

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

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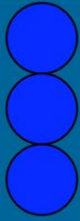
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Internet Addiction: A Literature Review

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Abstract

A detailed literature review on Internet addiction from 1995 to 2023 has been reported in this article. Many psychologists were of the opinion that there might be some existing psychopathologies in people which prompted them to Internet addiction. This observation is extended into viewing the possibility that internet addiction might be masking other issues that need to be dealt with within therapy.

Key words

transactional analysis. internet addiction, literature review

Introduction

Internet addiction, colloquially known as “nomophobia” is the fear of being without an electronic gadget. The internet has its own merits as well as demerits. The emergence of Artificial intelligence (AI) and Chat GPT has changed the world a lot. However, it could be a problem if human beings are incapable of understanding that technologies are actually for the benefit of humans and not humans for the benefit of technology.

Literature Review

The discussion on internet addiction has begun by Goldberg (1995) by putting his observation in psychiatric bulletin board PsyCom.net (which is unavailable now) as similar to substance abuse criteria in Diagnostic and Statistical Manual (DSM-IV), 4th edition of American Psychiatric Association (1994), which has created a challenge in the field of psychology dealing with the overuse of internet.

Young (1996), who has been working on internet addiction for 20 years, reported the addictive use of internet as a pathological condition. In the same year, Griffiths (1996) published an article entitled ‘Technological Addictions’ dealing with gambling, computer use and other technological uses of human beings, and detailed ‘Internet Addiction’ under the wider term ‘Technology Addiction’. Reilly (1996) reported ‘Internet addiction: a new disorder enters the medical lexicon’, where he mentioned Young’s

still unpublished research on internet addiction. Shaffer (1996) elaborated the ‘reward deficiency hypothesis’ stating that people who were not getting the natural rewards turn to internet usages for immediate gratification similar to alcohols or drugs.

Brenner (1997) after a survey conducted with 563 users reported that this addiction happens with the management of time along with normal problems as that of different types of addictions. He also suggested that this internet usage was a support for the tolerance, craving and withdrawal.

Young (1998), in a research article entitled ‘Internet Addiction: Emergence of a new clinical disorder’ reported that online addictions were mainly due to the lack of real life social needs and they feel loneliness and become comfortable when they are online. She also wanted to explore the relation between internet addiction with gambling and other psychopathologies such as bipolar disorder, OCD etc.

Griffiths (1999) expressed that excessive internet usage may not be problematic to some people but in some other cases it will be similar to addiction which needs attention of psychologists for curing the associated social psychopathologies.

A survey report of 277 undergraduate internet users (Martin and Schumacher, 2000) revealed that the pathological users seemed to be lonely and socially inhibited along with escapism.

Davis (2001) differentiated internet users in 2 categories like specific Problematic Internet Users (PIU) who used internet mainly for sex or online gambling, and generalised PIU who search for everything available in the internet. The author added that some existing psychopathologies in them would enhance the psychological conditions. The treatment he suggested were CBT with journaling of internet use, thoughts recording and exposure therapy. In the same year, Beard and Wolf (2001) indicated the need for making alterations in the measures to diagnose internet addiction separately

because the measures reported to identify pathological gambling and problematic internet usage were found to be merged with each other.

Caplan (2002) had designed a scale named as Generalised Problematic Internet Use Scale (GPIUS) to work on Davis (2001) theoretical concept of PIU. The analysis was conducted with 386 undergraduate students and found that GPIUS had reliability and validity. The authors also marked that GPIUS was mainly due to the lack of social connections and other psychopathological issues such as depression, mood shift, self-esteem etc. Kim and Kim (2002) also reported the relationship of internet addiction with individual problems along with the feelings of worthlessness, low self-esteem and loneliness. Due to this people feel insecurity and anxiety which they try to eliminate by spending more time online.

Nalwa and Anand (2003) wrote that among school children (16-18 years old in India), two groups were identified as dependents and non-dependents. Significant behavioural and functional usage differences were revealed between the two groups. Dependents were found to delay their work to spent time online, lose sleep due to late night logons and feel life would be boring without internet to a greater degree than non-dependents. On the loneliness measure, significant differences were found, with the dependents scoring higher than the non-dependents. In the same year, Soule, Shell and Kleen (2003) suggested different names for internet overuse such as pathological internet use, Internet Addiction Disorder, online junkie and compulsive internet use: they also reported that addicted people exhibit symptoms as that of any other addiction.

Yoo, Cho, Ha, Yune, Kim, Hwang and Lyoo (2004) have conducted a study to identify any symptoms existing between Internet addiction disorder (IAD) and ADHD with impulsivity among 535 elementary school students consisting of boys and girls, and concluded that there was. In the same year, Young (2004) reported the definition of internet addiction as a new clinical phenomenon. This article also detailed the major impacts of internet usage among students, couples, employees and people of all walks of life. Spending time from 40 to 80 hours per week could be considered as addiction according to Young. The article elaborated that over usage of internet might be an escape hatch for mental problems such as, depression, anxiety, stress or withdrawal.

Beard (2005) conducted structured interviews (based on Beard and Wolf, 2001) with clients who had come for treatment of internet addiction which could differentiate between pathological gambling and internet over usage.

Aboujaoude, Koran, Gamel, Large and Serpe (2006) conducted a telephonic survey among 2513 adults in United States to find out the connection of IAD with Impulse control disorders, OCD and substance abuse disorder. Only 56.3% responded and of them 3.7% to 13% were occupied with problems on internet usage. They noted the need for further study to see the presence of psychopathologies associated with internet addiction.

Atmaca (2007) reported the case of problematic internet use of a client who responded to SSRI–quetiapine combination as treatment mode and the author recommended this combination for the effective treatment of internet addiction disorder. Leung (2007) conducted a study with 717 sample of boys and girls aged 8-18 years and found that there existed a close relation between stressful life and internet usage since it would bring about mood management and social recognition. This author strongly suggested that mental disorders were enhanced by the use of internet. Caplan (2007) reported the result of a study done on 343 male and female undergraduate students aged 8-18 years and found that the lack of interpersonal communication was the main source for being addicted to internet. The author coined that internet addiction could be redefined as deficient self-regulation, which arose out of depression.

Bostwick and Bucci (2008) reported their findings about internet sex addiction and stated that defective functioning of the brain's reward centre is the source of any type of addiction. Dopamine is the driving force for every action. Their finding was that medicine like naltrexone blocks opiates which accelerates the production of dopamine which can suppress the addiction.

Bakken, Wenzel, Götestam, Johansson, and Øren (2009) conducted a study on 3399 Norwegians aged 16-74 years with Young's questionnaire (YDQ) and found that gender, age, education and financial status affected internet addiction. Other factors were time, sleeping disorders, depression and other psychological factors that increased directly with Young's scores. Young (2009) reported that pathological gambling showed similarity with internet usage since both of them had equivalent symptoms. Reviews showed the influence of negative thoughts, negative core beliefs and cognitive distortions played a significant role, and she suggested CBT as a treatment method to overcome the maladaptive internet use.

Du, Jiang and Vance (2010) evaluated the effectiveness of group cognitive behavioural therapy in 56 students having internet addiction with age groups 12-17 years. Cognitive measures were done

on the subjects just after the intervention and a follow-up of 6 months. Improvements were exhibited by the participants for emotional stability, mood management, behavioural and self-management.

Young (2011) had designed a new model of treatment for internet addiction which she named as CBT-IA. It consisted of 3 phases such as behaviour modification as the first phase, cognitive therapy in the second phase and harm reduction therapy (HRT) as the third phase. Young recommended this approach both for outpatient and inpatient clients. In the same year, Yuan, Qin, Liu, and Tian (2011) reported the studies on neuroimaging in internet addicted people and observed that IAD had the same neurobiological mechanisms of substance addiction and also that of behavioural addiction, and stated that this method could pave the way of treatment for IAD and drug abuse.

Fisoun, Floros, Siomos, Geroukalis and Navridis (2012) conducted a study with 1270 young people with ages 14-19 years of the island of Kos, Greece and found a correlation between personality, substance abuse and internet addiction. They reported that if there existed some internet addiction there was a possibility of the increased usage of drugs also. Hence IAD indicated as a precursor to drug abuse. Guadix, George and Calvete (2012) analysed psychometric characteristics of the Generalised Problematic Internet Scale 2 (GPIUS2) for 1491 Mexican adolescents to test the CBT model of problematic internet use. Studies and validated it for internet addiction due to deficient self-regulation. They recommended GPIUS2 for use in schools for the assessment of IAD.

In the same year, Lee and Stapinski (2012) conducted a study on 338 general sample and found a correlation of problematic internet use with social anxiety. The results showed that as a result of internet addiction, one might go away from face to face interaction and get comfort from the online replacement. Also, Cash, Rae, Steel and Winkler (2012) did an overview of work conducted on IAD previously and also their own contributions from their experiences with people with IAD. The article consisted of classification, diagnostic criteria, prevalence, etiology, neurobiological vulnerabilities, reinforcement/reward, biological predisposition, mental health vulnerabilities and various treatment modalities conducted by various psychologists were included.

Kuss, Griffiths and Binder (2013) conducted a study on 2257 students of an English University to establish the relationship between the particular activities on the internet which could lead to addiction and which might be connected to the personality of the individual. After the study it was found that 3.2%

of the students were addicted to the internet. In that year, the American Psychiatric Association included Internet Gaming Disorder (APA, 2013) in DSM-V but shown in the Section of Conditions Needing Further Study.

Kuss, Griffiths, Karila and Billieux (2014) had given a detailed review of internet addiction from 2000 onwards. The authors have stated that there existed no standard method of classification but the core symptoms such as compulsive use, negative outcomes and salience were relevant for diagnosis. They suggested the necessity of a nosological approach by which only people in need could be given assistance by changing the scientific evidence made for internet addiction into actual clinical practice. Van Rooij and Prause (2014) reviewed articles in the 5 years before 2014, mainly that of Griffiths' model, Young's IAT and the criteria given by Tao, Huang, Wang, Zhang, Zhang & Li (2010) because of their scientific nature and citations attained. They suggested that the things given in these reviews were not satisfactory and so concluded that the evidence based was not apt for IAD; hence other areas pointed out were focusing on impairments, comfort obtained from internet, neuroimaging studies and also the study of behaviours. Another study by Király, Griffiths, Urbán, Farkas, Kökönyei, Elekes and Demetrovics (2014) showed the relationship between PIU and Problematic Online Gaming (POG) among Hungarian adolescent gamers. There were more PIU than POG; both showed difference mainly in the case of sex. The time taken by POG per day was less on comparison with PIU and hence it was concluded that PIU met the criteria more than POG, but it was not a generalised one. In the case of depressive symptoms PIU had slightly more value. The authors concluded that POG and PIU are different cases.

Liu, Fang, Yan, Zhou, Yuan, Lan, and Liu (2015) conducted a study on 92 subjects involving 46 adolescents with internet addiction having age between 12-18 years with 46 parents of these people with age 35-46 years, with questionnaires and 3 months follow up with six sessions. The family group therapy was found to be effective in the reduction of internet addiction behaviours due to their psychological need satisfaction and communication between parents and children. This experiment demonstrated the necessity of family support system in the growth of children. The authors summarised the findings in such a way that internet addiction invites issues like problems in behaviour, family, education and other psychological issues. In the same year, Shorrock (2015) stated that addiction was mainly due to attachment problems happening in the childhood leading to various psychopathologies like depression, loneliness, low self-

esteem and cognitive dissonance. He recommended the psychodynamic approach and transference process as treatment tools.

Dalal and Basu (2016) did a descriptive research on internet addiction by asking four main questions: 'is it a disorder, is it an addictive disorder, what is the person addicted to, and how to diagnose that condition?'

Mohammadkhani, Alkasir, Pourshahbaz, Dehkordi and Sefat (2017) study with 400 high school class students in the district 5 of Tehran used statistical analysis and the results exhibited showed that there was no considerable difference in the usage of computer among boys and girls, and that there existed a significant relationship between internet addiction and mental issues like psychosis and anxiety.

Cruz, Scatena, Andrade and Micheli (2018) also dealt with the negative impact of internet addiction in an individual's life affecting both physical and mental health. They pointed out the necessity of caring by the family members on such groups also. Kumar and Mondal (2018) reported a study with 200 students from different colleges of Kolkata using Young's Addiction Scale, Symptom check list-90-revised (Derogatis and Savitz, 2000) and Rosenberg's (1965) Self-Esteem Scale. They could understand that depression, anxiety, low self-esteem and interpersonal difficulty were closely associated with internet addiction. They added that internet addicted students were suffering from social anxiety and failure of family relationships. Bisen and Deshpande (2018) have given a detailed review and various treatment methods used for internet addiction, and concluded that the use of internet could be a gratification for many psychological problems, that the symptoms were almost same as that of substance addiction, and it demanded treatment all over the world.

Kurniasanti, Assandi, Ismail, Nasrun and Wiguna (2019) showed IAD could be compared to substance addiction since both showed tolerance, withdrawal, inability to quit and disability in day-to-day functioning. One difference found was the absence of any physiological change which was present in substance use. Neurological and neuroimaging studies indicated that internet addiction caused changes in the prefrontal cortex which was same as other addictions. Brain structure changes were also possible in the temporal cortex and ventral striatum, leading to impulsiveness and inability to control the use of internet.

A survey conducted by Guo, Tao, Li, Lin, Meng, Yang, Wang, Zhang, Tang, Wang, Deng, Zhao, Ma, Li, Chen, Xu, Li, Hao, Lee, Coid, Greenshaw and Li

(2020) among undergraduate students revealed that, in the case of moderate to severe addictions, depression was found associated with internet addiction along with other mental disorders such as psychotism, paranoia and suicidality. Viganò, Molteni, Varinelli, Virzi, Russo, Osso and Truzoli (2020) conducted a study on 522 students including 279 from traditional teaching schools and 243 from online teaching. Only 1.13% of the total sample exhibited internet addiction and 53.83% were at the risk of development of internet addiction. Students having risk of addiction among them spent 4-7 hours in internet by the traditional teaching group while only 1-3 hours by the other group (online teaching group). Hence, no significant difference was found in two teaching modes on internet addiction. They have concluded here that there is no connection between online education and problematic internet usage.

Bickham (2021) reported that internet addiction was prompted by psycho-pathology such as impulsivity, aggressive behaviour and neuroticism. He also suggested the application of CBT and medicine were beneficial for the treatment of associated problems of mind like depression and ADHD produced as a result of internet addiction.

Zenebe, Kunno, Mekonnen, Bewuket, Birkie, Necho, Seid, Tsegaw and Akele (2022) conducted a community based research upon 603 students of Wollo University in Ethiopia to find out the prevalence and other related factors of internet addiction. The study showed that students had high level of internet use and such people spent more time online and possessed mental disturbances and alcohol use. Milková, Kaliba and Ambrožová (2022) studied internet addiction with 3366 undergraduate students of Czech Universities, using the CIAS-R questionnaire, and reported that male students were addicted to internet due to the problems of interpersonal relationships, health issues and time management difficulties, whereas females suffering from tolerance concerns were addicted with internet. Students of various streams were involved in the survey; which 50% were from the education stream and the majority of addicted students were from this stream and the authors pointed out that those students are future teachers. In the same year, Rashmi, Bhavna, Riya, Rajiv, Mehak, Basrat, Taswinder and Sunil (2022) conducted a study with 480 students of 2 professional colleges including medical and engineering streams in the Jammu region. They used questionnaires - Young's internet addiction scale and DASS 42 scale for measuring depression, anxiety and stress. Analyses were conducted with PSPP software and found a positive correlation of internet addiction with psychological disorders such as depression, anxiety and stress.

The authors emphasised the need to develop efficient strategies for the prevention of this disorder.

Powale (2023) has collected data regarding internet addiction from books, journals, e books and different Google sites, and indicated that there was a good amount of connection between internet addiction and psychological health of adolescents. She concluded that addiction to internet can lead to depression, anxiety and poor mental health and she invited the attention of parents and teachers to give awareness to students for the effective use of internet. Mukund (2023) conducted a study on 30 college students (18-23 years) to find out the relationship of their studies with addictions such as internet and social media. He could trace out the results as the negative correlation of academic work with internet addiction and also social media. But a positive correlation existed with internet addiction and entertainment.

Summary of the literature review

The review collected from 1995 to 2023 revealed that people get addicted with internet mainly due to some existing psychopathologies and these pathologies would be enhanced due to the addiction. There exists a close relationship between internet addiction and different types of psychopathologies such as, depression, anxiety, mood disorder, ADHD etc.

Young, who was a pioneer in the field of studies on internet addiction for several years starting from 1995 and extending to 2016 reported that people go for internet usage as an escape hatch to their psychological issues (Young, 1996, 1998, 2004, 2009). There were many other reports which supported Young's views (Shaffer, 1996; Brenner, 1997; Martin and Schumacher, 2000; Davis, 2001; Caplan, 2002; Kim and Kim, 2002; Leung, 2007; Caplan, 2007; Bakken, 2009; Lee, 2012; Király et al 2014; Mohammadkhani et al 2017; Bisen and Deshpande, 2018; Kumar and Mondal, 2018; Wanjun et al 2020; Bickham, 2021; Milkowa et al 2022; Rashmi et al 2022 and Zeneba et al 2022).

There were reports for the treatment of internet addiction by many psychologists which involved: CBT (Davis, 2001; Young, 2009, 2011; Du, Jiang and Vance, 2010; Bickham, 2021), the use of SSRI-quetiapine by Atmaca (2007); and the family group therapy by Liu et al (2015).

It seems likely that IAD might be masking several disorders like depression, anxiety, fear, loneliness, worthlessness, introversion etc. I have had experience with several teenage clients where treatment has uncovered that their apparent addiction was because the time on the internet meant they were 'distracted' from other problems. When those issues were addressed within the

therapy (Transactional Analysis), the addiction was also resolved.

M D Ajithabai, PhD, MPhil, MSc (Chemistry), MA (Psychology), BTA, MTA (Trainee). Diploma in Counselling and NLP, worked as Professor of Chemistry and Principal of Colleges, practices Triology Counselling and volunteers for suicide prevention with Befrienders World Wide. She can be contacted at ajithamcollege@gmail.com

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Transactional Analysis Proficiency Awards for Adolescents

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Editor's Note

As IJTARP Editor, I am also involved with another ICTAQ initiative – the TA Proficiency Awards. This scheme has been quieter since Covid emerged in 2020 and made it difficult to run TA programmes within schools – although it has continued to run for teachers in Croatia and Guatemala, and for health workers in the UK. When I was asked to comment on an article that the author was submitting as an entry requirement to a course on psychology, I pointed out that it contained much useful information about adolescents and obtained agreement that it could be published in this journal. The relevant TA information has been omitted because the scheme can be run with only a beginner's knowledge of TA – and ideas can be seen at <https://taproficiencyawards.org/>

Abstract

A comprehensive review of how adolescence is a period of major transition is followed by the suggestion that a transactional analysis programme that has been running internationally for several years might usefully be introduced into UK schools, and readers are invited to become involved.

Key Words

transactional analysis, adolescence, school, TA proficiency awards, self-awareness

Introduction

Adolescence is a period of huge developmental change, physically, mentally, and socially. It is a pivotal period in which individuals are vulnerable to influence, with increased possibilities, responsibilities and decisions that can affect one's entire life, both positively and negatively. This article was prompted by awareness of the way in which TA has been taught within schools, and how the TA Proficiency Awards scheme can make such a significant contribution to the issues of adolescents as a Way of narrowing the social equality and mental health gap. The author, and ICTAQ, invite anyone

interested in taking this initiative forward to contact them.

Adolescent development and challenges

Adolescence is a period of major transition between childhood and adulthood driven by biological change. Alongside puberty and the development of sex characteristics, adolescents experience enormous changes in their body, thought processes, emotions, social dynamics, identity, sexual identity, relationships and self-image with a significant rise of responsibility. There is nothing within western culture to acknowledge when this starts or ends, making these transitions more tricky than traditional non-industrialised societies who celebrate and honour such milestones which may provide clarity, acknowledgement and collective support for this time of great change (Gross 2020).

Parental relationships undergo a change in this time, from child-parent to young adult-parent relationship, this is not always a smooth transition. Parents can become highly critical, have unrealistic expectations or rejection, resulting in negative identity. Research has shown that parents who considered their own adolescent experience to be conflicting were less satisfied with their own family (Gross, 2020). This suggests an embedded cycle that might take more than the parents to break, to provide the tools necessary for a happy and fulfilled life. An intervention of self psychology like TA could improve well-being to a community level for generations to come. However there may well be cases where the complexity of their experience and how their personality sits around this, cannot be simplified at this level.

Research has shown that in comparison to children, adolescents experience amplified physiological reactivity, particularly when it comes to stressors relating to social evaluation, performance and rejection (Macglaulin, Peverill, Gold, Alves & Sheridan, 2015). Adolescents' intensified responses,

beyond their control, can often be met with stigmatisation from stereotypes in the media that characterise adolescents as problematic and dramatic. The concepts of TA are framed around each individual having their own intrinsic value and meeting them where they are without judgement and expectation. If this positive regard is not being received at home, providing the experience and space within the school setting could be crucial in providing the skills to experience life to its full potential.

Meta research into brain development of adolescents, reviewing structural and functional development revealed an essential reorganisation and pruning of the brain in this phase of life (Konrad, Kirk & Uhlhaas, 2013). This research highlights the vulnerability of environmental influence for all adolescents. It could also be worth considering this time to be a critical period in which beliefs about the self, others and the world become rooted. When considering the concepts of transactional analysis, this may be a crucial time to provide a lens on the data held by the parent ego and beliefs of self held by the child state and highlight the agency that each individual has for their own development. Eccleston, Eccleston & Hayes (2009) question the legitimacy of therapeutic programs within education, suggesting they are based on popular ideas rather than empirical evidence and to seek 'self-fulfilment' rather than imposed external goals, will inevitably lead to a continuing need to seek help through therapy. Whilst the evidence is not available empirically the concepts in TA are intended to provide the awareness for an individual to be their own therapist and perhaps reduce the need for therapy later in life.

Maslow's (1943) Hierarchy of Needs motivational theory implies that physiological, safety, and love and belonging desires must be satisfied in order for healthy esteem and confidence, which are required to empower a self-actualised and fulfilled life. Considering this theory and applying it to the adolescent stage in life, 'physiological needs', to ensure survival, include water, food and shelter from birth, in adolescence this extends to healthy food and appropriate exercise (Teen Rehab, 2021). To what levels these needs are met and the disparity in this is not measured or supported in an equitable way. Malnutrition, overcrowded housing for example, may impact an individual's desire to feel safe, with motivation remaining with desire to have physiological needs met. The second stage, 'safety needs', fundamentally, is the provision of shelter from the elements, in addition to this, there is the need to be secure with freedom from fear (Teen Rehab, 2021). As with the initial stage, to what level this is, or is not being met, is not measured and

supported in an equitable way. The third stage 'love and belonging', for an adolescent should mean a strong supportive family, relationships which allow for unconditional positive regard, and inclusion, respect and intimacy from friendships and family (Teen Rehab, 2021). Again this is not measurable and can be impacted by many factors including family size, unrealistic expectations of parents, addiction, abuse, emotional neglect, divorce, bereavement and mental health issues within the family.

Some of these factors are considered to be Adverse Childhood Experiences (ACE). The hierarchy of needs suggest that these basic needs must be met in order to achieve esteem, allowing an individual the confidence, independence and ability to achieve self-actualisation. Self-actualisation is when an individual is able to achieve their personal potential and self-fulfilment to keep striving for personal growth. A universal TA program for all students within secondary schools could be an equitable stepping stone that lifts up those whose safety, love and belonging needs are not being met, providing some basic tools to harbour these through their sense of self. For those where safety, love and belonging needs are not a concern, TA could further develop their emotional understanding and awareness of self and others.

Parental responsibility defined on the government website states a parents main role is to provide a home for the child and protect and maintain them. It goes on to say that parents are also responsible for disciplining, making medical choices, choosing and providing education, choosing names and looking after a child's property (Gov.UK, 2011). Referring back to the above paragraph, discussing Maslow's Hierarchy of Needs, these responsibilities stated, do not attempt to consider the emotional needs that are required for children and adolescents to develop in a mentally healthy way, as supported by countless studies.

Attachment Theory by John Bowlby (1969) highlighted the significance of a secure attachment on healthy social and emotional development. The Adverse Childhood Experience Study (ACE) by Feletti, Anda, Nordenberg, Williamson, Spitz, Edwards, Koss & Marks (1998) correlated a graded relationship between the number of categories of ACE's and adult health risk behaviours such as alcoholism, drug abuse, suicide attempts, mental health conditions such as depression and eating disorders. The ACE study, collated data from 13,494 adults who completed a questionnaire about their experiences, asking if they experienced psychological, physical or sexual abuse, violence against mother, living with household members who were

substance abusers, mentally ill, suicidal or ever imprisoned. The results showed that more than half of respondents reported at least one ACE.

An ongoing longitudinal study, known as The Grant Study, has been following two groups of men for seven decades. 268 Harvard graduates and 456 men from inner city Boston of which 275 remain active. Participants have completed questionnaires every two years and personal interviews every fifteen years. The study gives weight to several factors that contribute to living a happy life. These include maintaining a healthy weight, limiting alcohol, and mature coping skills. The study's director George Vaillant suggested warm and intimate relationships to be the most important factor for a fulfilled life (Ghent, 2011).

These studies highlight the relevance of an emotional developmental program or culture within secondary schools. Bowlby suggested that the mental representation of self and how one views themselves in key relationships have been internalised and modelled on their relationship with their primary caregiver, said to be developed from a combination of cognitive representation and conditioning, however attachment security can be developed (Gillath, Selcuk & Shaver, 2008). A TA program could provide a collective culture of safe and protective adult relationships to build everyone up, without a reductionist approach of investigating the exposure of ACE's to consider intervention. The lack of acknowledgement of emotional needs outlined in parental responsibilities on the government website would suggest that this an area open to interpretation and direct intervention, may be both unhelpful and take a lot to enforce any action. A TA program could support those who are forming unhealthy coping mechanisms and form agency for their own existence and reframe these positively. However, unhealthy coping mechanisms to live a fulfilled life, could well be self-preserving strategies within the family unit. An argument might be that some scenarios might be more than an education setting or such a program is equipped to handle, however if the situation is as such, then it could be a way of sensitively highlighting those cases where intervention really is necessary. Referring back to the Grant study, the highlight of fulfilling relationships being a crucial part of a happy life, some children and adolescents may not have an environment where any healthy relationships, which are mutually supportive and respectful, are modelled to them. A TA intervention program could provide a safe place to learn about their own self-awareness boundaries and expectations of themselves and others.

A theory of development of egos in adolescence within TA considers the 'chaos of adolescence' to be

a systematic organised life passage that follows a cyclical pattern. The theory suggests that the developmental adolescent process involves repeating and revisiting prior stages with an increased level of perception. This theory normalises the adolescent experience, of repeating themes and issues but on greater scales and considers the chaos, sensitivity and confusions that may appear as if overnight to be part of the development cycle of egos. Having been seemingly competent, dependent and capable at 12, it is suggested that due to a genetically programmed repetition, in which the adolescents 'Natural Child' ego state, becomes highly active because it is in a primal stage of the adolescent developmental process. Levin suggests that like infants there is a heightened need for wanting to be taken care of. Feeding, bonding and connection from immediate family and beyond. The developing adolescent pays particular attention to how these needs are being met, who is meeting them and what this says about them as an individual (Levin 2015). This theory suggests that culturally it may be helpful to reframe the experience of adolescence and consider the time to be one of increased sensitivity, nurturing and support towards adolescent individuals. As this is not a general cultural consideration, perhaps a TA intervention and culture within schools, could be the model of the behaviour to be transferred to the wider community.

TAPA - Educational TA program for adolescence

Transactional Analysis Proficiency Awards (TAPA) is a program run by the International Centre for Transactional Analysis Qualifications. TAPA was originally designed to support children and young people and has now extended to include support teachers/educators, caregivers/parents, teacher assistants/helpers as well as having been rolled out to many other categories of adults including police officers and unemployed people. It is intended to teach self-awareness and relationship skills.

The TAPA program can be delivered by anyone who has undergone sufficient training, without the need to obtain professional accreditations as a TA practitioner. TA concepts however are easy to learn and can be taught in as little as thirty minutes, they are easily learned and easily applied and it is with practice and application that they become more effective (Barrow, Bradshaw & Newton, 2012). TA concepts are shared with students who are invited to build a portfolio to demonstrate their understanding and application of at least 6 TA concepts through a process of self and peer review. These portfolios are assessed by those who have completed at two years serious study of TA and, if necessary, candidates are invited to make changes so they can be awarded a TAPACY Certificate.

Conclusion

Adolescence is a crucial time for development, with a broad diversity of experience. Education of emotional literacy within schools could be a way of providing the life skills necessary to live a fulfilled life, regardless of academic achievement.

Transactional Analysis concepts provide understanding of interpersonal dynamics and communication patterns to navigate relationships better. Secondary school years could be a critical time for redirection and reframing or enhancing and affirming one's view of self and the transactions with others and the world. There are limitations to consider, including safeguarding, and gender and age receptivity to these concepts. It would be instrumental, to carry out further studies of this kind, perhaps measuring behaviour, attendance and attainment, as well as more in depth analysis of well-being over longitudinal studies. This could further evidence the benefits TA might have on mental wellness and life fulfilment as well as improvements on academic achievement and family and school environments.

Sam Connors is a fan of TA and this article has been extracted from a submission she was preparing as part of studies in psychology. She can be contacted at sjconnors2004@yahoo.co.uk

For more information on the TA Proficiency Awards, see <https://taproficiencyawards.org/> or email ictaq@ictaq.org

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Outcome Measures in Transactional Analysis Clinical Practice: Presentation of Research Methodology

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Abstract

This article introduces the research methodology underpinning a study on how Transactional Analysis practitioners use Outcome Measure data in diagnosis, contracting and treatment planning. After a brief literature review of outcome measures and details of the formulation of the research questions, it continues with the author's understanding of Interpretative Phenomenological Analysis, which was the methodology used within the research, and how that aligns with transactional analysis. The further focus of this paper includes the ethical considerations, the inclusion criteria for research participants, the structure and planned content of the research interviews, and a description of the data analysis method. The final data analysis stage is still running so detailed findings will follow in later publications. A previous article by the author set out the rationale for the research, and the intention of this article is to present the research method so that it can be critiqued and replicated.

Keywords

transactional analysis, outcome measures, interpretative phenomenological analysis, research

Introduction

This article follows on from Remfrey Foote (2023), which set out the rationale in the literature for the research study exploring how Transactional Analysts (TA) use outcome measures in TA diagnosis, contracting and treatment planning. This article is written in a style that invites the reader to review and critique how the study was conducted, and possibly to replicate it on the same or a different topic. This will be followed up by further findings and results as they become available.

By way of an introduction, TA research and literature provide evidence-based research on the effective-

ness of TA in the treatment of anxiety, depression, and other mental health issues.

A gap persists in the TA and broader psychotherapy research in how practitioners might use Outcome Measures (OM) data in their clinical case formulation. This article describes a research study about using OMs such as Clinical Outcomes in Routine Evaluation-Outcome Measure (CORE-OM) (Evans, Mellor-Clark, Margison, Barkham, Audin, Connell & McGrath, 2000); Generalised Anxiety Disorder Version (GAD-7) (Spitzer, Kroenke, Williams & Lowe, 2006); Patient Health Questionnaire Version 9 (PHQ-9) (Kroenke, Spitzer & Williams, 1999); Outcome Rating Scale (Duncan & Miller, 2000); and Session Rating Scale (Duncan, Miller, Sparks, Claud, Reynolds, Brown & Johnson, 2003).

The outcome measures, PHQ-9, GAD-7 and CORE-OM, are traditionally used by counsellors and psychotherapists to indicate the client's response to treatment and whether there is improvement, plateauing or deterioration. An online (during the Covid pandemic) 12-participant, semi-structured, doctoral research study was conducted involving TA practitioners, under the auspices of the UK University of Salford, using Interpretative Phenomenological Analysis (IPA) as a phenomenological, hermeneutic and idiographic methodology (Smith, Flowers and Larkin, 2022), to explore TA practitioner participants lived experience and meaning-making of TA diagnosis, contracting and treatment planning using OMs. This research seeks to explore participants' decision-making in the TA diagnosis, contracting and treatment planning process by I, the researcher (as the inquirer), from the participants (the knowers); this is known as the epistemological position. This article aims to describe the research design in detail; material will follow afterwards with the results.

Brief Review of Outcome Measures

Case formulation is an unfamiliar term to most TA practitioners, who understand this process as TA diagnosis, contract, and treatment planning. Case formulation in other psychotherapy modalities is described by Eells (1997) as a rigorous process "... guided by a set of ideas about what has caused and is perpetuating a patient's interpersonal, intrapsychic or behavioural problems, and what that patient needs to feel better." (p.ix) and a "... blueprint guiding treatment, as a marker for change ..." (p.2). Hence, case formulation includes a psychosocial, developmental, social, and medical history and planning for psychotherapeutic interventions relevant to the client's TA diagnosis, contract and treatment plan. TA diagnosis, contract and treatment plans have specific identifiable stages that align with the concept of case formulation familiar to other psychotherapeutic modalities.

Entering the term 'Outcome Measure' into a well-known search engine will generate 1,240,000,000 results. Allied Health Professionals, Early Years Educators, Mental Health and Learning Disability Services, Primary and Secondary Health Services in the NHS, and counselling and psychotherapy use OMs. OMs seek to establish "... whether change has taken place between the start and the end of a process, as such outcome measurement often usefully considers points in between" (Evans & Carlyle, 2021, p.8-9). OM's cited are free to use once registered online with their developers: Clinical Outcomes in Routine Evaluation-Outcome Measure (CORE-OM) (Evans, Mellor-Clark, Margison, Barkham, Audin, Connell & McGrath, 2000); Generalised Anxiety Disorder Version (GAD-7) (Spitzer, Kroenke, Williams & Lowe, 2006); Patient Health Questionnaire Version 9 (PHQ-9) (Kroenke, Spitzer and Williams, 1999); Outcome Rating Scale (Duncan & Miller, 2000); and Session Rating Scale (Miller, Duncan & Johnson, 2002).

A search of the archives of the *International Journal of Transactional Analysis Research and Practice (IJTARP)* and the *Transactional Analysis Journal (TAJ)* generated many articles where OMs track clients' responses to TA treatment, principally in case study research in support of TA as an effective counselling and psychotherapy modality for the treatment of mental health issues in clinical practice (van Rijn, Wild & Moran, 2011; van Rijn & Wild, 2013, 2016; Benelli, Revello, Piccirillo, Mazzetti, Calvo, Palmieri & Widdowson, 2016, 2017; Benelli, Filanti, Musso, Calvo, Mannarini, Palmieri & Widdowson, 2017; Gentelet & Widdowson, 2016; Widdowson, 2011, 2020). A previous related article (Remfrey Foote, 2023) covered how the use of OMs by counsellors and psychotherapists can be contentious and seen as inhibitory to the therapeutic

process. Although there is mention of how OMs might be influential in changing treatment strategies (McAleavey, de Jong, Nissen-Lie, Boswell, Moltu, & Lutz, 2024) and Låver, McAleavey, Valaker, Castonguay, & Moltu (2023) analysis of 31 qualitative research studies found that OMs were involved in treatment planning decisions or a shift in treatment focus but did not explore this from a clinician's perspective. More research literature is needed on how OM data is integrated into practitioners' case formulation clinical practice. This research study seeks to address the gap in how OMs are used in TA therapists' clinical decision-making to inform their diagnosis, contract and treatment plans.

Research Questions

The study presented here is from a different perspective rather than a nomothetic measure to track a client's response to TA treatment. It explores how TA psychotherapists dynamically integrate OMs into their clients' diagnostic, contracting and treatment planning processes. Hence, the research question was:

- How does a TA psychotherapist's lived experience of and making sense of outcome measure data influence their clinical decision-making in TA diagnosis, contracting and treatment planning?

There are components to this question that benefit from being examined separately and therefore structured the data collection method and the participant interviews; the research questions were:

1. How do TA psychotherapists make sense of their experience using OMs, and how does this influence their clinical decision-making?
2. How do TA psychotherapists make sense of their experience of using OMs related to theories of clinical decision-making, TA, and evidence-based clinical practice?

This seeks to make what might be an implicit activity held within participants' intuitive models of clinical decision-making into more explicit expressions of their clinical options when using OMs and how this data is integrated into the TA diagnosis, contract, and treatment planning process.

Theoretical Considerations of the Research Methodology

This research seeks to explore participants' decision-making in the TA diagnosis, contracting and treatment planning process by I, the researcher (as the inquirer) from the participants (the knowers); this is known as the epistemological position. There is a duality of the researcher's role as an 'outsider', the inquirer, exploring participants' idiographic lived experience as the 'insider', the knower. Both the 'insider' and 'outsider' share the experience of the

phenomenon, with the participant and researcher being TA psychotherapists who use OMs; this is a shared aspect of identity and is a reflexive reality of the research (Creswell & Poth, 2018). Being both inquirer and insider drives and motivates the exploration and investigation into the phenomenon in question; this guides the qualitative inquiry and analysis throughout the research process; being mindful of the tension between partial bracketing and researcher bias helps to ensure rigour through an open and transparent transcription paper trail (Smith et al, 2022).

Epistemology is concerned with how individuals acquire temporal knowledge and differentiate between the truthful and untruthful (McLeod, 2011). This aspect of the philosophical stance concerns the theoretical sources of knowledge of this phenomenon and how there is a clear differentiation between excellent quality and truth rather than deceptive, untruthful knowledge. How might this research contribute to the knowledge of TA psychotherapists' decision-making? Will this research be novel, contribute from a different viewpoint, and be seen by others as truthful? Based on the ontological assumptions thus far, this epistemological stance considers participants' subjective meanings, opinions, feelings, beliefs, intuitive knowledge and judgements of OMs and individual use in clinical practice. This research hopes to generate qualitative, non-quantifiable data, such as words, body language, and vocal intonation, as knowledge, following an interpretivist research philosophy. This approach lends itself to where the social phenomena are explored in depth and in the context of the naturalistic research environment. This epistemological stance would support an idiographic research lens, where participants' perspectives on their personal and professional experience of the phenomenon of clinical decision-making using OMs can be both truthful, valid, and valuable (Bager-Charleston & McBeath, 2020).

The ontological stance considers the researcher's and participant's nature of reality and how the world is perceived and experienced from multiple and subjective perspectives (Creswell & Poth, 2018). The ontological foundation of this research embraces the concept that multiple realities exist for participants and researchers as each person perceives their frame of reference relating to themselves, others, and the wider world. Participant words offer a window into their reality, captured verbatim in transcribed responses to questions, and thereby, subsequent themes become evident (Creswell & Poth, 2018). This research's nature of truth and reality is from a subjectivist, socially constructed, relativist and interpretivist perspective (Etherington, 2004; Bager-Charleston & McBeath,

2020). Bryman (2012) defines social constructivism as an "... ontological position which asserts that social phenomena and their meanings are continually being accomplished by social actors" (p.83). The ontological relativism of this research is the construction of a co-created subjectively shared reality (Bager-Charleston & McBeath, 2020) of how participants reveal how they use OMs in clinical practice. Ontological interpretivism "... assumes that social phenomena and their meanings are constantly being revised through social interaction and language" (Bager-Charleston & McBeath, 2020, p.6). In this study, participant responses and reactions to the interview questions and the discussions that flow back and forth will be unique to that moment. Multiple subjective, individual, varying versions of reality and truth exist from the researcher's and participant's (as the social actor's) perspective or frame of reference. This perspective includes how the participant thinks about OMs, their personal and professional background, the influences of their TA training and their rationale and reasons for using OMs; and what has influenced participants' reality regarding the benefits and drawbacks, particular preferences for specific OMs and not others and how they decide which OM to use with which client, when and why? Importantly, for this research study, what do they do with the OM data and their multiple thoughts and feelings in their decision-making process? This version of truth can be continuously revised, allowing for and enabling numerous versions of a subjectivist, socially constructed reality created in the relational space between participant and researcher.

The axiological approach focuses on how value-laden or value-free the researcher's frame of reference is towards the phenomena under investigation. There needs to be a holding of awareness and sensitivity and taking care of how interview questions and the later interpretation of participant responses can reveal values and shape the interview narrative (Creswell & Poth, 2018). Axiology primarily refers to the research aims and attempts to clarify if the research is trying to explain, predict or understand a phenomenon. There is a seeking to understand the phenomena rather than to explain or predict what happens when a participant uses OMs in clinical practice. There is an understanding that each participant has an 'insider' experience of this phenomenon whilst acknowledging that the researcher is both an 'insider' and an 'outsider' looking into participant clinical practices. The researcher is a TA psychotherapist who uses OM data in the diagnosis, contracting and treatment planning process with clients and understands there is a value-laden perspective. The research explores participants' lived experiences of this phenomenon to understand how each makes meaning from this

aspect of clinical practice, which may or may not be convergent or divergent from the researcher's experience. This lived experience will include the researcher's and participant's interpretations and meaning-making of the phenomenon of how OMs are used in clinical practice. There is a reflexive exploration of whether participants' lived experience converges or diverges with the researcher's experience of clinical decision-making (Creswell & Poth, 2018). Both researcher and participants may share their individual and idiosyncratic value-bound opinions, judgements and experiences, which are integral to the research as this necessitates maintaining an essential level of reflexivity in the research process as the value-laden narrative has been co-created between the participants and researcher.

The methodological foundations of ontology, epistemology, and axiology are key considerations in the qualitative research methodology of choice. Participants' individual reality of their experience is subjective, multiple, and complex. This research study seeks to capture their lived experiences at a cognitive and emotional level, expressed in their linguistic style. This research study aims to access participants to make sense of their worlds, individual experiences, realities, 'truth', and relationship with the topic under research (ontology). Our shared or divergent values, beliefs, opinions, and experiences of the phenomena we explore together are not value-free, neutral, and impartial, being integral to and, therefore, inseparable from the data (axiology). This study is interested in the participants' idiographic immersion in their lived experience (Smith & Nizza, 2022) and hence needs an experiential interpretation of their human-lived experience rather than a discursive or descriptive qualitative approach.

The research methodology, philosophical foundations of ontology, epistemology, and axiology, and the exploration of the qualitative landscape in this research study naturally led to IPA as a research methodology. Developed in the 1990's by British psychologist Jonathan Smith (McLeod, 2011), Larkin and Thompson (2011) offer a clear definition: "IPA is an approach to qualitative analysis with a particularly psychological interest in how people make sense of their experience ... 'giving voice' (capturing and reflecting upon the principal claims and concerns of the research participants) and 'making sense' (offering an interpretation of this material, which is grounded in the accounts, but may use psychological concepts to extend beyond them) ..." (p.101). (parentheses in original).

Transactional Analysis and IPA - Shared Phenomenology

There is a natural synergy between the phenomenology of TA and IPA. TA has been described as a systematic phenomenology (Berne, 1961; Nuttall, 2006). TA came about at a time when the traditional medical model of 'subject-object', where 'doctor knows best' was beginning to be challenged. Philosophers Husserl (1900/2013), a phenomenologist, and Heidegger (1962/1967), an existential phenomenologist, were at the forefront of valuing the patients' or clients' subjective experience of 'being there' and 'being in the world' (Rotondo, 2020). Nuttall (2006) adds that TA is an existential phenomenology, where the individual seeks to make sense of everyday life, and that psychological distress is the individual's strategy of 'being-in-the-world' (Heidegger, 1962/67) to make meaning of life. IPA is a methodological phenomenology, and therefore, TA and IPA share how an individual makes sense of their experiences and create meaning in their lives and world in an individual, ontic, factual and absolute existence, and ontologically, 'being-in-the-world', as human beings (Heidegger, 1962/67; Nuttall, 2006; Tosi, 2008; Rotondo, 2020). These concepts closely align with Berne's (1977) phenomenological diagnosis, which illustrates how an individual's Parent and Child ego states, their past experiences become an aspect of the present (Cohn, 1997), holding sway over the Adult (the present reality), and reflecting the individual's way of 'being in the world'.

Phenomenological philosophy arose soon after the Second World War; the German philosopher Husserl (1931/2013) refuted the traditionally accepted view that physical objects are separate from other objects and that knowledge about these objects stays the same. Husserl believed objects are interconnected and that knowledge about the objects changed and evolved (Groenwald, 2004). Heidegger, a hermeneutic phenomenologist and a student of Husserl, introduced the idea of 'there-being,' translated from the word 'dasein,' the intrapersonal, interpersonal and extrapersonal, what goes on inside and between people and their world as they see or perceive it being and their individual experience of everyday existence (Dreyfus, 1991). Merleau-Ponty (1945/62) stresses that it is the embodied, somatic experience of the individual and how this sense of our bodies connects and shapes our perception and interpretation of others and the world. Heidegger (1962/1967) explains "Our first, last and constant tasks in interpreting is never to allow our fore-conception to be presented to us by fancies and popular

conceptions, but rather to make the scientific theme secure by working out the forestructures in terms of the things themselves.” (p.195).

Phenomenology is at the heart of IPA and TA. Husserl was the first to expound on the essence of an experience or phenomenon and wanted us to focus on the individual's perception of the world to “go back to the things themselves” (Husserl, 1900/2001, p.168). Smith and Nizza (2022) shed light on Husserl's (1900/2001) crypticism; “... the core components of our consciousness... to put aside existing scientific constructs or any presupposed view of the world, which can act as a concealing barrier from experience under investigation, to focus on our perception of the world... through one's conscious awareness and reflection...”. (p.7).

Clinical Decision-Making

The theoretical foundations of IPA, phenomenology, hermeneutics and idiography are compatible with the clinical decision-making focus of this research (Table 1). The nature of the phenomenon to be researched and explored is the psychotherapists' intuitive and heuristic reasoning and clinical decision-making when using OMs in case formulation.

This research seeks to explore how each participant makes sense of lived experience and to capture, collect, and make sense of, and in turn, interpret, the essence of participants' cognitive and affective processes in clinical decision-making. This is understood as the Double Hermeneutic (Smith et al, 2022), where participants seek to make sense of clinical decision-making using OMs, and the researcher interprets and makes sense of the participants' sense-making (Smith et al, 2022; Finlay, 2011). Participants' idiographic experience of clinical decision-making in the context of work with clients is

in the interaction between personal and professional values and clients' individual needs in the case formulation process (Anderson, Slark & Gott, 2019). Phenomenology bids us to take time and immerse ourselves in the characteristics under investigation (Finlay, 2011). Smith and Nizza (2022) add, “... the focus on examining lived experience through one's conscious awareness and reflection are central to most phenomenological methods of inquiry, including IPA.” (p.7).

There are preconceptions, foreunderstandings, conscious awareness, and unconscious elements to be considered, such as earlier experiences, expectations, and assumptions of the phenomenon of clinical decision-making, which intrude into the research space, making bracketing when interpreting the research data partially, rather than completely, achievable. It is Smith et al (2022), who comments that “... the manner in which Heidegger unpacks the relationship between interpretative work and the fore-structure of our understanding should cause us to re-evaluate the role of bracketing in the interpretative of qualitative data.” (p. 25)

The use of IPA methodology in understanding participants' lived experience brings into explicit awareness what may be mostly heuristic, implicit, and intuitive. This is System 1 thinking, whereas System 2 thinking is a slower, deliberate, and reflexive process (Kahneman, 2003). There is a curiosity and interest in how the interview process can shed light on participants' System 1 and 2 thinking in the TA diagnostic, contracting and treatment planning process. This clinical decision-making illustrates the Double Hermeneutic (Smith et al, 2022), as participants make sense of their lived decision-making experience utilising System 1 and 2 thinking whilst the researcher interprets and makes sense of participants' sense-making.

Theoretical foundation	Compatibility with clinical decision-making research
Phenomenology: a focus on conscious experience. Elucidating the memories, perceptions and judgements of participants.	Understanding the lived experience of decision making, with detailed recall of sensory, cognitive and emotional components.
Hermeneutics: a focus on interpretation. Insights gained through in-depth, iterative analysis of whole and part.	Understanding how healthcare professionals make sense of complex and dynamic situations and limited data, and how they recall, reflect on and represent their experiences.
Idiography: a focus on the individual. Considering specific experiences, people and contexts.	Understanding individual decisions and the interaction between the personal values of healthcare professionals and their patients.

Table 1: Theoretical foundations of IPA and compatibility with clinical decision-making research (Anderson, Slack & Gott, 2019, p.92)

TA Psychotherapy and IPA data collection methods share parallel skills and competencies in interview skills, clinical reflexivity, intuition, somatic awareness, empathy, transparency, and interpretation (Finlay, 2011). The combined clinical TA theory and practice synthesised with OM data and clinical decision-making are the lived experiences to be explored and translated from the implicit realm into an explicit dialogue between participant and researcher.

Hermeneutics

Hermeneutics is the theory and practice of interpretation (Smith & Nizza, 2022); the interpretation of participants' meaning from the individual parts of the text, words, sentences and the whole verbatim transcript, and then making sense and meaning from participants' lived experience. Figure 1 illustrates the 'Hermeneutic Circle' (Schwandt, 2007), a conceptual and diagrammatic representation of how the researcher can move from the interpretation of the participant's words within the transcript and develop an understanding of a phenomenon in parts of the text such as words, sentences, paragraphs in the text and also the whole text of the transcript in its entirety. This hermeneutic circle is a dynamic, reflexive, and ongoing process (Kincheloe & McLaren, 2008).

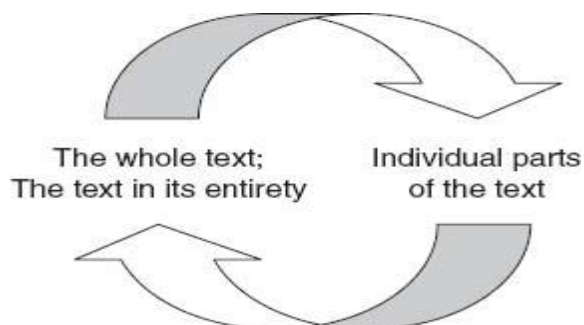


Figure 1: *The Hermeneutic Circle* (Schwandt, 2007, p.133)

There is an understanding that the hermeneutic circle requires repeated immersion into participants' words, the individual parts of the text and the narrative they tell, going backwards and forward between the parts and the text in its entirety, with the focus on the phenomenon being researched (Wilding & Whiteford, 2005). The single hermeneutic, in which participants understand and interpret their experience, is the First Hermeneutic. The Double Hermeneutic is where the second level of interpretation occurs, as the researcher makes sense of the participant making sense of the phenomenon (Smith et al, 2022; Finlay, 2011). The IPA researcher hopes to evoke and then capture the

participants' spoken and unspoken narratives to access their verbal, interactional, societal, and somatic environment (Larkin & Thompson, 2011).

Idiography

Idiographic research concerns the individual's lived experience with no prior assumptions; each case is treated on its own merit, and analysed individually (Finlay, 2011). IPA is idiographic and focused on the 'particular', so looks at the detail and depth of analysis and therefore uses small, purposive sample sizes (Smith et al, 2022). Each participant brings their own experience and response to the phenomenon to the research, which means this is not a prescriptive or generalisable process to a wider population. IPA's value is interpreting the individual's experience and sense-making of the experience (Bager-Charleson & McBeath, 2020). Participant narrative, as it unfolds, seeks to capture the idiographic, the individual's level of perspective; words and language only used by them have significance. IPA bids us enter the participant's world through the portal of semi-structured interviews, to make meaning and interpretation via the transcription, and develop themes and search for connections (McLeod, 2001). The wider research study with 12 participants' data with idiographic analyses, will search for patterns, either converging with other participants data as a shared theme or single individual themes called divergences (Finlay, 2011).

Ethical Considerations

Having described the theoretical considerations about the methodology, here are the ethical considerations. The underlying philosophical tenets of ethics arise from deontology; i.e. doing what is right and good, and the consequentialist emphasis on achieving positive outcomes (Thompson & Chambers, 2011). From these philosophical roots emerge four fundamental ethical principles: respect for autonomy, the individual's right to make decisions and informed choices; beneficence to account for the risk and benefit to the participant; non-maleficence to do no harm to the individual; and finally, justice where all participants are treated fairly and equally (Thompson & Chambers, 2011). The ethical researcher, throughout the research process, is required to be critically reflexive, and self-aware of what is happening; of their thoughts and motivations, and find their way through the challenges of the ethical process and dilemmas that arise, with sensitivity (Barton, 2020; Finlay & McFerran, 2019).

As a psychotherapist researcher, there is a duty to follow the University of Salford and the professional bodies' ethical codes and guidance for research. It is important to be mindful of the protection of the participant and wider society; this includes the

participant disclosing information about their clients during the research interviews. There needs to be vigilance for the safety of clients and protection from professional malpractice, and procedures were put in place whereby the researcher can communicate with the practitioner's clinical supervisor or professional registration body. Responsibility for managing potential and actual risk, avoidance of harm, informed consent, anonymity, and confidentiality falls to the researcher (Smith et al, 2022; BACP, 2019; Smith & Nizza, 2022).

The UK Association for Transactional Analysis (UKATA), the UK Council for Psychotherapy (UKCP) and the European Association for TA (EATA), with each of whom the researcher is a registrant, do not currently offer this research guidance, although each offers a general ethical framework for therapeutic practice, which incorporates a core ethical code with principles enshrined which are transferable into research (UKATA Code of Ethics and the Requirements and Recommendations for Professional Practice, 2019; UKCP Code of Ethics and Professional Practice, 2019; EATA Ethical Code 2007/2011. These ethical codes focus on the client and beneficence and non-maleficence

The author took cognisance of the British Psychological Society's (2021) *Ethics Guidelines for Internet-Mediated Research (IMR)*, which reiterate the overarching principles of respect for the autonomy, privacy and dignity of individuals and communities; scientific integrity of the research project to meet standards of quality, integrity and contribution, and that the analysis, inferences and interpretations are valid and trustworthy; social responsibility and maintaining respect for and the avoidance of disrupting social structures by carefully considering the research study's consequences, unintended consequences and outcomes; and maximising benefits and minimising harm by ensuring the research has scientific value and protecting participants from harm by gaining valid informed consent, ensuring anonymity and confidentiality.

For this research study, the researcher adopted the British Association for Counselling and Psychotherapy (BACP) *Ethical Guidelines for Research in the Counselling Professions* (BACP, 2019) as they are a professional registering body that includes TA psychotherapists as registrants. The application to the University of Salford Ethics Committee was approved on 2/3/2022. Doing what is right and good in this research involves the integrity and trustworthiness of the researcher to ensure this is done truthfully and transparently from the initial Ethics Committee process, ensuring adherence to their systems and processes and

ongoing overseeing by research supervisors who advise on the ethical and also procedural aspects of the research to ensure the researcher adheres to ethical principles for the protection of participants.

Confidentiality and Anonymity: there is an essential distinction between confidentiality and anonymity in research. The researcher cannot promise confidentiality as this implies that only the participants and researcher can access the data generated and that nothing would be shared outside that space. Confidentiality would not be attainable due to the nature of IPA research, in which verbatim participant quotes are included in the writing-up process. Anonymity requires the protection of the participants' identifiable information and demographics by using pseudonyms (Finlay, 2020).

The participants could be identifiable due to the small pool and community of TA psychotherapists and to protect and preserve their anonymity the decision has been made not to include a portrait of individual participants nor offer brief biographical details. As part of the Participant Information Sheet and Consent forms process makes clear, their data is held on a University of Salford database. The interview data is recorded, handled, processed, stored for up to 5 years and destroyed following the GDPR UK legislation. The electronic data is anonymised and given a research code; data is held on a password-protected computer accessed only by the researcher. Paper/taped and transcribed data will be stored in a locked cabinet within a locked office and accessed only by the researcher. The anonymised data may be used for future studies; if so, further approval will be sought from participants, and data will be used anonymously. The researcher's supervisors can access identifiable data to monitor the quality and for audit purposes.

Time taken for reflection was essential to consider the assignment of participants' pseudonyms whilst maintaining their anonymity, but also attending to minimise the power differential between researcher and participants in decolonisation, giving participants names that reflect their "... identities ... ethno-linguistic backgrounds, family histories, and cultural legacy ..." (Wang, Ramdani, Sun, Bose, & Gao (2024, p.2). Not giving participants who are not English, Anglicised names and using names from participants ethno-linguistic backgrounds is a step towards "... epistemic and cognitive justice ..." (Ndhlovu, 2021, p.193) in this research. The participants are advised that results will be included in the PhD thesis and examination process and may be published in peer-reviewed journal articles. The researcher ensures that the participants are not identifiable in the final thesis or journal articles/publications. This procedure follows the GDPR UK

legislation, minimising the personal data obtained and securely storing the data. This sensitive data is password-protected (Finlay, 2020).

Informed Consent: this is a key part of the ethical research process and begins with the Participant Information Sheet (PIS), which enables participants to learn what the research is about, why the researcher has approached them and what to expect from an interview (Smith et al, 2022). The PIS was sent to each participant who responded and showed interest in taking part in the research study and gave detailed information on how the interview would be conducted, timescales, the disadvantages, risks, and benefits of taking part, how anonymity, data protection and security would be ensured, and the researchers' and supervisors' contact details so participants could make contact to get their questions answered. Participants were advised that participation in this study is voluntary and that they have the right to refuse to take part or to leave the study if they wish, up to a month after their interview, without having to give a reason, and their data will not be used. If they withdraw from the study after a month of their interview, all the information and data collected from them to date will continue to be used. However, their name will be removed from all the study files, and there will be no fear of penalty.

After the PIS was sent out, the consent forms were sent electronically to the participants who agreed to participate. The participants were asked to read and sign each section to indicate that they have received and read the PIS, that their participation is voluntary, they have the option to withdraw up to one month after their interview, the process for the anonymous sharing of their data, that there would be a video and audiotape of the interview, and that verbatim quotes would be used from their interview. Valid consent must be given freely and without coercion by participants who understand their participation rights and can consent (Steffen, 2016). Informed and valid consent is not a single event at the start of the participatory process. It is an ongoing and dynamic process, reviewed as participants understand more fully what their participation entails as the research unfolds (BACP, 2019) and ascertained again at the start of the online interview.

Protection from Harm and Exploitation: as a fellow TA psychotherapist exploring participants' clinical decision-making in the use of outcome measures in case formulation, there is no explicit hierarchical or formal authority held by the researcher (such as a manager, supervisor, trainer, or therapist) in the professional relationship before the research study (BACP, 2019). There may be an inherent sense of authority as a researcher asking about participants' clinical practice and how they make complex and

sensitive decisions about their work with clients. Participants may view the researcher as an 'expert' in this field of practice or experience stress in sharing their clinical practice and may fear criticism or judgement of their clinical decisions. This issue requires close attention and action if a power differential becomes evident during the research process; This was attended to early in participant and researcher contact when invitations to take part were sent out via the STAA, UKATA, EATA and UKCP. Therapists responded to the researcher directly, and an initial dialogue took place where the research study was talked about with them and their questions were answered about what was involved, when the interviews could take place and practical issues; this helped to be an 'ice-breaking' event and an opportunity to decide if this were something they would like to take part in or not. The research interviews aimed to have a collegial semi-structured discussion, free of criticism or judgement, allowing the researcher to access the participant's lived experience of using OMs. This attention to the researcher/participant relationship very early in the contact process worked well. It enabled an OK-OK relationship to develop and enabled open communication during the research interview process.

TA psychotherapists usually have access to regular supervision and personal therapy where they can take issues. They were also offered a *Debriefing Form for Participants* after the research interview. This form gave them time to reflect and the opportunity to communicate how they had experienced the process, from the first recruitment contact to the interview process. They were allowed to talk about any positive or negative thoughts or feelings they had experienced and a clear ending to their participation. The *Debriefing Form* arises from the ethical principle of non-maleficence to ensure as much as possible that the research process has not caused distress or harm; it was also an opportunity to thank participants for their valuable contribution.

Online Data Collection in Qualitative Research: participants were protected whilst conducting online research interviews using ethical principles and the research infrastructure, (BACP, 2019; GDPR UK law; University of Salford Ethics Committee), including using Research Supervisors. The recent technical advances and the growth of encrypted online communication portals, such as Microsoft Teams, made up for in-person contact, as this was prohibited during the COVID-19 pandemic. This virtual interview space where practitioners and the researcher met for the first time meant a rapid attempt to build a relationship without the customary social preamble of arriving and meeting in the physical space. The importance of deliberately

spending time in introductions to one another helped to build trust and cooperation whilst answering any questions they had, checking again about informed consent, and that they were located in a safe and confidential space for the interview, free of interruptions and distractions (Engward, Goldspink, Iancu, Kersey & Wood, 2022). As a psychotherapist, interviewing practitioners who also worked online established a sense of closeness, a rapid building of rapport, and a mutually respectful relationship that elicited a rich depth of data. There was an awareness that practitioners were in their environment for the interview, and the online space did seem to engender a sense of close affiliation, which was helpful when there was more sensitive self-disclosure (Gray, Wong-Wylie, Rempel & Cook, 2020). Important consideration was given to how the online interview process allowed the researcher to respond in the moment to participants' reactions, whether verbal or non-verbal, and explore these responses in greater depth (Kristiansen, 2022).

Sampling and Recruitment of Participants

This study recruited participants, of whom eight were Certified Transactional Analysts (Psychotherapy) (CTA-P), and 4 were in training to achieve that status and had each done at least 4 years of training in TA psychotherapy. For readers not familiar with TA qualifications, CTA means they have completed a level of training and competence comprehensively assessed in a written and oral examination following extensive practical experience. The written CTA(P) examination is a client case study, and the oral examination is the live assessment of audio recordings and verbatim transcripts of the therapist and client working together. This examination assesses the TA therapists' TA diagnosis, contracting and treatment planning skills. This aspect of TA training and the examination process is an applicable and transferable skill for exploring how participants might synthesise OM data into clinical decision-making and case formulation work. Participants recruited to the study are English-speaking and based in the United Kingdom to avoid researching across legal and national jurisdictions (BACP, 2019).

The recruitment was via the UKCP, UKATA, EATA and the Scottish Transactional Analysis Association (STAA). These organisations agreed to circulate an invitation (by their email circulation list) to their registrant members, giving them a broad overview of the research study and asking them to contact (giving the researcher's academic email address) for more information and to discuss whether they would like to participate.

The small sample size of 12 participants provides sufficient data to investigate the participants' shared and disparate experiences of the phenomena (Smith & Eatough, 2021) in depth and breadth. This challenged the traditional numerical sample size of participants. The value of the research is within in-depth interviews that generate rich, detailed accounts. This study recruited 12 participants as a recommended sample size for a PhD research study (Smith & Nizza, 2022; Smith & Eatough, 2021; Smith et al., 2022; Hefferon & Gil-Rodriguez, 2011) to seek depth and breadth in the data generated rather than a shallow descriptive analysis of a larger sample size (Smith et al., 2022).

The careful and deliberate purposive sampling method sought out individual TA psychotherapists who worked in private practice and were most likely to have experienced the phenomenon under exploration of clinical decision-making in case formulation and found this experience meaningful (Denzin & Lincoln, 2006; Silverman, 2020; Smith et al., 2022).

This sample of TA psychotherapist participants will have made individual clinical decisions on how and why they use OMs in private practice. This decision contrasts with TA psychotherapists working within organisations (for example, the NHS, University Student Services, or Charities) with specific requirements and directives for their employed psychotherapists to use OMs. These organisations often seek objective measures linked to applications for funding and monitoring, performance management or service target-driven.

Once potential participants responded to the letter of invitation circulated by the professional organisations, the researcher replied to and contacted potential participants via email. The initial contact via email was to offer to meet online with potential participants to brief them about the research and to ascertain if they met the inclusion criteria and then wished to proceed as a research participant. This aspect of the research protocol, where online contact is made, was subject to and considering COVID-19 pandemic restrictions.

Semi-structured Interview Guide: Interview Questions & Prompts

The interview guide was designed to ask open questions, moving the interview from a broad and open-ended place intended as an introduction and establishing a warm rapport with participants, to more specific, still open-ended questions to gather participants' idiographic data relevant to the research questions. It was not intended that participants answered every question or prompt below; however,

every participant was asked specific prompts related to the research questions.

Introduction and Broad Initial Question

1. Tell me about how you use outcome measures in your work with clients.

Follow-up potential prompts to facilitate the research conversation

2. Tell me about your private practice, areas of work you specialise in, and why.
3. Why did you decide to train in Transactional Analysis?
4. How did you find out about/come across Outcome Measures in therapy?
5. How did you decide to implement OMs into your practice with clients? What process did you use to decide?

Areas of possible exploration using prompts

6. Tell me about the particular OMs you use and why you use those.
7. How do you decide which OM to use with each client and when?
8. How do you present OMs to your clients (before/ at the time/after the session)?
9. Do you have a system or order you use OMs with your clients?

The focus of the prompts moves into further detailed research conversation

10. Tell me about a recent client who comes to mind and the process you went through in deciding which OM to use and why.
11. What did you do next?
12. When do you look at the OM data/scores?
13. What do you do next?

Specific prompts related to the research questions

14. How do you use the OM questionnaire responses from the client?
15. How might the data be used in your TA diagnosis of the client?
16. How might the data be used in your TA contracting process with the client?
17. How might the data be used in your TA treatment planning process?
18. Talk me through how you do this.

The IPA Data Analysis Process

The IPA transcription method processes the verbatim data of the words spoken by participants into a detailed analytical seven-step framework (Smith et al, 2022). A step-by-step guide to IPA data analysis can be found in Smith et al (2022) and Smith and Nizza (2022). It is summarised here and illustrated in Figures 2, 3 and 4:

1. *Step One:* Figure 2 illustrates the format for analysing the participants' verbatim transcription. The transcript is in the central column

when the participant and researcher speak. The colours or shading make connecting the transcript's *Exploratory Noting* and *Experiential Statement* columns more straightforward to follow and associate with one another in the text. The *Transcript column* involves intensive listening to and watching the video recording of participants' semi-structured interviews and several repeated transcript readings. This process enables interaction and depth in familiarisation with the data. A written reflective journal of this step kept separately from the data, enables a record of how participant's words, facial expressions, body language, utterances, vocal tone and speech patterns had a significant somatic and emotional impact (Smith et al, 2022). This reflective journal captured the impact of the interview on both participants from an idiographic perspective. It offered the researcher a deeper, richer analysis from the added dimension of verbal and nonverbal communication.

2. *Step Two:* (Figure 2) is the *Exploratory Noting* phase, where the researcher explores the participant's thoughts, feelings, reflections, memories, beliefs and attitudes, expressed in the transcript, towards OMs in TA diagnosis, contracting and treatment planning. These exploratory observations are the double hermeneutic where the researcher interprets how the participant makes sense of their experiences of the phenomenon and uses OMs in case formulation.
3. *Step Three:* (Figure 2) is the construction of *Experiential Statements* by condensing and summarising the Exploratory Notes (Smith et al, 2022).
4. *Step Four:* (Figure 3) looks for connections across all the Experiential Statements; this was a cut-out exercise of all the Experiential Statements as paper strips, identifiable by writing the page and line number from the transcript. The paper strips were then moved into stacks that connected or had a link with each other. The paper strip stacks of Experiential Statements are then moved back and forth until all the paper strips are allocated and only then is a heading applied, to capture the essence of the topic created (Smith et al, 2022).
5. *Step Five:* (Figure 4) gathered all the Experiential Statements under headings and organised them into *Personal Experiential Themes* (PETs) tables. PETs are topic headings at the participant's individual and idiographic

level (Personal); Experiential refers to their lived experience, and Themes refer to the overarching concepts. The PETs will be included in a future article to detail the process thoroughly.

6. *Step Six:* involves Steps One to Five for each of the twelve participant cases.

7. *Step Seven:* is the final stage of the analysis, where all 12 participants' PETs will be brought together in a table to develop the Group Experiential Themes (GETs), where a cross-case analysis will ascertain convergences and divergences between all the participants (Smith at al, 2022). This step is still in progress and will be reported on in a future article.

Experiential Statement	Transcript	Exploratory Noting
<p>The difficulty and depth of his work with longstanding trauma</p> <p>His professional identity and the challenges of the context he works within</p> <p>He experiences challenges in working with personality disorders and addictions</p> <p>He separates the different parts of his professional identity</p> <p>His professional identity involves autonomy and choice in private practice.</p> <p>He contrasts private practice to his work with veterans and the differing workload demands of these client groups.</p> <p>His contrast in his professional identity in differing roles</p>	<p>Eric: whether they be umm arising from childhood (sniffs) or umm military service, or sometimes both Eric: Erm But there are also a number of people who stay there who aren't veterans because they have to accept a certain number of people from the council as a quota in exchange for funding. And quite often, there's people with quite umm complex presentations of personality disorder, if you use the medical terminology and addiction issues are quite widespread as well</p> <p>Carol hmm</p> <p>Eric:Umm The other half of my practice is in Y as a self-employed practitioner with my own room, my own practice room, and that's just umm members of the public who find my website, or the occasional informal referral from GPs or other professionals who know know of my work (sniff).</p> <p>And that's, again.</p>	<p>He differentiates between the veteran's childhood issues, the military experience and sometimes these coalesce.</p> <p>This group of veterans also cohabit with civilian homeless placed there by the local council in exchange for funding.</p> <p>Eric is aware of the co-existing mental health issues the civilian homeless possess such as addictions and personality disorders</p> <p>Eric differentiates between his work with veterans and his private practice which seems quite different in terms of clientele. He has his own room, as opposed to a room in the veterans shared accommodation.</p> <p>Differing referral process.</p>

Figure 2: An Excerpt from a participant Transcript to Illustrate Steps One to Three in IPA

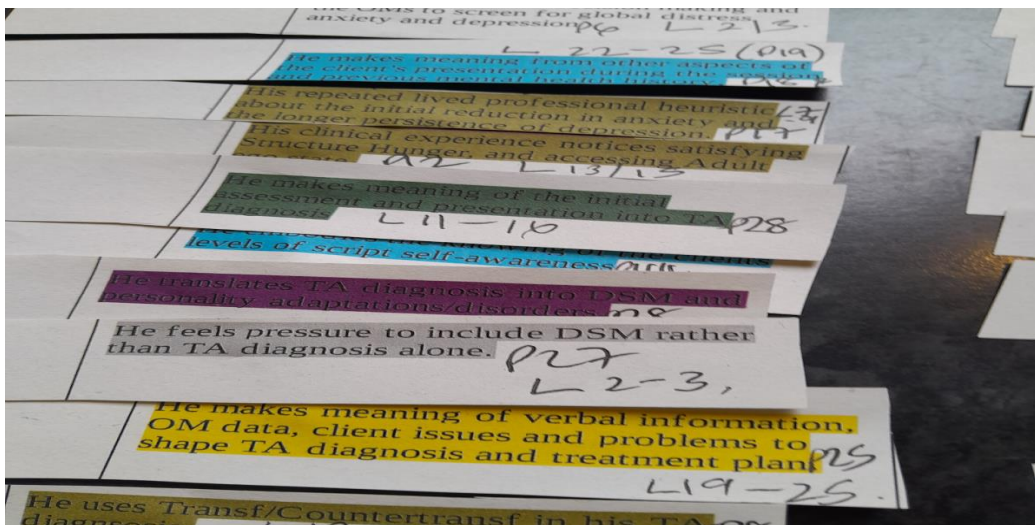


Figure 3: An Excerpt from a participant Transcript to Illustrate Step Four of the IPA

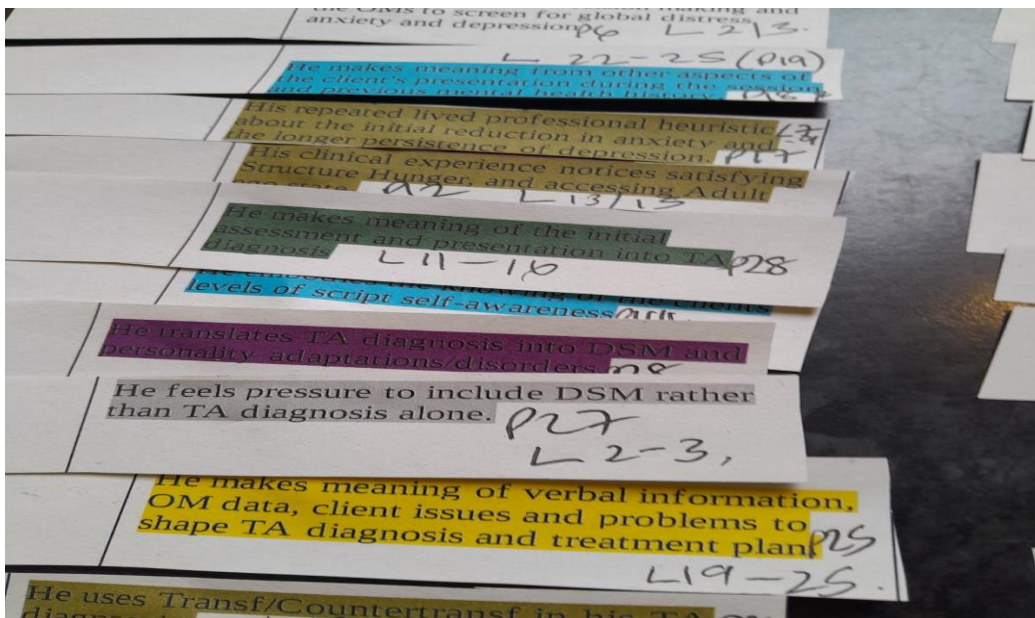


Figure 4: An Excerpt from a participant Transcript to Illustrate Step Five of the IPA

References

Editor's Note: the author has shown some references using initials of organisations so here is the 'code':

BACP = British Association for Counselling and Psychotherapy

BPS = British Psychological Society

EATA = European Association for Transactional Analysis

UKATA = United Kingdom Association for Transactional Analysis

UKCP = United Kingdom Council for Psychotherapy

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Szervezeti hierarchiák és szervezeti háromszögek

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Absztrakt

Ez a tanulmány aktuális szakirodalmi áttekintést nyújt a határokról, és új kategorizálási keretet vezet be a gyakorló szakemberek számára. Ez a keret három fókuszterületből áll: személy, emberek, hely. Ez az új határfogalom-meghatározás egy kortárs modellt kínál a TA szakemberek számára, amelyből megvizsgálhatják, hogy a határok hogyan befolyásolják szakmai munkájukat a határokkal és a kapcsolati kérdésekkel foglalkozó ügyfeleknél.

Kulcsszavak

szervezeti felépítés, szervezeti hierarchia, szervezeti háromszögek, szervezeti kultúra, szervezeti tranzakcióanalízis

Megjegyzés: Köszönöm a csoportnak, akikkel együtt vettem részt Julie Hay webináriumán 2024 februárjában, hogy hozzájárultak a gondolkodásomhoz: Faye Karsikko, Igor Ostapenko, Natali Voronina, Sergio Caballero, Olga Viatkina és Vesna Nencheva.

Bevezetés

Ebben a cikkben röviden összefoglalom, hogy mi minden áll rendelkezésre a tranzakcióanalízisben a szervezeti hierarchia leírására. Ezután javaslatot teszek Hay (2012) szervezeti háromszög modelljének továbbfejlesztésére. A vállalati világban nagyon gyakori jelenség, hogy van egy vallott üzenet arról, hogyan csináljuk a dolgokat, azonban azok a gyakorlatban sokszor máshogyan zajlanak. Az eredeti modellt vallott szintként ábrázolom, és hozzáadok egy másik szintet, amelyet követett szintnek nevezek, és ami a gyakorlatban determinisztikusabb, hasonlóan ahhoz, ahogy az énéllapotok megjelenítése esetében tesszük viselkedéses (funkcionális) és belső (strukturális) szempontból. A jelenség ábrázolását követően példákön keresztül szemléltetem, hogyan találkoztam mindezzel a szervezetfejlesztési gyakorlatomban. Ezután néhány ötletet adok arra, hogyan elemezzük a szervezeteket a modellel, és

hogyan lehet azt fejlesztési megközelítésként használni.

Az egyik munkahelyemen alkalmazottként meghívtak egy "welcome dayre" résztvevőnek, amely egy onboarding nap volt, ahol különböző osztályvezetőktől és menedzserektől hallhattunk a vállalat történetéről. Beszéltek a vállalati értékekről, és bemutatták azt is, mivel foglalkoznak. Megdöbbentő, hogy erre az eseményre akkor kaptam meghívást, amikor már hat hónapja a cégnél dolgoztam, így már sok tapasztalatom volt arról, hogyan mennek a dolgok. Meglepődtem, hogy bár voltak hasonlóságok mégis úgy éreztem, mintha egy másik cégről hallgatnék, és azt tapasztaltam, hogy amit itt "inspirációként" mondanak, az nagyrészt ellentétes azzal, ami a gyakorlatban történik. Ez a történet illusztrálja azt a jelenséget, amelyet ebben a cikkben elemzek.

A cikkben leírt, Hay-tól (2012) származó eredeti szervezeti háromszög modell újragondolását egy olyan intuíció motiválta, amelyet szervezeti tanácsadóként szerzett valós tapasztalataim támasztottak alá. Amikor először találkoztam a szerző által tartott webinárium során a háromszögek modelljével, volt egy intuícióm, hogy néha valami más történik a szervezetekben. Visszagondoltam korábbi szervezeti tanácsadói projektjeimre, majd ezek alapján továbbfejlesztettem Hay modelljét, majd Julie Hay egyik webináriumán bemutattam egy nemzetközi csoportnak. Kifejeztem a köszönetemet a fenti résztvevőknek, akik lehetővé tették, hogy bemutassam ötleteimet, majd további példákkal erősítették meg azokat saját gyakorlatukból.

A szervezeti hierarchia modellek fejlődése a tranzakcióanalízist megelőzően

A legkorábbi szervezeti diagram eredete egészen a 19. századig nyúlik vissza. 1854-ben Daniel McCallum, egy skót születésű vasúti mérnök, aki a

New York and Erie Railroad vezérigazgatója volt, egy bonyolult fa diagramot tervezett a vasúti rendszer összetett természetének illusztrálására (Rosenthal, 2013). Nagyon szemléletes és gyönyörű ábrázolást adott, amely inkább volt egy műalkotás, mint gyakorlati szervezeti ábrázolás.

1917-ben a Computing-Tabulating-Record Company (CTR Co.) (ma az IBM alatt működik) megtervezte az organigram funkcionálisabb szerkezetét és saját vállalatukat ábrázolták ezen keresztül. Ez egy nagyon szimmetrikus, piramis alakú ábrázolás volt (Chappe & Lawson Jaramillo, 2020). Ez a fajta organigram a szervezetek strukturálásának bevált eszközévé vált, és sok éven át segítette a vezetőket, az alkalmazottakat és a befektetőket a vállalatok felépítésében való eligazodásban sok más szervezetben is.

A tranzakcióanalízis hozzájárulása a szervezeti hierarchia modellekhez

A TA szakirodalomban Berne (1963) először a *The Structure and Dynamics of Organizations and Groups (A szervezetek és csoportok szerkezete és dinamikája)* című könyvében írja le a szervezeti struktúrákat. Itt többféle szervezeti ábrát, vagy ahogy ő nevezte őket, autoritás digramokat mutatott be. Ábrái jellemzően pszichiátriai intézmények felépítésén alapulnak, és a gyógykezelési csoportok struktúráját mutatják be, ami érthető, hiszen pszichiáterként az egészségügyben dolgozott. Némelyik azonban egy szeánszon alapul, amelyhez azért csatlakozott, mert olyan csoporthelyzetet keresett, amely mentes a pszichoterápiás csoportok konnotációjától, azonban ahol egyúttal megtapasztalhatja a tagok személyiségének archaikus aspektusát is. A katonai szolgálata során szerzett tapasztalatai is inspirációt adtak a szervezetek struktúráival kapcsolatos gondolataihoz; a második világháború alatt csatlakozott az Egyesült Államok hadseregének egészségügyi alakulatához, és pszichiáterként szolgált; később az amerikai hadsereg főorvosának tanácsadója volt; és 1951-ben elfogadta a San Franciscó-i Veteránigazgatási és Mentálhigiénés Klinika adjunktusi és pszichiáter főorvosi pozícióját.

Berne 1963-as könyvében hasonló formális szervezeti struktúrákat mutat be, mint a CTR Co. Ez a formális hierarchián alapul, és magában foglalja a személyek irodáinak címét (1. ábra). Ezek hasonlóak a TA előtti szervezeti diagramokhoz. Amivel Berne hozzájárult a már használatban lévő szervezeti ábrákhoz, az az volt, ahogyan a pszichológiát is beépítette a diagramokba. Ezt úgy érte el, hogy a formális szervezeti hierarchia mellett a szervezet struktúrájának kulturális és történelmi vonatkozásait is figyelembe vette (2. ábra). Ezzel lehetővé tette, hogy elkezdjünk gondolkodni azon,

hogy ezek hogyan befolyásolják a szervezetek működését, még akkor is, ha a diagramon szereplő emberek egy része valójában már nem ott dolgozik, elhagyta a céget, vagy akár meg is halt.

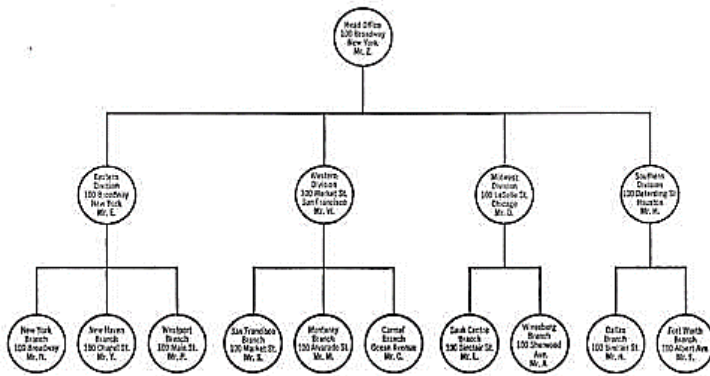
Hay (2024a) könyvében bevezetett valami Berne-hez hasonló, amit lokáció diagramnak nevezett el, de a címek helyett pozíciókat tett a nevek alá (3. ábra). Hay megemlíti, hogy ez az ábra egy szervezeti diagram tipikus felülről lefelé (top-down) irányuló változatát mutatja, azonban a szervezetek egyre inkább jelenítik meg másképp a diagramjaikat, és így dolgozta ki új elképzeléseit ezek ábrázolására, amiket szervezeti háromszögeknek (Hay, 2012) nevezett.

A szervezeti háromszögek

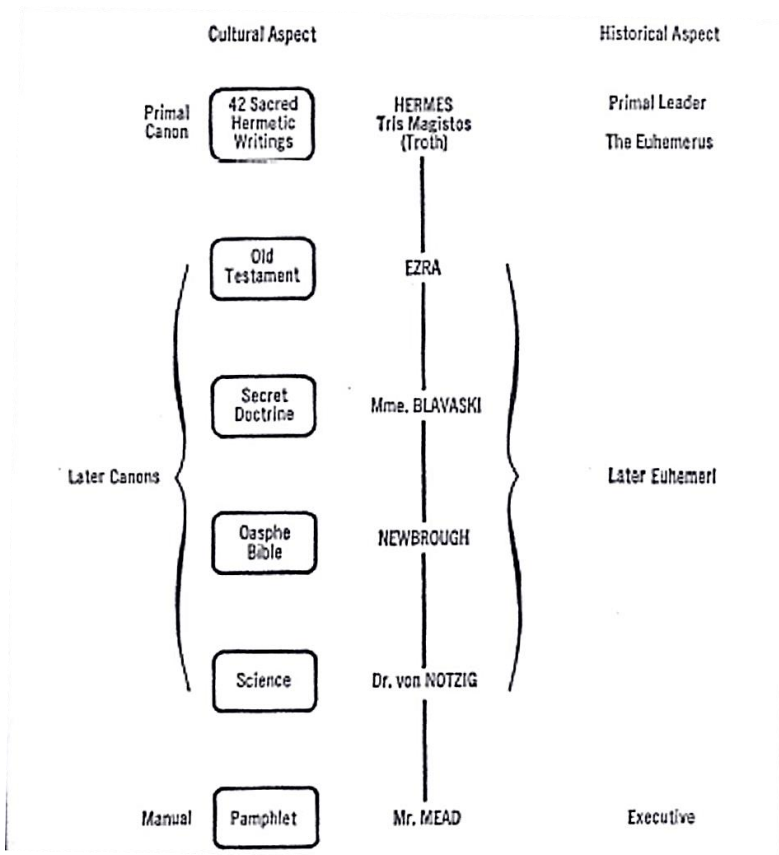
Hay (2012) ugyanazt a struktúrát használja, mint a 3. ábrán, azonban háromszögeként megformálva és "felülről lefelé szerveződőnek (top-down)" nevezte el (4. ábra). Aztán 2012-es tapasztalatai alapján (és ezt még ma is láthatjuk) bevezette azt az elképzelést, hogy a szervezetek elkezdték felfelé fordítani a háromszöget, így felülről lefelé irányuló ábra helyett "alulról felfelé" típusú ábrázolásuk van. Ennek az a jelentősége, hogy a vállalat hangsúlyozni tudja az ügyfelekkel foglalkozó munkatársak fontosságát, akik metaforikusan már többé nem "alul vannak".

Ez az, ahol beemelhetjük a szolgáló vezetés (servant leadership) fogalmát is 1977-ből (Greenleaf, 1977/2002), amely nagyon hasonló látszik leírni. A szolgáló vezetést 1977 elején foglalmazták meg, de akkor még csak egy csendes forradalom volt; a kutatás Spears (2010) révén folytatódott, kidolgozva az ilyen típusú vezetés jellemzőit. Az ezt követő 10 évben ez a vezetői téma fontos része volt a szervezeti képzésnek és a kultúraváltásoknak. Ezekben az években magam is végeztem szolgáló vezetéssel kapcsolatos projekteket néhány magyarországi székhelyű nemzetközi szervezetnél. Például egyszer egy nagy informatikai vállalatnál az igazgatóság stratégiai célja az volt, hogy ilyen vezetőket toborozzon a szervezetbe, a meglévő vezetőket pedig képezze ebben a témában. Így az értékelőközpontok (assessment centre) egyik szempontja az volt, hogy a jelöltek vezetői stílusa tükrözi-e a szolgáló vezetői megközelítést. Ezzel párhuzamosan megszervezésre került egy képzés a meglévő vezetők számára, amely magában foglalta a szolgáló vezetői megközelítés megismertetését, mint preferált vezetési stílust.

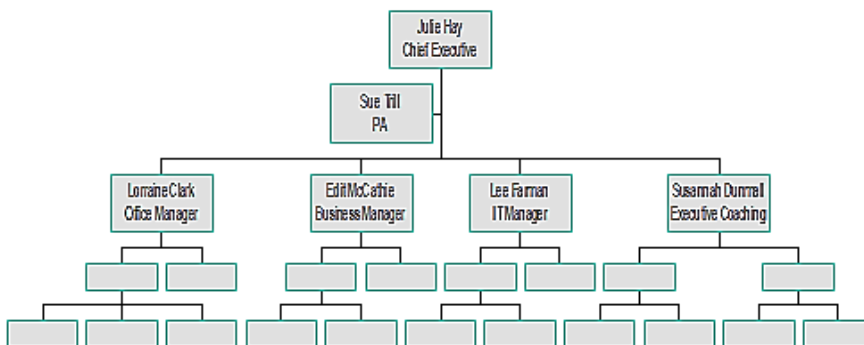
Hay egy harmadik lehetőséget is leír, ahol ugyanazt a szervezeti ábrát az oldalára fordítja, hogy azt láttassa, hogy mindenki egyenlő. Az egyik végén ott van az ügyfél a dolgozókkal együtt; ami elengedhetetlen, ha a vállalat továbbra is



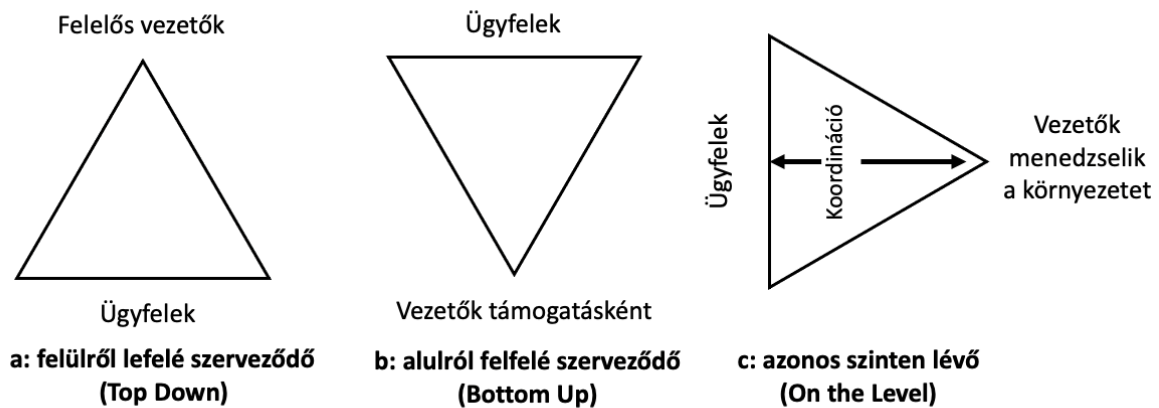
1. ábra: Egy üzleti szervezet – Lokáció diagram (Bern, 1963, 3. o.)



2. ábra: Autoritás diagram – kulturális és történelmi szempontok (Bern, 1963, 35. o.)



3. ábra: Tipikus szervezeti ábra (Hay, 2024a, 53. o.)

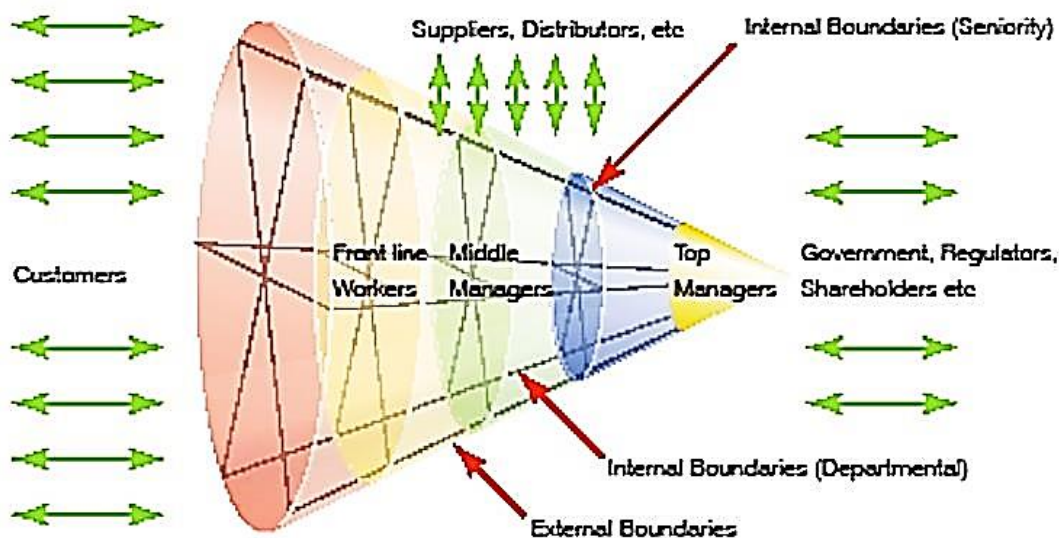


4. ábra: Szervezeti háromszögek (Hay, 2012, 58. o.)

értékesíteni akar. A másik végén vannak a felső vezetők - akik szintén elengedhetetlenek a vállalat irányításához és a finanszírozás előteremtéséhez, a kormány lobbizásához és minden más stratégiai feladathoz, amelyek rendkívül fontosak a hosszú távú üzleti túléléshez. Középen vannak a középvezetők, akik kommunikációs hídként szolgálnak a felső vezetés és az ügyfelekkel dolgozó munkatársak között. Ez a szerep elengedhetetlen az üzleti műveletekhez és a munkatársak vezetéséhez, mivel általában túl sok alkalmazott van ahhoz, hogy mindegyik közvetlenül beszéljen a felsővezetővel. Hay azt írta, hogy "a szervezet akkor éri el az on-the-level szintet, amikor az emberek felismerték, hogy minden pozíció egyformán fontos. Az ügyfelekkel való kapcsolattartási munkát értékelik, de a vezetés

szerepét is a külső szervekkel, például kormányzati szervekkel és helyi hatóságokkal, részvényesekkel és más finanszírozási forrásokkal, a helyi és talán a nemzetközi közösséggel való kapcsolattartásban. Még azt is elismerik, hogy a köztük lévő emberek koordinátorként és hídként értékesek. Az embereket egyenlőként kezelik, és partnerségek is létrejöhetnek a beszállítókkal és a vevőkkel." (Hay, 2024a, 54. o.).

Ebben a modellben a felek szorosan együttműködhetnek a hosszú távon fenntartható, hatékony és ügyfélközpontú működés kialakítása érdekében. Hay Berne (1963) szervezeti ábráival kombinálva és azok továbbfejlesztésével dolgozta ki az egy szinten lévő (on-the-level) szervezetek ötletét, amely végül a szervezeti tölcsérjé modell eredményezte (Hay, 2016) (5. ábra).



5. ábra: Hay szervezeti tölcsérje (Hay, 2016, 20. o.)

Ez a modell világosan megmutatja, hogy a szervezetben belül minden szint fontos a maga módján. Ezenkívül ez a modell elkerüli Berne csoportstruktúra modelljének problémáját, amely úgy ábrázolja a vezetőket, mint akiknek nincs közvetlen kapcsolatuk a külvilággal. Hay modelljében láthatóvá válik, hogy a tölcser minden szintjének vannak külső határai különböző kontextusokban.

Az azonos szinten működő szervezetek növekedését látjuk például az úgynevezett "agilis" (Chin, 2004) rendszerekben. Az agilis munkavégzés inkább horizontális, mint vertikális kapcsolatokat foglal magában, a csoportok önmenedzselő módon dolgoznak, az azokon belüli egyének pedig más csoportokat alkotnak a csoportok közötti koordináció biztosítása érdekében. Az agilis munkavégzés négy fő értéke: összpontosítson az egyéni és személyes kommunikációra a folyamatok és eszközök helyett; összpontosítson a működő szoftverekre az átfogó dokumentáció helyett; az ügyféllel való együttműködés hangsúlyozása; és a változásokra való reagálás, szemben a tervek merev követésével. (Beck, Beedle, van Bennekum, Cockburn, Cunningham, Fowler, Grenning, Highsmith, Hunt, Jeffries, Kern, Marick, Martin, Mellor, Schwaber, Sutherland és Thomas, 2001).

Manapság nemcsak az informatikai szektorban használják, ahonnan eredetileg származik ez a megközelítés, hanem egyes elemeit más ágazatok is átvették. Egy agilis módszerrel működő szervezeti tanácsadó cégnél dolgoztam évekig, ahol agilis "backlog"-ot használtunk – egy agilis feladatkezelő eszközt, ahol a feladatokat elhelyezzük és a csapattagok maguk vállalják el azokat, és a vezető csak akkor avatkozik be és csak akkor osztja ki a feladatokat, ha az valóban szükséges. E-learning tartalmakat is fejlesztettünk ún. "sprintek" segítségével, ami az agilitásban kéthetes fejlesztési időszakokat jelent, amelyet egy retrospektív találkozó követ, amely egy agilis keretrendszer a megbeszélésekhez, hogy átgondoljuk, hogyan dolgoztunk együtt legutóbb, és meghatározzuk, hogyan működhet jobban a csapat az elkövetkező időszakban. Ezek mellett heti stand-up meetingeket tartottunk, ami szintén az agilis működésben egy rövid tervező megbeszélés, ahol három kérdést beszélünk meg, rögzített struktúrában: mit csináltam a legutóbbi találkozó óta; mi vár rám; és szükségem van-e valamiben segítségre?

Egyszer segítettem egy nemzetközi könyvelő cégnek alkalmazni néhány módszert az agilitásból, ahol a kihívás az volt, hogy a menedzser nagyon túlterhelt volt, és a csapattagok kevésbé

függetlenek. A vezető úgy döntött, hogy elkezd backlogot használni a feladatkiosztáshoz, hogy az alkalmazottaknak ne kelljen rá várniuk a feladatok kiadásához. Emellett megtanítottam a csapattagokat az agilis szemléletre (a fent említett értékekre), és segítettem nekik átgondolni, hogyan szeretnék ezeket megvalósítani a gyakorlatban. Ennek eredményeként a túlterhelt menedzser megkönnyebbült, ami nyilvánvaló volt abból a tényből, hogy napi 80 e-mailból a fejlesztést követően csak átlagos napi hét volt reggelre a postaládájában. A csapattagok felhatalmazva érezték magukat, és függetlenebbé váltak. Tehát az agilis megközelítés néhány eleme segítette ezt a szervezetet, különösen a területre jellemző, ismétlődő jellegű feladatok miatt. Miután összegyűjtötték ezeket az ismétlődő feladatokat, már csak azon kellett tovább gondolkodniuk, hogyan tanítják meg az alkalmazottakat a legtöbb elvégzésére, hogy aztán szabadon választhassanak teendőket ebből a listából.

Egy másik példa az egy szinten lévő hierarchiákra a holakrácia (Robertson, 2016), amely nagyon hasonlít az agilitáshoz. Bár a holakrácia kifejezés, (szemben az agilitással), nem igazán terjedt el az én országomban. Robertson úgy határozza meg ezt, mint "egy új társadalmi technológia egy szervezet irányítására és működtetésére, amelyet egy sor alapvető szabály határoz meg, amelyek határozottan különböznek a hagyományosan irányított szervezetektől." (12. oldal). A holakrácia arról szól, hogy kivesszük a hatalmat a hagyományos szervezeti hierarchiából, és különböző, jól meghatározott szerepek szerint szétosztjuk a szervezetben belül. Így mindenki tudja, mit kell tennie, és meg is teszi, anélkül, hogy egyetlen főnök ellenőrizné, hogy mindenki megfelelően csinálja-e a dolgokat. Ennek egyik legjelentősebb előnye, hogy a munkavállalóknak "nagyobb hatalmuk" van, mint a hagyományos struktúrájú vállalatoknál.

A nem felülről lefelé irányuló hierarchiára irányuló tendencia folytatódott a jelentős mennyiségű startup megjelenésével az elmúlt években. Ezek esetében általában van egy angyalbefektető, aki nagy kockázatot vállal azzal, hogy a magas hozam reményében startupokba fektet be. Van egy új szemlélet is a piacon: amikor azok a befektetők, akik egykor maguk is sikeres menedzserek voltak, a befektetés megtérülési esélyeinek maximalizálása érdekében gyakran mentorokká is válnak, és tapasztalatokkal, kapcsolatokkal támogatják a vezetőket, így szorosan együttműködnek ezekben a startupokban. A vállalkozó is aktívan fejleszti a terméket az ügyfelek segítségével, így mindannyian egy szinten, nagyon szorosan, egymásra támaszkodva dolgoznak.

Szervezeti háromszögek: a vallott és a követett szintek

A 6. és 7. ábrán különbséget teszünk a követett és a vallott szint között, amikor a háromszögekre gondolunk, ugyanúgy, mint ahogyan az énéállapotokkal tesszük, amikor különbséget teszünk a belső (strukturális) és viselkedési (funkcionális) énéállapotok között (a belső és viselkedési énéállapotokra használt címkék Haytól, 2009-ből származnak).

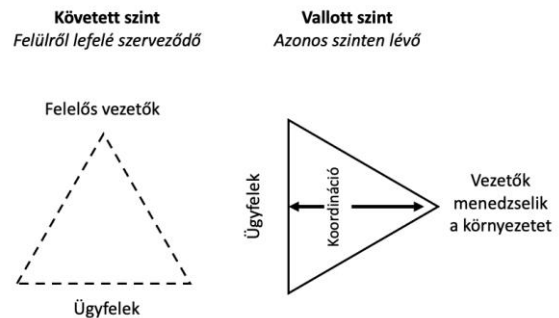
- **Vallott szint** - az a kimondott, deklarált szint, amelyet különböző vállalati rendezvényeken vagy más fórumokon és platformokon mondanak el az alkalmazottaknak és az ügyfeleknek. Ezt ugyanabban a formában jelenítem meg, mint Hay az eredeti szervezeti háromszög modellben, ahol folytonos vonallal rajzolja meg az alakzatot.
- **Követett szint** - az a belső, pszichológiai forgatókönyv, amelyről nem beszélnek, de amely szerint valójában cselekszenek. Ezt szaggatott vonallal rajzolom meg az ábrázolásban, ahogy Berne (1964) teszi a pszichológiai játzmák során a rejtett tranzakciók ábrázolásakor, és ahogy Hay (2009) teszi a belső (strukturális) énéállapotok megjelenítésekor, kifejezve, hogy ez a szint nem látható, nem közvetlenül megfigyelhető, mégis jelentős hatással van a történések dinamikájára. Néha a követett szint váratlanul a felszínre kerül, és rossz érzéseket kelt, amint azt az alábbi példákban majd láthatjuk.

"Tisztázott szintnek" nevezem, amikor a követett és a vallott szint szinte teljesen átfedésben van, ami a gyakorlatban nem jelent problémát. Tehát összesen három tisztázott változat létezik. Van azonban két tipikus, problémás változat, ahol a követett és a vallott szintek eltérnek egymástól, ezeket a következőkben, konkrét eseteken keresztül magyarázom el.

1. jelenség

Ezt akkor tapasztaljuk, amikor a követett szint felülről lefelé irányuló de vallott szinten egy szinten vannak (6. ábra). Erre példa az, amikor egy vállalat azt állítja, hogy az ügyfelet helyezi előtérbe, de a gyakorlatban valójában nem ez a helyzet. Egyszer egy szervezet azt vallotta például a marketingkampányaiban, hogy mennyire ügyfélközpontú, azonban amikor megvizsgáltuk a fő teljesítménymutatókat (KPI-ok), azt találtuk, hogy inkább azt a hatékonyságot elemzik és értékelik, hogy hogyan lehet maximalizálni az eredményeket az egyes ügyfelekkel töltött idő minimalizálásával. Az alkalmazottak hajlamosak a KPI-ok irányába dolgozni a vállalat deklarált üzenetei helyett, mert

ez az módja, hogy elérjék saját bónuszait. Mindez ahhoz vezet, hogy az alkalmazottak túl nagy nyomás alatt vannak. Néha tudatosan tudják miért, néha nem, csak az átélt nyomasztó érzésnek és stressznek vannak tudatában, ami abból következik, hogy nem tudják eldönteni, melyik irányt kövessék a kettő közül.



6. ábra: 1. jelenség

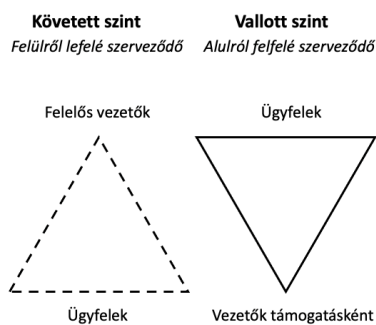
Néha ez történik a szakmai egyesületeinkben is, ahol kívánatos lenne az egy szinten lévő háromszög. A tagok egyenrangúak (és néha ők maguk az "ügyfelek" is), és szorosan együtt kell működniük az általuk választott vezetéssel. A tagoknak kell meghozniuk a döntéseket és együtt kell működniük a vezetéssel, akik koordinálják és menedzselik a szervezet környezetét. Az egyesület egy nagyon demokratikus jogi entitás. Azonban láthatunk példákat arra, hogy ez az egyenlőség csak színlelés. A döntések során nem minden tagot kérdezznek meg, vagy a tagoknak kellő információ nélkül kell szavazniuk, esetleg az egyesületi döntésekről való szavazás csak formalitás, nem előzi meg és nincs kellő tere érdemi vitának és eszmecserének a döntéseket megelőzően. Szélsőséges és valószínűleg nem gyakori példa, de egyszer részt vettem egy egyesületi közgyűlésén, ahol minden kérdést 100%-os igen szavazattal döntöttek el, ami mesterséges harmóniára utal.

Elgondolkodhatunk azon, hogy ez hogyan jellemzi egyes kormányok dinamikáját is, például amikor kijelentik, hogy döntéseik nemzeti konzultáción alapulnak, de a gyakorlatban azok nem valós felméréseken, fórumokon vagy a demokratikus konzultáció bármely más formáján, hanem manipulált, szuggesztív kérdéseken alapulnak. Olyan módszereket alkalmaznak, ahol a végeredmény nagyon kiszámítható, majd gyakran nagy, propagandára emlékeztető marketingkampányokkal hirdetik, hogy az eredmények a polgárok "elsöprő támogatásán" alapulnak.

2. jelenség

Ezt akkor tapasztaljuk, amikor a követett szint felülről lefelé szerveződő, azonban a vallott szint

alulról felfelé (7. ábra). A 7. ábrán látható helyzet olyankor áll elő, amikor például valójában az ott dolgozók fontosabbak, mint az ügyfél, annak ellenére, hogy vallott szinten azt állítják, hogy az ügyfelekért dolgoznak. Ezt leginkább az állami tulajdonú vállalatoknál láthatjuk, mint például a szerencsejáték vállalatok. Érdekes példa erre számomra, hogy a magyar állami tulajdonú szerencsejáték társaság négy egymást követő évben nyerte el a "szolgáltatási szektor legvonzóbb munkahelye" díjat, amelyet folyamatosan népszerűsítene a kommunikációs platformjaikon, és amelynek rejtett üzenete az, hogy valójában az ott dolgozók az igazán fontosak.



7. ábra: 2. jelenség

A másik példa erre időnként a nemzeti vasutak, amelyek mind azt mondják, hogy az utasok a legfontosabbak, de néha a gyakorlatban nem ez a helyzet. A statisztikák szerint (Weiler, 2024) például látható, hogy a Magyar Államvasutak az elmúlt 4 évben egyre rosszabbul teljesített, bár a közösségi média felületeiken azt mutatják be, hogyan fejlődnek. Egy másik probléma az, hogy a bemutatott fejlesztések nem reagálnak a legrelevánsabb ügyféligenyekre. Például a közösségi médiában láthatjuk, hogyan újítottak fel egy mosdót egy váróteremben, azonban a késések száma évről évre jelentősen nő.

Egy másik példa volt, amikor egy olyan cégnél dolgoztam, ahol minden céges rendezvényen a vezérigazgató kijelentette, hogy az ügyfél a legfontosabb, és mindig arra kell figyelni, hogy mi a jó a vásárlóknak, azonban a gyakorlatban a cég nem azon munkatársak visszajelzései alapján végezte termékfejlesztést, akik az értékesítéssel foglalkoznak, tehát a legtöbbet találkoztak az ügyfelekkel. Sőt, az értékesítők nem is vettek részt a rendszeres vállalati elégedettségi felmérésben, amely csak a központban dolgozókra terjedt ki (HR, IT, jogi osztály, termékfejlesztés stb.). Egy másik nyom erre vonatkozóan, amikor egy vállalatnak van egy marketing kampánya, amely ahelyett, hogy arról szólna, hogy az ügyfél mit nyer az adott

termékkel, összehasonlítja magát más versenytársakkal, ami azt a rejtett üzenetet küldi, hogy a márka fontosabb, nem pedig az, hogy a termék jobban reagáljon az ügyfelek igényeire. Ez a jelenség tapasztalható azokban a cinikus megjegyzésekben is, amelyeket a dolgozók a vezetés háta mögött tesznek arról, hogy mindenki tudja, hogy az ügyfél érdekeinek előtérbe helyezése badarság.

A követett és a vallott szint közötti különbség számos módon okozhat problémákat, például ha a vallott szint félrevezeti a frissen felvett alkalmazottakat. Egyszer, amikor egy biztosító társaságnál dolgoztam azt tapasztaltam (2. jelenség), hogy egy új alkalmazott arra számított, hogy a cél valójában az lesz, hogy segítsen az ügyfeleknek biztosítással védelmet teremteni, mivel a toborzási interjúorozatban vallott szinten ezt közvetítették neki. De amint elkezdett dolgozni, rájött, hogy ez nem így van. Arra kényszerült, hogy a termékeket az ügyfél igényeitől függetlenül értékesítse. Csalódottan hagyta el a céget. Mindez az exit interjúból derült ki, amely jó példa arra, amikor váratlanul felszínre kerül a követett szint, ahogy a pszichológiai játszmák végén a rejtett tranzakciók esetében is történik (Berne, 1964). A hasonlóságot tükrözi az is, hogy a helyzetben érintettek végül mindannyian ugyanúgy rossz érzésekkel távoznak.

Kontextuális megfontolások

Az, hogy a követett és a vallott szint közötti eltérés milyen alapon jön létre, nagyban függ a kontextustól. Ami a szervezetben történik, az sokszor leginkább a vállalat első emberének személyes jellemzőit tükrözheti. A biztosítótársaság esetében a kontextus része volt, hogy az új vezérigazgató két éve dolgozott ott, és támogatta az "ügyfél felül" hierarchiát. Az előtte lévő vezérigazgató inkább a fentről lefelé irányuló, vallott és követett szinteket sugallta. Az új vezérigazgató szeretne ezen változtatni, de ehhez időre van szükség. Ahhoz, hogy ez sikerüljön, a kultúrát és a folyamatokat is meg kell változtatniuk. Amíg ez nem rendeződik, addig az ott dolgozók stresszesek lesznek emiatt, ahogy a fenti példában is láthattuk.

Egy másik kontextuális hatás az, hogy azok a cégek, amelyek munkaerőhiánnyal küzdenek, és nagyon szeretnének munkaerőt bevonni, olykor valami mást vállalhatnak, mint amit valójában a munkatársakkal és az ügyfelekkel tesznek, és ez nagyobb valószínűséggel eredményezi az 1. jelenséget.

Még egy kontextuális hatás lehet, ha az országban és/vagy a szervezetekben jellemző a korrupció, a politizálás és a bürokrácia. Ezek általában a 2.

jelenséget idézik elő, különösen, ha néhány országban megfigyeljük az állami tulajdonú vállalatokat.

Végül, ha egy vállalat monopolhelyzetben van, vagy csupán kevés versenytársa van a piacon, ez nagyobb valószínűséggel vezet a 2. jelenségben leírt esetekhez. Azonban az is vezethet ehhez, ha a verseny túl magas, a termék nem egyedi, és a vállalat manipulatív marketing és üzleti stratégiát alkalmaz.

Hogyan elemezhetjük a két szint különbségeit a modellel?

Azt javaslom, hogy a szervezetfejlesztési projekteknél, amikor egy vállalat elemzését végezzük, ne csak a vallott, deklarált szintre fókuszáljunk, hanem figyelembe kell vennünk a követett szintet is, ami pszichológiai szinten történik, ugyanúgy, ahogyan azt tesszük az énéllapotok esetében is.

A különbségek megfigyeléséhez két tényezőt kell elemeznünk: hogyan és miért jutalmazza az embereket fizikai szinten. Például milyen pozíciók léteznek a szervezetben, és hogyan járulnak ezek hozzá a vállalat teljesítményéhez? Mik a KPI-ok, munkafolyamatok, bónuszrendszerek? Léteznek-e és ha igen, ki tölti ki a munkavállalói és ügyfél-elégedettségi felméréseket stb.?

Ezek mellett meg kell vizsgálnunk, hogy milyen jutalmak vannak pszichológiai szinten, amire a TA-ban sok minden rendelkezésünkre áll. Például megvizsgálhatjuk, hogy milyen minták vannak a szervezetben a Szülő, a Felnőtt és a Gyermekek strukturális énéllapotok tekintetében (Berne, 1964), és hogyan tapasztaljuk meg a viselkedési mintákat a Gondoskodó Szülő, a Kontrolláló Szülő, a Funkcionális Felnőtt, a Természetes Gyermekek, az Alkalmazkodó Gyermekek viselkedéses énéllapotok szempontjából (Hay, 2009). A stroke mintákat a feltételes és feltétel nélküli, pozitív és negatív stroke-ok szempontjából elemezhetjük (Cooper & Kahler, 1974). Megvizsgálhatjuk a vezetési stílusokat, amire használhatjuk Krausz (1986) modelljét, aki a felhasznált energia mennyisége és az elért eredmények alapján négyféle vezetési stílust azonosít: kontrolláló, coaching, kényszerítő, részvételi (vagy partícipatív). Vagy ott van Hay (2009) vezetési modellje (Kahler, 1979a, 1979b alapján adaptálva) ami szerint az alapján, hogy egy személy aktív vagy passzív a kapcsolat kezdeményezése során, és inkább másokkal együtt vagy egyedül dolgozik, más és más vezetési stílusra van szükség. Hay ezt összekapcsolja azzal is, hogy mindebből következtethetünk egy személy munkastílusára és az általa preferált stroke típusokra is. Ezek mentén a lehetséges vezetési

stílusokat úgy határozza meg, mint törődő, kapcsolódó, konzultáló, irányító és tömör. Elgondolkodhatunk azon is, hogy milyen hatalmat használnak a szervezetekben és miért, Steiner (1981) például a következő osztályozást használja: földelés, tudás, irányítás, kommunikáció, szenvedély, szeretet és transzcendencia; Krausz (1986) javasolja a kényszer, a jutalom, a tudás, a kompetencia, az interperszonális, a támogatás, a pozícióból adódó használatát; vagy ott van Hay (2015, 2024b) átfogó modellje, amely integrálja az előző kettőt (és még két nem TA szerző anyagát is): fizikai, anyagi, teljesítmény, személyes, pszichológiai, pozícióból adódó és politikai hatalom.

A tisztázott szint

Már kifejtettem, hogy ez alatt azt értem, hogy a követett és a vallott szint szinkronban van, függetlenül attól, hogy felülről lefelé, alulról felfelé vagy egy szinten működnek. Fontos megjegyezni, hogy a szervezetek sokat nyerhetnek azzal, ha a két szint összhangban van. Például a különbségek miatt kevesebb belső feszültség van a vezetésben és a munkatársakban; az újonnan felvett kollégák nem esnek ki rögtön az indulás után; a stratégiai lépések tárgyalása sokkal könnyebb, mert mindenki pontosan tudja, hogyan működnek a dolgok; ezért a vezetők és a munkatársak elégedettebbek. Mivel elégedettek, kevésbé lesznek stresszesek, így kevesebb lesz a driver vagy sorskönyvi viselkedés az alkalmazottak részéről, és így kevesebb pszichológiai játszma lesz. Így egyre inkább képesek lesznek jobb kapcsolatot kiépíteni saját vezetőikkel és az ügyfelekkel is. A jó kapcsolat pedig az ügyfelek elégedettségének egyik igazán jelentős forrása.

Bár az említettek közül bármilyen szervezeti struktúra működhet, fontos kiemelni, hogy egy világos és azonos szinten lévő megközelítés hasznos lehet a tekintetben, hogy mit várnak el a fiatalok ma és a jövőben. Gondoljunk arra, amit a munkaerőpiacokon látunk szerte a világon: a fiatalabb munkavállalók türelmetlenek, vágyanak a kihívásokra és a növekedésre, és éhesek arra, hogy azt érezzék, hogy hatásuk van. A kutatások azt is mutatják, hogy a Z generáció (1996-2009 között születettek) egyre inkább vágyik az együttműködésre és partnerségre az iskolákban és a munkahelyeken (Mészáros & Lestyán, 2016). A kutatók 2018-ban azt jósolták (Ruzsa, 2018), hogy a Z generáció lesz az "önazonosság kifejezésének generációja". Ma már láthatjuk, hogy ez mennyire igaz. Ez azt jelenti, hogy egy-két évtizeden belül azok a vállalatok lesznek sikeresek, amelyek ezt az identitást tudják megszólítani az egyénekben. A gyakorlatban ez azt jelenti, hogy egy sikeres vállalatnak nem szabad különböző értékekkel

rendelkeznie vallott és követett szinten. Az ilyen munkavállalók tudatosak, akik szükség esetén továbblépnek, nem félnek gyakrabban munkahelyet váltani. Nem arra számítanak, hogy majd utasításokat kell elfogadniuk, és sokkal szívesebben dolgoznak olyan vezetővel, aki bizalmi kapcsolatot épít ki a munkavállalókkal, és a hagyományos tekintélyelvűség helyett folyamatosan és részletesen visszajelzést ad nekik a munkájukról (Visontai-Szabó, 2020). Így ez a generáció vágyik az egy szinten lévő hierarchiára, ahol ez elérhető. Ha a vállalat nem alkalmazkodik ehhez, könnyen elveszítik az új generáció érdeklődését.

Azokban a szervezetekben, ahol ezt az igényt már érzékelik, a szervezetfejlesztés folyamatában az lehet a feladatunk, hogy segítsük a szervezeteket abban, hogy vallott és a követett szinten is elérjék az egy szinten lévő hierarchiát. Azt is fontos megjegyezni, hogy a tisztázott és a követett szintek közelítése egymáshoz lehetséges, de anélkül, hogy az az illúzióknak lenne, hogy ez teljes mértékben lehetséges. Ezért a tisztázott szint valójában a törekvés irányát fejezi ki, amely felé beavatkozásainkat tervezni tudjuk.

Egy példa: egyszer egy nagyvállalatnál az értékesítők, az értékesítési vezetők és a központban dolgozó emberek nagyon külön dolgoztak egymástól, mintha két külön vállalat lennének, annak ellenére, hogy "egyek voltak". A szervezetfejlesztési projektben, amelyben részt vettem, azt csináltuk, hogy meghívtuk az értékesítési vezetőket és az értékesítési top vezetőt (aki a központhoz tartozott) egy kandalló beszélgetésre. A résztvevők kérdéseket dobhattak egy kalapba, majd ezekből húztunk, és ezekről közösen beszélgettek. Nagyon tartalmas diskurzus volt. Biztos voltam benne, hogy a résztvevők évek óta nem folytattak ilyet. Néhány héttel később az értékesítési munkatársak így kommentálták az eseményt: "Útmutatást kaptam, utána már nem voltak váratlanok a döntések a központból, tudtam, mire számíthatok, tudtam, hogyan kell felkészülni rájuk, és ez alapján tudtam irányítani az embereimet", "Emberi szempontból jó volt, nem voltam hozzászokva, hogy a nagyfőnökök leülnek velünk. Éreztem, hogy fontos a véleményem, meghallgattak, új volt, nagyon jó volt", "Az igazgató elkötelezettsége igazán átjött, ami megerősített engem", "A vállalati kultúra és stratégia átjött, és utána fogaskerékként el tudtam helyezni magam a rendszerben", "Úgy éreztem, hogy az üvegfal, ami köztünk volt, kezd leomlani", "Emberek akarunk lenni, nem csak számok, és ez az érzés, amit ez a beszélgetés teremtett". A vállalat úgy döntött, hogy folytatja ezeket a beszélgetéseket még magasabb szintű vezetéssel is, hogy párbeszédet alakítson ki az értékesítők és a központ dolgozói között.

Mindez azt mutatja, hogy ez a vállalat - ennek és később néhány más beavatkozásnak a segítségével - jó úton halad az azonos szinten történő munkavégzés felé, nem csak vallott, hanem követett szinten is.

Fejlesztési megközelítés

Fontosnak tartom, hogy a megtapasztalt jelenséget ne problémaként, hanem egy aktuális állapotként értelmezzük, ahol a követett szint az aktuális helyzetet, a vallott szint pedig a vállalat jövőképét tükrözi, amely irányába tendálnak és dolgoznak. Ez az értelmezés a szervezetfejlesztési projekteken részt vevő ügyfeleink számára is elfogadhatóbb és támogatóbb. Hangsúlyozhatjuk, hogy ezzel nincsenek egyedül a piacon, és megoszthatunk velük néhány fenti példát, hogy mindez mennyire jellemző. Majd azzal folytathatjuk, hogy a fejlődni vágyó, versenyképes szervezetek azonban érzékelik ezt, és ha egyszer észrevették, már kezelni tudják.

Így TA szakemberként segíthetünk a szervezeteknek abban, hogy a modell segítségével felismerjék, mi történik velük, hogy tudatosítsák azt, amiről esetleg nem volt tudomásuk (bár valószínűleg érezték). Ily módon segíthetünk ügyfeleinknek olyan változási lehetőségek kidolgozásában, amelyek a vallott és a követett szintek közötti összehanghoz vezetnek. Ez az ügyfelek és a munkatársak személyes érdeke, valamint a vállalaté is a hosszú távú, kiegyensúlyozott, növekvő működés és teljesítmény szempontjából. Mindez eljuttathatja a szervezeteket a tisztázott szint eléréséhez, hogy így már képesek legyenek használni a bennük rejlő teljes potenciált.

Lovas Szabolcs szervezeti tanácsadó, aki 26 szervezet több mint 4000 munkatársával dolgozott együtt, egyéni és csoportos fejlesztéseket végezve. Fő megközelítésként a TA-t használja, más módszerekkel kombinálva. E folyóirat absztraktjainak teljes sorozatát önkéntesként magyarrá fordította. Kapcsolatba léphetsz vele a hello@lovasszabolcs.hu címen.

Hivatkozások

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Переосмислюючи Родителя: модель его-станів за принципом цінності

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Це переклад з англійської статті, опублікованої у IJTARP Kornyejeva, L. (2023). Rethinking the Parent: A Valuing-Based Ego State Model. *International Journal of Transactional Analysis Research & Practice*, 14(2), 24–32.
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Абстракт

Два інтегративні компоненти его-стана Родитель оригінальної функціональної моделі переглядаються в контексті психотерапевтичної роботи та її ефективності. Представлено та аргументовано альтернативну інтерпретацію функціональної моделі, засновану як на теоретичних міркуваннях, широко прийнятих у професії, так і на практичному застосуванні переглянутої моделі. Ця розробка базується на принципі цінності, тобто на передумові, що потреба у підтвердженні цінності є головною соціальною потребою і що досвід знецінення із боку значної родительської фігури викликає психологічну травму і супутні дефіцити та компенсації. Обговорюється важливість самооцінки в контексті прихильності, «нарцисічної рани» та вразливості, також наведено емпіричні дані та терапевтичні реакції у психотерапевтичній практиці. Для ілюстрації застосування моделі

наведено практичний приклад парної терапії.

Ключові слова:

принцип цінності, модель его-станів, Знецінюючий Родитель, Цінуючий Родитель, погладжування, терапія відносин

Введення

Переосмислення его-стана Родитель, описане у цій статті, було мотивовано бажанням підвищити ефективність психотерапевтичної роботи. Представлені тут моделі за принципом цінності використовуються в роботі з 2016 року. Вони випробувані в індивідуальній психотерапії в терапевтичній групі та у парній терапії; кейс із практики наведено нижче. ТА-колеги, які практикують у галузі психотерапії та освіти, знайомі з цим підходом, дали підходу позитивні відгуки.

Моделі его-станів

Его-стан є одним з основних понять ТА і протягом часу виникали різні способи визначення різниці між структурною і функціональною моделями его-станів. Хоча Берн представив структурну модель як розуміння інтрапсихічної композиції особистості, а функціональну модель щоб аналізувати, наскільки по-різному три его-стани можуть

функціонувати і викликати ефекти в рамках трансакцій, він описав останню модель тільки з точки зору поведінки, що спостерігається. Таким чином, у нас є простір для припущень, як саме поведінка виникає зі структури, так, згідно з описом Хей (Hay, 2009), у нас є внутрішні его-стани, які функціонують всередині і потім маніфестуються у поведінці.

Частина епітетів, що позначають контрпродуктивну частину функціонального Родителя, явно негативно забарвлені: Критикуючий Родитель, Упереджений Родитель, Мати-Відьма, Родитель-Свин. До різниці між двома функціональними частинами Родителя Штайнер (Steiner, 1990) підходив з погляду погляджувань, стверджуючи, що позитивні погляджування виробляються лише Турботливим Родителем, а негативні — Критикуючим. Так звану атаку Родителя-Свина (Pig Parent attack) він розумів як один з гострих проявів Критикуючого Родителя, що являє собою «інтенсивну обвинувальну, засуджуючу, емоційну атаку на окейність індивіда» (Steiner, 1979, стор. 34) і писав, що саме Критикуючий Родитель є причиною труднощів у відносинах, відіграє роль у формуванні сценарію і абсолютно контрпродуктивний і несумісний із відносинами співпраці.

Контролюючий Батько як найменування его-стану також асоціюється з негативом та водночас трохи заплутує, адже контроль є однією з найважливіших батьківських функцій і особливо актуальною, коли маленькі діти ще не здатні оцінити можливі ризики або небезпеки. Проте батьківський контроль може здійснюватися як дбайливим, шанобливим і

підтримуючим способом, так і образливим, обмежуючим, пригнічуючим та позбавляючим віри в себе. Перший спосіб контролю передбачає цінуюче відношення з боку батьківської фігури, при якому дитина відчувається добре; а другий має знецінюючий характер і викликає небажані емоції. Розпливчастий епітет «Контролюючий» для Родителя недостатньо описовий, коли ми намагаємось позначити контрпродуктивні форми взаємодії та моделі поведінки, бажаючи замінити їх гармонійними. Через неточність найменувань за роки в трансактному аналізі виникли й альтернативні функціональні моделі, у тому числі ті, в яких до Родителя додаються знаки плюс і мінус — щоб виразити ідею, що прояви обох частей Родителя можуть бути і позитивними, і негативними.

Самооцінка, прихильність та дитячий досвід

Підхід Берна став звільняючим, розширюючим можливості та революційним саме тому, що філософія трансактного аналізу визнає та підкреслює індивідуальну цінність кожної людини. БERN був одним із перших, хто наполягав на тому, щоб фахівці розмовляли з пацієнтами зрозумілою їм мовою і ставилися до них як до рівних за цінністю особистостей. У цьому контексті корисно коротко переглянути, як історично розвивалося розуміння індивідуальної цінності у психологічній теорії та практиці.

Альфред Адлер представив концепцію комплексу неповноцінності як відчуття власної неповноцінності в контексті сприйнятої переваги інших над собою і вважав, що це відіграє

ключову роль у розвитку особистості (*Hergenhahn and Olson, 2006*). Дональд Віннікотт (*Winnicott, 1973*) стверджував, що уважне ставлення матері до своєї дитини має вирішальне значення для здоров'я. Абрахам Маслоу (*Maslow, 1968*), що включив потребу в любові та повазі до своєї ієрархії потреб, вважав її фундаментальною потребою людини і тому частиною мотивації. Джон Боулбі (*Bowlby, 1969*) припустив, що людина розвиває внутрішню робочу модель іншого та внутрішню робочу модель себе, яка визначає, як людина сприймає себе, і яка потім вплине на її/її впевненість у собі, самооцінку чи залежність. Він визначає розвиток особистості буквально так: "Досвід взаємодії маленької дитини з матір'ю, яка заохочує, підтримує та здатна до співпраці, а трохи згодом і з таким батьком, дає йому відчуття власної цінності, віру в схильність до неї інших та сприятливу модель майбутніх відносин. Більше того, даючи дитині можливість впевнено дослідити навколишнє середовище та ефективно з ним взаємодіяти, такий досвід також сприяє розвитку почуття компетентності. ... Інші умови раннього дитинства та більш пізнього досвіду дорослішання дають зворотні ефекти, що призводять зазвичай до зниженої стійкості, дефіцитів контролю та вразливості та схильні зберігатися надовго» (с. 378). Мері Ейнсворт (*Ainsworth and Bowlby, 1965*) також приділяла увагу важливості материнської чуйності у розвиток надійної прихильності дитини. Карл Роджерс (*Rogers, 1961*) бачив джерело труднощів багатьох людей схильності вважати себе нікчемними і нездатними бути коханими і підкреслював важливість прояви безумовного прийняття клієнта, бачачи у такому відношенні джерело бажаних позитивних змін.

Взаємозв'язки між нарцисизмом (його ефектами) і прихильністю та між прихильністю та самооцінкою також добре розроблені психологами та дослідниками. Бейкер і Бейкер (*Baker and Baker, 1987*) підкреслили такий аспект, як індивідуальну здатність втішати і підтримувати себе (тобто регулювати самооцінку зсередини), що забезпечується стійкою інтрапсихічною структурою особистості. Паттон і Роббінс (*Patton and Robbins, 1982*) припустили, що це вміння забезпечує індивіду здатність ефективно досягати цілей та вибудовувати відносини. З погляду індивідуальної цінності цікаво, що тези теорії прихильності підтвердили й емпіричні дослідження: було виявлено, що надійна прихильність корелює з більш позитивною думкою про інших (*Collins and Read, 1990; Hazan and Shaver, 1987*), здатністю встановлювати довіру (*Feeney and Noller, 1990; Hazan and Shaver, 1987*) і близькість (*Bartholomew and Horowitz, 1991; Levy and Davis, 1988*). Розуміння надійної прихильності передбачає цінуюче ставлення як до себе, так і до інших і здатність до співробітництва та відкритості (*Pistole, 1995*) і всі ці знахідки повністю узгоджуються з розумінням Берна позитивної життєвої позиції "Я окей — Ти окей", коли власну цінність і людську гідність ти сприймаєш як рівні цінності та гідності іншого.

Нещодавні емпіричні дослідження, проведені Беатріс Бібі (*Beebe and Lachmann, 2020*) спостерігали внутрішні та інтерактивні процеси, що розгортаються в рамках спілкування віч-на-віч матері та немовля у мінливих обставинах. Дослідження показало, що регуляція взаємодією ніколи не є єдиним

організуючим процесом; вона здійснюється разом із самоорганізацією індивідуальних процесів та ритмів, які частково залежать від індивідуальної реакції на поведінку партнера, отже, є частково діадичними.

Досвід травми немовля у відносинах з батьками був у центрі уваги багатьох дослідників в останні десятиліття. Травма стосунків виникає в житті немовляти в рамках взаємодії з первинними об'єктами любові і може негативно позначатися на індивідуальній організації прихильності та несприятливо впливати на розвиток дитини (Baradon, 2009; Schore, 2003). Травматичний ранній досвід стає «нерозв'язним парадоксом» для немовляти, оскільки його фігура прихильності сприймається їм і як джерело загрози виживання, і як джерело психічної цілісності (Liotti, 2004; Main and Hesse, 1990). Бланк та Бланк (Blanck and Blanck, 1979) і Мур та Файн (Moore and Fine, 1990) виявили навіть ще важливіший і релевантний у контексті трансактного аналізу аспект — що людина без травми стосунків виявляє здатність цінувати себе як і значимих інших, тобто самооцінка та повага до інших розподілені у неї рівномірно. Бейкер та Бейкер (Baker and Baker, 1987) і Паттон та Роббінс (Patton and Robbins, 1982) описали протилежний ефект у випадку індивідів з менш структурованою або більш недиференційованою структурою самості. Здатність поважати себе та інших більшою мірою залежить від пережитого відношення інших і таких їх дій, що підтримують самість, тобто функцій підтвердження цінності, прийняття та втіхи. При більш тендітній структурі самості людина відчуває більше труднощів у підтримці

внутрішнього відчуття комфорту та власної цінності, тому її легше поранити чи зачепити, тобто вона більш вразлива.

Потреба у підтвердженні цінності

Наведений короткий огляд релевантних психологічних теорій та емпіричних досліджень наголошує на важливості потреби бути цінним — як у дитячо-батьківських відносинах, так і у дорослих. Аналіз форм взаємодії, які впливають на суб'єктивне сприйняття індивідуальної цінності має вирішальне значення. Тому для визначення функціональних частин еґо-стану Родитель може бути корисним враховувати принцип цінності, який можна звести до відомої максими «Стався до інших так, як хочеш, щоб вони ставилися до тебе» — це широко відоме в різних релігійних навчаннях та етичних системах “Золоте правило”. У більш точній психологічній термінології вираження цінуючого родительського відношення це прояв уважності та поваги до потреб, емоцій та сприйняття дитини в рамках взаємодії. І навпаки, знецінююче ставлення це нехтування та неповага до потреб, емоцій та сприйняття дитини. Сприйняття дитини, зрозуміло, залежить від її віку — від менш розвинутого в ранньому дитинстві до високорозвиненого вміння скласти компетентну думку у дорослому віці. Однак ключовою тут є готовність батьків виявляти те ж дбайливе і шанобливе ставлення до поглядів та думок дитини, що і до своїх власних, незалежно від віку дитини. Усі батьківські функції, включаючи позначення кордонів та здійснення контролю, можуть здійснюватися засобами, що підтверджують цінність, а не знецінюють.

Знецінююче ставлення батьків може виявлятися багатьма способами, але його ефект завжди один: ніщо не ранило наші почуття так, як відчуття нецінності в очах того, кого ти любиш і від кого залежиш. Це може бути відчуття власної небажаності чи непотрібності батькам, сприйняття себе як тягара або як вимушеного конкурента братові, сестрі чи комусь з батьків. Приклади батьківського знецінення це усунення, емоційна невключеність у життя дитини та відсутність поваги до її потреб, емоцій, інтересів та вразливостей. При цьому позбавлене грубого насильства витончене знецінення батьків може призводити до не менш травматичних наслідків, ніж грубе фізичне насильство. Нейробіологи Айзенбергер, Ліберман і Вільямс (*Eisenberger, Lieberman and Williams, 2003*) емпірично підтвердили, що досвід відкидання завдає емоційне страждання — соціальне виключення активує ті ж області мозку, які активуються, коли ми відчуваємо фізичний біль.

«Ти потвора» (менш красивий, ніж інші), «Ти дурний» (менш розумний, ніж інші), «Ти божевільний» (менш нормальний, ніж інші) — це поширені приховані послання, які людина згадує в рамках терапії, описуючи сприйняте ставлення до нього батьків, що стало частиною його внутрішнього (само-)знецінюючого голосу. «...Це голос чи образ у голові, який говорить, що людина погана, дурна, потворна, божевільна чи приречена — коротше, що вона не окей», – писав Штайнер (*Steiner, 2003, с.161*). Знецінюючі батьківські послання, здійснюють збентежуючу, знесилливу дію на індивіда; мені бачиться, що індивідуальна сила як здатність діяти і впливати маніфестується через індивідуальну

цінність і взаємопов'язана з нею (*Kornyeyeva, 2022*). Схильність батьків знецінювати дитину не обов'язково є усвідомленою і навмисною, вона може бути просто спробою зробити дитину більш поступливою і керованою, саме через те, що знецінення знижує впевненість і асертивність дитини.

Рей Літтл (*Little, 1999*) надав додаткові докази взаємозв'язку між цінністю та силою у своїй статті про сором і петлю сорому. Він описує, як трансакції приниження та сорому можуть вести до суб'єктивного відчуття нікчемності та непривабливості, а також до пов'язаних із ними поведінкових проявів. Сором є антитезою визнання гідності, яка, згідно досліджень людської гідності в рамках філософії біоетики Сульмасі (*2012*), є продуктом підтвердження або «створюваною цінністю» (*Sulmasy, 2012, с. 938*). Таким чином, посоромлення, як і будь-який інший акт знецінення, має знесилуючу дію: самосприйняття, засноване на відчутті «зі мною щось не так», спонукає уникати будь-якої діяльності, яка може призвести до повторного переживання сорому. Це пояснює використання знецінення як «зброї» у відносинах між батьками та дітьми, яке потім відтворюється у відносинах дорослих та пар як частина динаміки влади та зловживання силою.

Цінуючий та Знецінюючий Родитель

Дотримуючись цих міркувань, терміни «Цінуючий Родитель» і «Знецінюючий Родитель» замість відповідно «Турботливий Родитель» і «Критуючий Батько» використовувалися під час індивідуальних і групових психотерапевтичних сесій. Це

робилося, щоб допомогти клієнтам, не знайомим із транзактним аналізом у всій його глибині, розпізнати психологічні виклики, які їм доводиться аналізувати. Такий підхід сприяє усвідомленому коригуванню патернів мислення та поведінки та формулювання транзакцій без будь-яких елементів знецінення. Таким чином, хоча у клієнтів не виникало потреби вивчати моделі ТА, вони навчалися мислити в категоріях цінності та знецінення, як це показано на діаграмах нижче.

Структурна модель або внутрішні его-стани (мал. 1) відображає тільки продуктивні частини нашої психіки. Вільна Дитина (“Природне Дитина”) це осередок наших почуттів, бажань, спонтанності і дитячої поведінки та наших природних потреб і потреба у підтвердженні цінності — одна з них.

Потреба у підтвердженні цінності має вирішальне значення у будь-яких відносинах; що менш цінними ми відчуваємося, тобто з чим меншою турботою та повагою з нами поводяться, тим більше дискомфорту виникає у стосунках. І тим більш контрпродуктивною може бути реакція на сприйняте знецінення.

Знецінюючий Родитель прямо суперечить нашій потребі у підтвердженні цінності та “опікується тим”, щоб зробити нас більш керованими, адже потреба у підтвердженні цінності — наша вразливість, через яку ми піддаємося контролю. Знецінюючий Родитель робить нас менш самодостатніми і менш здатними загалом, менш усвідомленими щодо власних потреб і емоцій, залежними від батьківських постатей, схильними до симбіотичних відносин.



Малюнок 1. Структурна модель за принципом цінності (автентична автономія)

Замість "Адаптивне" щодо его-стану Дитина використано епітет "Покірне" тому що здорова усвідомлена адаптивність не є ані патологічною ані контрпродуктивною, — вона завжди є продуктом Дорослого. Неготовність усвідомлено і екологічно адаптуватися це похідне від суб'єктивного відчуття неспроможності знайти (більш) оптимальний спосіб взаємодії як наслідок досвіду знецінення і безсилля. Покірність це антипод особистісної автономії, незалежності та здорової адаптивності з Дорослого. Контрпродуктивна Бунтуюча Дитина, це невід'ємна та “запрограмована” частина покірності як відсутності Дорослих стратегій; вона проявляється у різних формах несотрудничаючого поведінки — непродуктивному бунті, спротиві, саботажі, недотриманні

домовленостей, пасивної агресії тощо.

На малюнку 2 відображено функціональну (поведінкову) модель его-станів за принципом цінності, де контрпродуктивні, ініційовані знецінюванням его-стану "блокують" здорові та продуктивні его-стани.



Малюнок 2. Функціональна модель за принципом цінності

Терапія відносин за принципом цінності

Існує ряд підходів до терапії відносин у транзактному аналізі, ефективних у роботі із сімейними системами. Роберт Мессі (*Massey, 1989a*) зробив їх систематизований огляд і описав, як аналіз сценаріїв та аналіз структурних та функціональних его-станів можна використовувати в сімейній/парній терапії. Він також запропонував техніки та інтервенції у своїй пізнішій статті (*Massey,*

1989b), в якій згадує пасивність, симбіоз та бунт, як найбільш значущі симптоми хворих відносин.

Пасивність, симбіоз і бунт ілюструють взаємозв'язок між цінністю та силою як здатністю впливати та досягати бажаного ефекту у відносинах; чим більше знецінюючих і самознецінюючих тенденцій має індивід, тим більше пасивності, симбіозу та контрпродуктивного бунту буде виявлено у його відносинах. Ерскін і Траутманн (*Erskine and Trautmann, 1996*) стверджують, що самість і самооцінка розвиваються у контакті у взаєминах із ранніх фаз розвитку, тобто під впливом батьківських постатей. "Контакт співвідноситься з якістю трансакцій між двома людьми: це усвідомлення як себе, так і іншого, чуттєва зустріч з іншим і справжнє визнання своєї самості" (с. 317). Одна з вищезгаданих вище робіт Літтла (про взаємозв'язок між почуттям сорому та відчуттям нікчемності та непривабливості) це теж проникливий внесок у теорію та практику терапії відносин.

У відносинах цінність має вирішальне значення; за деструктивністю, іграми та ескапізмом у стосунках завжди стоїть незадоволена потреба бути і пережити непідробне відчуття власної цінності в очах партнера. Взаємозв'язок між адекватною самооцінкою та здатністю мати повноцінні відносини та керувати афектами добре відома (*Basch, 1988*). Дослідження показало, що люди, нещасливі у коханні порівняно зі щасливими закоханими, показували симптоми клінічної депресії та зниження залежності від рівня кисню в крові у мозковій мережі, що, як вважається, є проявом великої депресії; ті, хто відчував себе

щасливим закоханим, таких симптомів не виявляли (*Stoessel, Stiller, Bleich, Bönsch, Doerfler, Garcia, Richter-Schmidinger, Kornhuber and Forster, 2011*).

Для роботи з парами необхідна парадигма, що забезпечує та підтримує рівну цінність усіх залучених сторін та неупередженість фахівця, що транслює обом сторонам їхню рівну цінність. Така парадигма дає можливість партнерам усвідомлено витіснити знецінюючі та самознецінюючі форми взаємодії щирими цінючими (підтверджуючими цінність). Зрозуміло, це нетривіальне завдання — взаємодіяти без знецінення під час конфлікту, але воно здійснене в рамках безпеки, що забезпечується професіоналом під час сесій, і пара може продовжувати розпочате поза сесією самостійно, що є важливою передумовою для позитивних змін. Дуже корисним інструментом у цьому контексті є те, що Штайнер (*Steiner, 1990*) назвав кооперативним контрактом. Кооперативний контракт означає, що всі учасники добровільно беруть на себе відповідальність за свої дії та висловлювання та свідомо виключають силові ігри, брехню та порятунок зі своїх взаємодій. Крім того, традиційний контракт про бажані зміни у розумінні трансактного аналізу узгоджується на основі очікувань, виражених обома сторонами.

Терапія стосунків у парі: кейс Мері та Джона

Контракт з Мері (35 років) та Джоном (37 років) (обидва імені змінені) був частиною моєї роботи у 2020 році. Було проведено шість сесій, в рамках яких контракт був успішно виконаний, а за кілька місяців від пари надійшов відмінний відгук про

позитивні ефекти нашої роботи в їхньому житті та стосунках.

Мері та Джон на момент нашої зустрічі жили разом близько 18 місяців і планували одружитися та завести дітей. Джон ініціював першу сесію зі мною після конфлікту, що виник між ними через стосунки Джона з його сином-підлітком від першого шлюбу. Цей конфлікт став причиною їхнього раптового розставання; Мері пішла з дому, поки Джон був на роботі. До цього були й інші складнощі, спричинені стосунками Джона з матір'ю його дитини, його колишньою дружиною. Мері з'їхала і залишила записку, в якій говорилося, що вона хоче припинити стосунки. Джон почував себе покинутим, пораненим і незрозумілим, оскільки думав, що він робить все можливе, щоб їхні стосунки з Мері були щасливими. Мета терапевтичного контракту була у гармонізації їх взаємодії, деескалації конфлікту та відновлення взаєморозуміння між ними.

Як тільки контракт був укладений, я запросила Мері та Джона більш уважно і чуйно відстежувати, якими погладжуваннями вони обмінюються в комунікації та розвинути чутливість щодо своїх дій та погладжень та щодо того, чи сприймаються вони як цінючі чи знецінюючі. Вони почали розглядати ефекти погладжувань через власні емоційні реакції на них. Щоб сприяти цьому процесу, функціональна модель еґо-станів була представлена та пояснена. Кожен узяв на себе завдання розвинути усвідомленість щодо власних внутрішніх процесів (схильність до самознецінення, нестачі Дорослого в мисленні та поведінці) та відстеження ефектів

цих процесів. Також було узгоджено завдання свідомо виключати Знецінюючого Родителя, як з внутрішнього, так і із зовнішнього діалогу та покладатися натомість тільки на Цінуючого Родителя.

Увага до внутрішніх процесів та дбайливе ставлення до травми кожного у парі були тут дуже важливі. Трансакції є ключем до кращого розуміння цих процесів та допомагали усвідомленій роботі на бажаний результат. Враховуючи те, що фрагменти сценарію і травми відтворюються в наших погладжуваннях і в наших реакціях на отримані нами погладжування, мета тут — навчитися діяти поза засвоєними контрпродуктивними шаблонами. Щоб сприяти цьому, я запропонувала чуйно фокусуватися на погладжуваннях і емоціях, що викликаються ними і почати поводитися з собою з більшою дбайливістю, турботою та повагою. Наприклад, попросити свого партнера про підтримку та розуміння, а не продовжувати почуватися самотнім, незрозумілим та безпорадним.

Актуальні емоції Мері та Джона були названі та проаналізовані. У безпечному терапевтичному просторі їм стало можливо як усвідомлювати, так і відкрито висловлювати власні емоції разом з їх причинами, як вони їх суб'єктивно сприймали («Коли ти це зробив, я відчула злість», «Мені стало сумно, коли ти залишила мій телефонний дзвінок без відповіді» та ін.). Кожен із партнерів почав краще розуміти, як саме його/її емоційні реакції суб'єктивно сприймаються іншим. Це призвело до кращого взаєморозуміння та прийняття один одного. Тенденція знецінювати та приховувати емоції була відкрито обговорена, як і сімейний сценарій,

який кожен із них привносив у стосунки. Мері та Джон погодилися краще усвідомлювати свої емоції та їхні справжні причини та відкрито висловлювати їх один одному без знецінення та самознецінення.

Наприкінці першої сесії я попросила кожного з них знайти якийсь вчинок чи індивідуальну якість, яку він цінує в іншому і за яку хотів би висловити вдячність погладжуванням. Джон висловив свою вдячність Мері за її терпіння, оскільки його інтенсивна робота залишає їм набагато менше часу, ніж він хотів би проводити з нею; Мері дала файне погладжування Джону за те, що він дуже добрий батько своєму синові. Умовою обміну погладжуваннями було те, що вони повинні бути повністю щирими та цілком вільними від знецінювання та самознецінювання; спочатку негативні емоції як Мері, і Джона перешкоджали цьому. Також відчуття невпевненості та дефіцит досвіду абсолютної щирості були спочатку помітні в обох і я акуратно висловила це спостереження у формі припущення. Коли вони підтвердили мій інтуїтивний здогад, я дала їм гарне погладжування за вже виявлену ними сміливість і відкритість, і це дбайливе сприяння допомогло їм продовжити чесно говорити про свої хворобливі рани та очікування. Так їхнє емоційне самопочуття покращало, що допомогло роботі над відновленням довіри один до одного.

Наступні сесії були присвячені розвитку сенситивності до формулювань, яка б допомогла Мері та Джону розпізнавати елементи знецінення в їх взаємодіях і формулювати висловлювання так, щоб вони були одночасно і не знецінюючими, і щирими. Модель за принципом цінності

використовувалася ними на кожній сесії, що допомагало їм визначати, чи погладжування було сприйнято як знецінююче. Щоб сприяти їх усвідомленості щодо поведінкових проявів его-станів, мені іноді доводилося припиняти обмін трансакціями і запитувати: «Чи можете ви зараз визначити, з якого его-стану виходить це ствердження/питання?» і іноді мова заходила і про те, що саме спричинило ту чи іншу трансакцію. Чим більше ми спиралися на модель, тим легше і швидше кожен з них міг знецінююче (пере-)формулювати власні висловлювання. Зумівши виключити Знецінюючого Родителя з комунікації, вони могли спостерігати, як стає можливим досягнення бажаного ефекту.

Багато знецінюючих трансакцій з минулого необхідно було проговорити, оскільки біль, гнів та смуток, спричинені їх попередніми взаємодіями, перешкоджали процесу взаємного зближення. Ми говорили про емоційний біль і про зв'язок між болем та незадоволеною потребою відчувати себе цінним. Почуття Мері були зачеплені, тому що вона відчувала ставлення Джона якби вона була для нього менш цінною, ніж його колишня дружина, але вона зовсім не могла говорити відкрито про це раніше («Я відчувала, що я для тебе менш важлива, ніж твоя колишня дружина та її очікування до тебе»). Це суб'єктивне сприйняття Мері було до того неочевидним для Джона, для нього це був дуже важливий інсайт, як і можливість почути, як Мері висловлює тепер своє сприйняття відкрито та без знецінення.

Спочатку Мері була недостатньо відкрита, щоб говорити про свої інтенсивні емоції, які вона відчувала;

вона приховувала свої емоції від Джона, бо боялася, що він не прийме її вразливість чи подумає, що вона «надто гостро реагує». Аналіз її сценарію показав, що схильність до самознецінення була присутня у Мері ще в її дитинстві і в попередніх відносинах, тому вона боялася «зруйнувати і ці відносини», що посилювало її самознецінюючі тенденції, що негативно позначалося на її взаємодії з Джоном. Джон усвідомив, що його старий страх відкидання був реактивований, коли Мері пішла від нього, і що він страждає більше, ніж був готовий визнати, і не міг знайти потрібних слів, щоб висловити це. А Мері інтерпретувала поведінку Джона, ґрунтуючись на власному сприйнятті та страху, що вона недостатньо важлива для Джона.

Джон, з його схильністю відчувати за собою «більшу відповідальність за свого сина» та зацікавленістю в нормальних відносинах з колишньою дружиною, не помічав бажання Мері бути почутою та залученою до прийняття рішень. Вона сприймала його неухважність як знецінення своєї значущості для Джона. Кілька разів Мері намагалася висловити йому своє бачення ситуації, але відчула, що він її не слухає та враховує лише думки своєї колишньої дружини та сина. Джон не усвідомлював, що Мері була цим зачеплена, і інтерпретував її реакцію як намір завдати йому дискомфорту, як схильна була робити його колишня дружина раніше.

На четвертій сесії обидва повідомили мені, що колишня дружина Джона більше не є «вибухівкою» у їхніх стосунках; Мері більше не відчувала себе виключеною та знеціненою. Це стало можливим через їх усвідомлену готовність залишатися у тут і зараз,

не дозволяючи минулому втручатися в їхню взаємодію. Наступним кроком було навчитися відкрито і без знецінення висловлювати свої очікування, наміри, бажання, уподобання, емоції та думки. Така вільна від знецінень відкритість особливо потрібна через складність їхньої сімейної системи — необхідність спілкування з колишньою дружиною щодо сина Джона та часткової присутності сина в їхньому домі.

Як вони обидва розповіли мені наступного разу, спочатку взаємодія була неідеальною, але чим більше вони покладалися на модель за принципом цінності, тим легше було їм взаємодіяти і тим більше вони були задоволені результатами. Мері навчилася говорити: "Я хочу, щоб ти до мене прислухався, розумів мене і цінував" замість того, щоб уникати комунікації і потім карати Джона пасивно-агресивними способами; Джон навчився говорити «Ти мені потрібна» замість того, щоб приховувати від неї свою вразливість. Обидва усвідомили, що раніше знецінювали свої потреби, і тепер обидва навчилися задовольняти свої потреби без знецінення. Коли я допомогла Джону зрозуміти підґрунтя реакцій Мері та справжні мотиви, що стоять за ними, Джон сам став більше фокусуватися не на своєму відчутті покинутості та травми, а на емпатії та співпереживанні, які він відчував до Мері.

Коли Джон усвідомив, що Мері все ще хоче, щоб він дорожив нею, він усвідомив свою власну цінність у її очах і більше не відчував себе покинутим, пораненим та знеціненим нею, як раніше. Він попросив у Мері вибачення за свої дії, які спричинили їй біль. Мері

відреагувала дуже позитивно і також попросила вибачення за те, що не була з ним повністю щира раніше. Не усвідомлюючи та не задовольняючи своєї потреби бути цінним в очах один одного, вони намагалися покарати один одного знеціненнями.

На п'ятому сеансі Джон сказав, що тепер він набагато ясніше розуміє, «як працюють відносини» і що він почувається набагато емоційно-стабільним та впевненим, тому що тепер він покладається на свою усвідомленість та свою відповідальність за свої дії та висловлювання. Вони обидва сказали, що, відколи вони більше не пригнічують свій гнів, вони відчувають набагато більше ніжності один до одного. Чим менш знецінюються емоції та потреби у відносинах, тим більше в них комфорту та щирості.

Заклучна сесія показала, що обидва розвинули здатність до саморефлексії, автономії, індивідуальної відповідальності та сили і що вони стали почуватися ближче і набагато комфортніше один з одним. Мері повідомила, що її емоційні реакції «більше не турбують» її і що її нові самосвідомість та самооцінка допомогли їй також гармонізувати стосунки і на роботі.

Ефектом цього психотерапевтичного сеттинга було те, що з клієнтами було легко встановити порозуміння; кожен міг самостійно визначати, цінуючі чи знецінюючі погляджування мають місце у комунікації і які емоційні ефекти вони викликають. Це допомогло «локалізувати» інтрапсихічне джерело поведінкових труднощів — Знецінюючого Родителя і навчитися довіряти всю виконавчу владу його протилежності — Цінуючому

Родителю з його позитивним впливом на комунікацію і відносини. Така ясність є необхідною передумовою для подальших позитивних змін на шляху до бажаної справжньої автономії та повноцінних відносин.

Обговорення підходу

При реалізації цього підходу враховувалося правило трьох П (the three P: Permission, Protection and Potency): це Дозвіл, Захист (*Crossman*, 1966) та Сила (*Steiner*, 1968) від терапевта, що є передумовою позитивних змін та концептуально відповідає принципу цінності. Щоб бути достатньо дозволяючим та захищаючим, фахівець повинен мати потужного Цінуючого Родителя, який був би сильніший, ніж Знецінюючий Родитель клієнта, особливо в таких випадках, як необхідність протистояти іграм, заборонам і пов'язаним з ними глухими кутами клієнта.

Варто зазначити, що клієнт нерідко намагається «перевірити» допомагаючого фахівця – чи зможе Цінуючий Родитель фахівця, виявитися більш могутнім, ніж Знецінюючий Родитель клієнта, тобто чи здатний фахівець забезпечити достатній захист, прийняття, шанобливе і дбайливе ставлення до клієнта. Така спроба перевірки заснована на поширеному уявленні про те, що м'яка сила Цінуючого Родителя менш ефективна, ніж (руйнівна) сила Знецінюючого. Свідоме і постійне цінуюче ставлення практикуючого спеціаліста "в обидві сторони" (і до себе і до клієнта) є хорошим засобом проти таких "перевірок" і дає можливість усвідомити і проаналізувати їх разом з клієнтом, що відіграє важливу посилюючу роль в терапевтичному альянсі.

Берн стверджував, що завдання терапії полягає у звільненні від необхідності повторного переживання ранніх сцен, пов'язаних зі сценарієм, і уможливити самостійно обраний спосіб життя. Бажане звільнення та автономія немислимі без психотерапевтичного відновлення відчуття окейності, яке є виразом прийнятої індивідуальної цінності та гідності. Модель его-станів за принципом цінності може сприяти усвідомленню структурних, функціональних та поведінкових проявів его-станів і, таким чином, допомагати досягати бажаних позитивних змін.

Підхід за принципом цінності відбиває дух сучасної соціальної реальності у багатьох культурах, де є виражений суспільний запит на антидискримінаційну політику, інклюзивність і рівність: відчувати повагу до себе означає відчувати власну цінність. Підхід може добре працювати в освітньому ТА, особливо в рамках взаємодії з високочутливими особистостями (і їхніми батьками), як їх визначає Арон (*Aron*, 2016), допомагаючи створювати та підтримувати середовище, вільне від утисків та цькування, сповнене безпеки та співробітництва, а не силових ігор між дітьми та шкільним персоналом. Дослідження показали, що високочутливі хлопчики менше піддавалися віктимізації та були менш пригнічені або тривожні після шкільних інтервенцій з анти-булінгу (*Nocentini, Menesini and Pluess*, 2018).

Підхід за принципом цінності також може бути полем для досліджень. Цікаво було б вивчити емпірично, як проявляється взаємозв'язок між індивідуальною цінністю та здатністю застосовувати позитивну (неманіпулятивну) силу, а також

взаємозв'язок між їхніми протилежностями – (само-)знеціненням та схильністю маніпулювати. Кількісні (на основі опитувальників зі шкалою Лікерта) або якісні дослідження можуть допомогти з'ясувати, як підхід за принципом цінності може бути корисним у психотерапевтичному, консультативному, освітньому та організаційному ТА.

Оскільки сучасне технічне оснащення дозволяє нейробіологам вивчати ефекти різних видів взаємодії на мозок людини, корисним може бути спостереження протікання процесів в мигдалеподібному тілі та всій лімбічній системі при переживанні цінючих та знецінюючих погляджувань. Також може бути цікаво вивчити, як індивідуальна цінність конструюється та сприймається в рамках культурних сценаріїв у різних культурах, і чи впливає та як саме культурний контекст на цінючі та знецінюючі трансакції батьків у різних культурах.

Професіоналам, які працюють з парами, сім'ями та групами, може бути корисно розглянути теорію прихильності Боулбі як первинної потреби з погляду принципу цінності. Звісно ж, що не прихильність сама собою, а потреба бути цінним — бажаним об'єктом прихильності визначає стосунки та їх якість для тих, хто у них залучений. Свідомість щодо цієї потреби та уразливостей, пов'язаних з нею, може сприяти її задоволенню дбайливо та відкрито та без звичних контрпродуктивних захистів, таких як емоційна недоступність, уникнення чи агресія.

Висновки

З початку 20-го століття було зроблено великий прогрес у психотерапії та у розумінні феноменів розвитку та психології відносин людини. Тепер ми маємо більш чітке уявлення про причинно-наслідкові зв'язки між психологічною травмою та її походженням і ці знання допомагають більш ефективно здійснювати терапію. Знання, які ми отримали про наслідки травми знецінення та про те, як вона підвищує вразливість у дорослих відносинах, можуть послужити гарною службою у вихованні дітей, а також у відносинах між батьками та їхніми (дорослими) дітьми. Представлена тут модель его-станів є «уточненням» існуючого інструменту, що допомагає розумінню міжособистісних феноменів.

Берн (*Berne, 1972*) говорив, що ми народжуємось принцями та принцесами, а процес написання сценаріїв робить нас жабами. Модель его-станів за принципом цінності відображає це проникливе спостереження: не щось природне, а те, що ми засвоюємо ззовні під впливом інших, змушує нас відчувати себе менш окейними і здібними, ніж ми є насправді і менш щасливими, ніж ми могли б бути. Саме знецінюючі і, отже, знесилюючі прояви Родителя змушують нас діяти проти наших природних потреб; потреба відчувати себе цінним у власних очах того, хто цінний нам — це наша вроджена потреба. Це тонке розуміння Берном того, як працює наша психіка, і зробило ТА свого часу настільки революційним та значним психотерапевтичним методом.

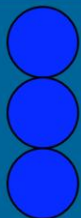
Lena Kornyejeva Ph.D., клінічний психолог, працює в одній з реабілітаційних клінік Німеччини та веде приватну практику психологічного консультування та терапії відносин. Розробила та провела емпіричне дослідження щодо негативної життєвої позиції як передумови авторитарної особистості. Кілька її книг видано німецькою, українською та російською мовами.
dr.kornyejeva@gmail.com

Докладніше про терапію відносин за принципом цінності – у книзі **Ніжні як троянди, небезпечні як шипи. Терапія відносин за принципом цінності** Видавництво Ростислава Бурлаки Київ, 2022.

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Переосмысляя Родителя: модель эго-состояний по принципу ценности

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Это перевод с английского статьи, опубликованной в IJTARP
Kornyeeva, L. (2023). Rethinking the Parent: A Valuing-Based Ego State Model. *International Journal of Transactional Analysis Research & Practice*, 14(2), 24–32.
<https://ijtar.org/article/view/23773/14889>

Абстракт

Два интегративных компонента эго-состояния Родитель в исходной функциональной модели пересматриваются в контексте психотерапевтической работы и ее эффективности. Представлена и аргументирована альтернативная интерпретация функциональной модели, основанная как на теоретических соображениях, широко принятых в профессии, так и на практической реализации пересмотренной модели. Настоящая разработка основана на принципе ценности, т.е. на предпосылке, что потребность в подтверждении ценности является основной социальной потребностью и что опыт обесценивания со стороны значимой родительской фигуры вызывает психологическую травму и сопутствующие дефициты и компенсации. Обсуждается важность самооценки в контексте привязанности, «нарциссической раны» и уязвимости, также приведены эмпирические данные и терапевтические реакции в

психотерапевтической практике. Для иллюстрации применения модели представлен практический пример парной терапии.

Ключевые слова

принцип ценности, модель эго-состояний, Ценящий Родитель, Обесценивающий Родитель, поглаживания, терапия отношений

Введение

Переосмысление эго-состояния Родитель, описанное в этой статье, было мотивировано желанием повысить эффективность психотерапевтической работы. Представленные здесь модели по принципу ценности, используются в работе с 2016 года. Они опробованы в индивидуальной психотерапии в терапевтической группе и в парной терапии; кейс из практики приведен ниже. ТА-коллеги, практикующие в области психотерапии и образования, знакомые с этим подходом, дали подходу положительные отзывы.

Модели эго-состояний

Эго-состояние является одним из основных понятий ТА и на протяжении лет возникали различающиеся способы описания разницы между структурной и функциональной моделями эго-состояний. Хотя Берн представил структурную модель как понимание

интрапсихической композиции личности, а функциональную модель как помогающую анализировать, насколько по-разному три эго-состояния могут функционировать и вызывать эффекты в рамках транзакций, он описал последнюю модель только с точки зрения наблюдаемого поведения. Таким образом, у нас есть пространство для предположений, как именно поведение возникает из структуры, так, согласно описанию Хэй (Hay, 2009), у нас есть внутренние эго-состояния, которые функционируют внутри и затем порождают поведение.

Часть эпитетов, обозначающих контрпродуктивную часть функционального Родителя, явно негативно окрашены: Критикующий Родитель, Предвзятый Родитель, Мать-Ведьма, Родитель-Свин. К различию между двумя функциональными частями Родителя Штайнер (Steiner, 1990) подходил с точки зрения поглаживаний, утверждая, что позитивные поглаживания производятся только Заботливым Родителем, а негативные — Критикующим Родителем. Так называемую атаку Родителя-Свина (Pig Parent attack) он понимал как одно из острых проявлений Критикующего Родителя, представляющую собой «интенсивную обвинительную, осуждающую, эмоциональную атаку на окейность индивида» (Steiner, 1979, стр. 34); и писал, что именно Критикующий Родитель является причиной трудностей в отношениях, играет роль в формировании сценария и абсолютно контрпродуктивен и несовместим с сотрудничающими отношениями.

Наименование Контролирующий Родитель к этому контексте также

ассоциируется с негативом и это несколько запутывает, ведь контроль является одной из наиболее важных родительских функций и особенно актуален, когда маленькие дети еще не способны оценить возможные риски или опасности. Однако родительский контроль может осуществляться как заботливым, уважительным и поддерживающим способом, так и оскорбительным, ограничивающим, угнетающим и лишаящим веры в себя. Первый способ контроля предполагает ценящее отношение со стороны родительской фигуры, при котором ребенок чувствует себя хорошо; второй носит обесценивающий характер и вызывает нежелательные эмоции. Расплывчатый эпитет «Контролирующий» для Родителя недостаточно описателен, когда мы пытаемся обозначить контрпродуктивные формы взаимодействия и модели поведения, желая заменить их гармоничными. Из-за неточности наименований за годы в транзактном анализе возникли и альтернативные функциональные модели, в том числе те, в которых к Родителю добавляются знаки плюс и минус — чтобы выразить, что части Родителя могут быть и положительными, и отрицательными.

Самооценка, привязанность и детский опыт

Подход Берна стал освобождающим, расширяющим возможности и революционным именно потому, что философия транзактного анализа признает и подчеркивает индивидуальную ценность каждого человека. Берн был одним из первых, кто настаивал на том, чтобы специалисты говорили с пациентами на понятном им языке и относились к ним как к равным по ценности

личностям. В этом контексте полезно кратко рассмотреть, как исторически развивалось понимание индивидуальной ценности в психологической теории и практике.

Альфред Адлер представил концепцию комплекса неполноценности как ощущения собственной ущербности в контексте воспринимаемого превосходства других над собой и считал, что это играет ключевую роль в развитии личности (*Hergenhahn and Olson, 2006*). Дональд Винникотт (*Winnicott, 1973*) утверждал, что внимательное отношение матери к своему ребенку имеет решающее значение для здоровья. Абрахам Маслоу (*Maslow, 1968*), включивший потребность в любви и уважении в свою иерархию потребностей, считал ее фундаментальной человеческой потребностью и поэтому частью мотивации. Джон Боулби (*Bowlby, 1969*) предположил, что человек развивает внутреннюю рабочую модель другого и внутреннюю рабочую модель себя, которая определяет, как человек воспринимает себя, и которая затем повлияет на его/ее уверенность в себе, самооценку или зависимость. Он описывает развитие личности буквально следующим образом: «Опыт взаимодействия маленького ребенка с поощряющей, поддерживающей и готовой к сотрудничеству матери, а чуть позже и отца, дает ему чувство собственной ценности, веру в расположенность к нему других и благоприятную модель будущих отношений. Более того, давая ребенку возможность уверенно исследовать окружающую среду и эффективно с ней взаимодействовать, такой опыт также способствует развитию у него чувства компетентности. ... Иные условия раннего детства и более

позднего опыта взросления дают обратные эффекты, приводящие обычно к пониженной устойчивости, дефицитам контроля и уязвимости и склонны сохраняться надолго» (с. 378). Мэри Эйнсворт (*Ainsworth and Bowlby, 1965*) также уделяла внимание важности материнской чуткости для развития надежной привязанности ребенка. Карл Роджерс (*Rogers, 1961*) видел источник трудностей многих людей в склонности считать себя никчемными и неспособными быть любимыми и подчеркивал важность проявления безусловного принятия клиента, видя в таком отношении источник желаемых позитивных изменений.

Взаимосвязи между нарциссизмом (его эффектами) и привязанностью и между привязанностью и самооценкой также хорошо разработаны психологами и исследователями. Бейкер и Бейкер (*Baker and Baker, 1987*) подчеркнули такой аспект, как индивидуальную способность утешать и поддерживать себя (т.е. регулировать самооценку изнутри), обеспечиваемую устойчивой интрапсихической структурой личности. Паттон и Роббинс (*Patton and Robbins, 1982*) предположили, что это умение обеспечивает индивиду способность эффективно достигать целей и выстраивать отношения. С точки зрения индивидуальной ценности интересно, что тезисы теории привязанности подтвердили и эмпирические исследования: было обнаружено, что надежная привязанность коррелирует с более позитивным мнением о других (*Collins and Read, 1990; Hazan and Shaver, 1987*), способностью устанавливать доверие (*Feeney and Noller, 1990; Hazan and Shaver, 1987*) и близость (*Bartholomew and Horowitz,*

1991; *Levy and Davis, 1988*). Понимание надежной привязанности предполагает ценящее отношение как к себе, так и к другим и способность к сотрудничеству и открытости (*Pistole, 1995*) и все эти находки полностью согласуются с пониманием Берна позитивной жизненной позиции “Я окей - ты окей”, когда свою ценность и свое человеческое достоинство ты воспринимаешь как равные ценности и достоинству другого.

Более недавние эмпирические исследования, проведенные Беатрис Биби (*Beebe and Lachmann, 2020*), исследовали внутренние и интерактивные процессы, разворачивающиеся в рамках общения лицом к лицу матери и младенца в меняющихся обстоятельствах. Исследование показало, что регуляция взаимодействием никогда не является единственным организующим процессом; она осуществляется вместе с самоорганизацией индивидуальных процессов и ритмов, которые частично зависят от индивидуальной реакции на поведение партнера, следовательно, являются частично диадическими.

Младенческий опыт травмы в родительских отношениях был в центре внимания многих исследователей в последние десятилетия. Отношенческая травма возникает в жизни младенца в рамках взаимодействия с первичными объектами любви и может негативно сказываться на индивидуальной организации привязанности и неблагоприятно влиять на развитие ребенка (*Baradon, 2009; Schore, 2003*). Травматический ранний опыт становится «неразрешимым парадоксом» для

младенца, поскольку его фигура привязанности воспринимается и как источник угрозы выживанию, и как источник психической целостности (*Liotti, 2004; Main and Hesse, 1990*). Бланк и Бланк (*Blanck and Blanck, 1979*) а также Мур и Файн (*Moore and Fine, 1990*) обнаружили даже еще более важный и релевантный в контексте транзактного анализа аспект — что человек без отношенческой травмы проявляет способность ценить себя равно как и значимых других, т.е. у него самооценка и уважение к другим распределены равномерно. Бейкер и Бейкер (*Baker and Baker, 1987*) и Паттон и Роббинс (*Patton and Robbins, 1982*) описали противоположный эффект в случае индивидов с менее структурированной или более недифференцированной структурой самости. Способность уважать себя и других в большей степени зависит от пережитого отношения других и таких их действий, которые поддерживают самость — т.е. функций подтверждения ценности, принятия и утешения. При более хрупкой структуре самости человек испытывает больше трудностей в поддержании внутреннего ощущения комфорта и собственной ценности, поэтому его легче ранить или задеть, т.е. он более уязвим.

Потребность в подтверждении ценности

Приведенный краткий обзор релевантных психологических теорий и эмпирических исследований подчеркивает значимость потребности быть ценным — как в детско-родительских отношениях, так и во взрослых. Анализ форм взаимодействия, влияющих на субъективное восприятие индивидуальной ценности имеет

решающее значение. Поэтому для определения функциональных частей эго-состояния Родитель может быть полезным учитывать принцип ценности, который можно свести к известной максиме «Относись к другим так, как хочешь, чтобы они относились к тебе» — это широко известное в различных религиозных учениях и этических системах “Золотое правило”. В более точной психологической терминологии выражение ценящего родительского отношения это проявление внимательности и уважения к потребностям, эмоциям и восприятию ребенка в рамках взаимодействия. И наоборот, обесценивающее отношение подразумевает пренебрежение и неуважение к потребностям, эмоциям и восприятию ребенка. Восприятие ребенка, разумеется, зависит от его возраста — от менее развитого в раннем детстве до высокоразвитого умения сложить компетентное мнение в более взрослом возрасте. Однако ключевой здесь является готовность родителей проявлять то же бережное и уважительное отношение к взглядам и мнениям ребенка, что и к своим собственным, независимо от возраста ребенка. Все родительские функции, включая обозначение границ и осуществление контроля, могут осуществляться способами, подтверждающими ценность, а не обесценивающими.

Обесценивающее родительское отношение может проявляться многими способами, но его эффект всегда один: ничто не ранит наши чувства так, как ощущение неценности в глазах того, кого ты любишь и от кого зависишь. Это может быть ощущение собственной нежелательности или ненужности родителю, восприятие себя как обузы

или как вынужденного конкурента брату, сестре или родителю. Примеры родительского обесценивания это отстраненность, эмоциональная невключенность в жизнь ребенка и отсутствие уважения к его потребностям, эмоциям, интересам и уязвимостям. При этом лишенное грубого насилия изощренное обесценивающее отношение родителей может привести к не менее травматичным последствиям, чем грубое физическое насилие. Нейробиологи Айзенбергер, Либерман и Уильямс (*Eisenberger, Lieberman and Williams, 2003*) эмпирически подтвердили, что опыт отвержения причиняет эмоциональное страдание — социальное исключение активирует те же области мозга, которые активируются, когда мы испытываем физическую боль, и эта боль коррелирует с субъективно воспринимаемым страданием.

«Ты урод» (менее красив, чем другие), «Ты глуп» (менее умён, чем другие), «Ты сумасшедший» (менее нормален, чем другие) — это распространенные скрытые послания, которые человек упоминает в рамках терапии, описывая воспринятое отношение к нему его родителей, ставшее частью его внутреннего (само-)обесценивающего голоса. «...Это голос или образ в голове, говорящий, что человек плохой, глупый, уродливый, сумасшедший или обреченный — короче, что он не окей», — писал Штайнер (*Steiner, 2003, с.161*). Обесценивающие родительские послания оказывают обескураживающее, обессиливующее воздействие на индивида; мне представляется, что индивидуальная сила как способность действовать и влиять манифестируется через индивидуальную ценность и

взаимосвязана с ней (Kornueyeva, 2022). Склонность родителей обесценивать ребенка не обязательно является осознанной и намеренной, она может быть просто попыткой сделать ребенка более уступчивым и управляемым, именно в силу того что обесценивание снижает уверенность и асертивность ребенка.

Рэй Литтл (Little, 1999) предоставил дополнительные доказательства взаимосвязи между ценностью и силой в своей статье о стыде и петле стыда. Он описывает, как транзакции унижения и стыда могут вести к субъективному ощущению никчемности и непривлекательности, а также к связанным с ними поведенческим проявлениям. Стыжение – это антитезис признания достоинства, которое, согласно исследованию человеческого достоинства в рамках философии биоэтики Сульмасы (2012), является продуктом подтверждения или «создаваемой ценностью» (Sulmasy, 2012, стр. 938). Таким образом, стыжение, как и любой другой акт обесценивания, оказывает обесценивающее воздействие: самовосприятие, основанное на ощущении «со мной что-то не так», побуждает избегать любой деятельности, которая может привести к повторному переживанию стыда. Это объясняет использование обесценивания как «оружия» в отношениях между родителями и детьми, которое затем воспроизводится в отношениях взрослых и пар как часть динамики власти и злоупотребления силой.

Ценящий и Обесценивающий Родитель

Следуя этим соображениям, термины «Ценящий Родитель» и «Обесценивающий Родитель» вместо

соответственно «Заботливый Родитель» и «Критикующий Родитель» использовались во время индивидуальных и групповых психотерапевтических сессий. Это делалось чтобы помочь клиентам, не знакомым с транзактным анализом во всей его глубине, распознать психологические вызовы, которые им приходится анализировать. Такой подход способствует осознанному корректированию паттернов мышления и поведения и формулированию транзакций без каких-либо элементов обесценивания. Таким образом, хотя у клиентов не возникало необходимости изучать модели ТА, они обучались мыслить в категориях ценности и обесценивания, как это показано на диаграммах ниже.

Структурная модель или внутренние эго-состояния (рис. 1) отображает только продуктивные части нашей психики. Свободное Дитя (также часто именуемое “Естественное Дитя”) это не только средоточие наших чувств, желаний, спонтанности и детского поведения, но и наших естественных потребностей, и потребность в подтверждении ценности — одна из них.

Потребность в подтверждении ценности имеет решающее значение в любых человеческих отношениях; чем менее ценными мы себя ощущаем, т.е. с чем меньшим вниманием и уважением с нами обращаются, тем больше дискомфорта возникает в отношениях. И тем более контрпродуктивной может быть реакция на воспринимаемое обесценивание.

Обесценивающий Родитель прямо противоречит нашей потребности в подтверждении ценности и “занят

тем”, чтобы сделать нас более управляемыми, ведь потребность в подтверждении ценности — наша уязвимость, через которую мы поддаемся контролю. Обесценивающий Родитель делает нас менее самостоятельными и менее способными в целом, менее осознанными в отношении собственных потребностей и эмоций, зависимыми от родительских фигур, склонными к симбиотическим отношениям.

Вместо “Адаптивное” в отношении эго-состояния Дитя использован эпитет “Покорное” т.к. здоровая осознанная адаптивность не является ни контрпродуктивной, ни патологической — она всегда продукт Взрослого. Неготовность же осознанно и экологично адаптироваться это производное субъективно ощущаемой невозможности найти (более) оптимальный способ взаимодействия в силу опыта обесценивания и бессилия. Покорность это антипод личностной автономии, независимости и здоровой адаптивности из Взрослого. Бунтующее

Дитя это неотъемлемая и предопределенная часть покорности как недостатка или отсутствия Взрослых стратегий; это различные формы несотрудничающего поведения — непродуктивный бунт, сопротивление, саботаж, несоблюдение договоренностей, пассивная агрессия и т.п.

На рисунке 2 отображена функциональная (поведенческая) модель, где контрпродуктивные, инициированные обесцениванием эго-состояния “блокируют” здоровые и продуктивные эго-состояния.



Рисунок 1. Структурная модель по принципу ценности (аутентичная автономия)



Рисунок 2. Функциональная модель эго-состояний по принципу ценности

Терапия отношений по принципу ценности

Существует ряд подходов к терапии отношений в транзактном анализе, эффективных в работе с семейными системами. Роберт Мэсси (*Massey*, 1989a) сделал их систематизированный обзор и описал, как анализ сценариев и анализ структурных и функциональных эго-состояний можно использовать в семейной/парной терапии. Он также предложил техники и интервенции в своей более поздней статье (*Massey*, 1989b), в которой упоминает пассивность, симбиоз и бунт, как наиболее значимые симптомы нездоровых отношений.

Пассивность, симбиоз и бунт иллюстрируют взаимосвязь между ценностью и силой как способностью влиять и достигать желаемого эффекта в отношениях; чем больше обесценивающих и самообесценивающих тенденций имеет индивид, тем больше пассивности, симбиоза и контрпродуктивного бунта будет проявлено в его отношениях. Эрскин и Траутманн (*Erskine and Trautmann*, 1996) утверждают, что самость и самооценка развиваются в контакте во взаимоотношениях с самых ранних фаз развития ребенка, т.е. под влиянием родительских фигур. «Контакт соотносится с качеством транзакций между двумя людьми: это осознание как себя, так и другого, чувственная встреча с другим и подлинное признание своей самости» (с. 317). Одна из вышеупомянутых выше работ Литтла (о взаимосвязи между чувством стыда и ощущением никчемности и непривлекательности) это тоже проницательный вклад в теорию и практику терапии отношений.

В отношениях ценность имеет решающее значение; за деструктивностью, играми и эскапизмом в отношениях всегда стоит неудовлетворенная потребность быть и переживать неподдельное ощущение своей ценности в глазах партнера. Взаимосвязь между адекватной самооценкой и способностью иметь полноценные отношения и управлять аффектами хорошо известна (*Basch*, 1988). Исследование показало, что люди, несчастливые в любви в сравнении со счастливыми влюбленными, показывали симптомы клинической депрессии и снижение зависимости от уровня кислорода в крови в мозговой сети, что, как считается, является проявлением большой депрессии; те, кто чувствовал себя счастливым влюбленным, таких симптомов не проявляли (*Stoessel, Stiller, Bleich, Bönsch, Doerfler, Garcia, Richter-Schmidinger, Kornhuber and Forster*, 2011).

Для работы с парами необходима парадигма, обеспечивающая и поддерживающая равную ценность всех вовлеченных сторон и непредвзятость специалиста, транслирующего обеим сторонам их равную ценность. Такая парадигма дает возможность партнерам осознанно вытеснить обесценивающие и самообесценивающие формы взаимодействия искренними ценящими (подтверждающими ценность). Разумеется, это нетривиальная задача — взаимодействовать без обесцениваний во время конфликта, но она осуществима в рамках безопасности, обеспечиваемой профессионалом во время сессий, и пара может продолжать начатое уже

вне сессии самостоятельно, что является важной предпосылкой для положительных изменений.

Очень полезным инструментом в этом контексте является то, что Штайнер (Steiner, 1990) назвал кооперативным контрактом. Кооперативный контракт означает, что все участники добровольно берут на себя ответственность за свои действия и высказывания и сознательно исключают силовые игры, ложь и спасение из своих взаимодействий. Кроме того, традиционный контракт о желательных изменениях в понимании трансактного анализа согласовывается на основе ожиданий, выраженных обеими сторонами.

Терапия отношений в паре: кейс Мэри и Джона

Контракт с Мэри (35 лет) и Джоном (37 лет) (оба имени изменены) был частью моей работы в 2020 году. Было проведено шесть сессий, в рамках которых контракт был успешно выполнен, а через несколько месяцев от пары поступил отличный отзыв о положительных эффектах нашей работы в их жизни и отношениях.

Мэри и Джон на момент нашей встречи жили вместе около 18 месяцев и планировали пожениться и завести детей. Джон инициировал первую сессию со мной после конфликта, возникшего между ними из-за отношений Джона с его сыном-подростком от первого брака. Этот конфликт стал причиной их внезапного расставания; Мэри ушла из дома, пока Джон был на работе. До этого были и другие сложности, вызванные отношениями Джона с матерью его ребенка, его бывшей женой. Мэри съехала и оставила

записку, в которой говорилось, что она хочет прекратить отношения. Джон чувствовал себя брошенным, раненым и непонятым, поскольку думал, что он делает все возможное, чтобы их отношения с Мэри были счастливыми. Цель терапевтического контракта была в гармонизации их взаимодействия, деэскалации конфликта и восстановлении взаимопонимания между ними.

Как только контракт был заключен, я пригласила Мэри и Джона более внимательно и чутко отслеживать, какими поглаживаниями они обмениваются в коммуникации и развить чувствительность в отношении своих действий и поглаживаний на предмет того, воспринимаются ли они как ценящие или обесценивающие. Они начали рассматривать эффекты поглаживаний с точки зрения своих эмоциональных реакций на них. Чтобы способствовать этому процессу, функциональная модель эго-состояний была представлена и объяснена. Каждый взял на себя задачу развить осознанность в отношении собственных внутренних процессов (склонности к само-обесцениванию, недостатка Взрослого в мышлении и поведении) и отслеживания эффектов этих процессов. Также была согласована задача сознательно исключать Обесценивающего Родителя как из внутреннего, так и из внешнего диалога и полагаться вместо этого только на Ценящего Родителя.

Внимание к внутренним процессам и бережное отношение к травме каждого в паре были здесь очень важны. Трансакции являются ключом к лучшему пониманию этих процессов и помогают осознанной работе на желаемый результат. Учитывая то, что фрагменты

сценария и травмы воспроизводятся в наших поглаживаниях и в наших реакциях на получаемые нами поглаживания, цель здесь — научиться действовать вне усвоенных контрпродуктивных шаблонов. Чтобы способствовать этому, я предложила чутко фокусироваться на поглаживаниях и эмоциях, вызываемых ими и начать обращаться и с собой с большей бережностью, заботой и уважением. Например, попросить своего партнера о поддержке и понимании, а не продолжать чувствовать себя одиноким, непонятым и беспомощным.

Актуальные эмоции Мэри и Джона были названы и проанализированы. В безопасном терапевтическом пространстве им стало возможно как осознавать, так и открыто выражать собственные эмоции вместе с их причинами, как они их субъективно воспринимали («Когда ты это сделал, я ощутил злость», «Мне стало грустно, когда ты оставила мой телефонный звонок без ответа» и др.). Каждый из партнеров начал лучше понимать, как именно его/ее эмоциональные реакции субъективно воспринимаются другим. Это привело к лучшему взаимопониманию и принятию друг друга. Тенденция обесценивать и скрывать эмоции была открыто обсуждена, как и семейный сценарий, который каждый из них привносил в отношения. Мэри и Джон согласились лучше осознавать свои эмоции и их подлинные причины и открыто выражать их друг другу без обесцениваний и самообесцениваний.

В конце первой сессии я попросила каждого из них найти некий поступок или индивидуальное качество, которое он ценит в другом

и за которое хотел бы выразить признательность поглаживанием. Джон выразил свою признательность Мэри за ее терпение, поскольку его интенсивная работа оставляет им гораздо меньше времени, чем он хотел бы проводить с нею; Мэри дала хорошее ценящее поглаживание Джону за то, что он очень хороший отец своему сыну. Условием обмена поглаживаниями было то, они должны быть полностью искренними и не обесценивающими ни себя, ни партнера; изначально негативные эмоции как Мэри, так и Джона препятствовали этому. Также ощущение неуверенности и дефицит опыта абсолютной искренности были поначалу заметны у обоих и я аккуратно выразила это свое наблюдение в форме предположения. Когда они подтвердили мою интуитивную догадку, я дала им хорошее поглаживание за уже проявленную ими смелость и открытость, и это бережное содействие помогло им продолжить честно разговаривать о своих болезненных ранах и ожиданиях. Так их эмоциональное самочувствие улучшилось, что помогло работе над восстановлением их доверия друг к другу.

Последующие сессии были посвящены развитию сенситивности к формулировкам, которая помогла бы Мэри и Джону распознавать элементы обесценивания в их взаимодействиях и формулировать высказывания так, чтобы они были одновременно и не обесценивающими, и искренними. Модель по принципу ценности использовалась ими на каждой сессии, что помогало им определять, было ли поглаживание воспринято как обесценивающее. Чтобы способствовать их осознанности в отношении поведенческих

проявлений эго-состояний, мне иногда приходилось приостанавливать обмен транзакциями и спрашивать: «Можете ли вы сейчас определить, из какого эго-состояния звучит это утверждение/вопрос?» и иногда речь заходила и о том, что именно послужило причиной той или иной транзакции. Чем больше мы опирались на модель, тем проще и быстрее каждый из них мог необесценивающим образом переформулировать свои высказывания. Сумев исключить Обесценивающего Родителя, они могли наблюдать, как становится возможным достижение желаемого эффекта.

Многие обесценивающие транзакции из прошлого необходимо было проговорить, так как боль, гнев и печаль, вызванные их предыдущими взаимодействиями, препятствовали процессу взаимного сближения. Мы говорили об эмоциональной боли и о связи между болью и неудовлетворенной потребностью ощущать себя ценным. Чувства Мэри были задеты, потому что она ощущала отношение Джона как если бы она была для него менее ценной, чем его бывшая жена, но она совсем не могла говорить открыто об этом раньше («Я ощущала, что я для тебя менее важна, чем твоя бывшая жена и ее ожидания к тебе»). Это субъективное восприятие Мэри не было очевидным для Джона, для него это был очень важный инсайт, как и возможность услышать, как Мэри выражает теперь свое восприятие открыто и без обесцениваний.

Поначалу Мэри была недостаточно открыта, чтобы говорить о своих интенсивных эмоциях, которые она испытывала; она скрывала свои эмоции от Джона, потому что

боялась, что он не примет ее уязвимость или подумает, что она «слишком остро реагирует». Анализ ее сценария показал, что склонность к самообесцениванию присутствовала у Мэри в ее детстве и в предыдущих отношениях, поэтому она боялась «разрушить и эти отношения», что усиливало ее самообесценивающие тенденции негативно сказывалось на ее взаимодействии с Джоном. Джон осознал, что его старый страх отвержения был реактивирован, когда Мэри ушла от него, и что он страдает больше, чем был готов признать, и не мог найти подходящих слов, чтобы выразить это. А Мэри интерпретировала поведение Джона, основываясь на собственном восприятии и страхе, что она недостаточно важна для Джона.

Джон, с его склонностью ощущать за собой «большую ответственность за своего сына» и заинтересованностью в нормальных отношениях с бывшей женой, не замечал желание Мэри быть услышанной и вовлеченной в принятие решений. Она воспринимала это его невнимание как обесценивание своей значимости для Джона. Несколько раз Мэри пыталась выразить ему свое видение ситуации, но ощутила, что он ее не слушает и учитывает только мнения своей бывшей жены и сына. Джон не осознавал, что Мэри была этим задета, и интерпретировал ее реакцию как намерение доставить ему дискомфорт, как склонна была делать его бывшая жена раньше.

На четвертой сессии оба сообщили мне, что бывшая жена Джона больше не является «взрывчаткой» в их отношениях; Мэри больше не ощущала себя исключенной и обесцененной. Это стало возможным из-за их осознанной готовности

оставаться в здесь и сейчас, не позволяя прошлому вмешиваться в их взаимодействие. Следующим шагом было научиться открыто и без обесцениваний выражать свои ожидания, намерения, желания, предпочтения, эмоции и мнения. Эта безоценочная открытость особенно необходима в силу сложности их семейной системы — необходимости общения с бывшей женой по поводу сына Джона и частичного присутствия сына у них в доме.

Как они оба рассказали мне в следующий раз, поначалу взаимодействие было неидеальным, но чем больше они полагались на модель по принципу ценности, тем легче было им взаимодействовать и тем больше они были довольны результатами. Мэри научилась говорить: «Я хочу, чтобы ты ко мне прислушивался, понимал меня и ценил» вместо того, чтобы избегать коммуникации и потом наказывать Джона пассивно-агрессивными способами; Джон научился говорить «Я нуждаюсь в тебе» вместо того, чтобы скрывать от нее свою уязвимость. Оба осознали, что ранее обесценивали свои потребности, и теперь оба научились удовлетворять свои потребности без обесцениваний. Когда я помогла Джону понять подоплеку реакций Мэри и истинные мотивы, стоящие за ними, Джон сам стал больше фокусироваться не на своем ощущении покинутости и травмы, а на эмпатии и сопереживании, которые он испытывал к Мэри.

Когда Джон понял, что Мэри все еще хочет, чтобы он дорожил ею, он осознал свою собственную ценность в ее глазах и больше не ощущал себя брошенным, раненым и обесцененным ею, как раньше. Он попросил у Мэри прощения за свои

действия, причинившие ей боль. Мэри отреагировала очень положительно и также попросила извинения за то, что не была с ним полностью искренна раньше. Не осознавая и не удовлетворяя своей потребности быть ценным в глазах друг друга, они пытались наказывать друг друга обесцениваниями.

На пятом сеансе Джон сказал, что теперь он гораздо яснее понимает, «как работают отношения» и что он чувствует себя гораздо более эмоционально стабильным и уверенным, потому что теперь он полагается на свою осознанность и свою ответственность за свои действия и высказывания. Они оба сказали, что, с тех пор как они больше не подавляют свой гнев, они испытывают гораздо больше нежности друг к другу. Чем менее обесцениваются эмоции и потребности в отношениях, тем больше в них комфорта и искренности.

Заключительная сессия показала, что оба развили способность к саморефлексии, автономии, индивидуальной ответственности и силе и что они стали ощущать себя ближе и гораздо комфортнее друг с другом. Мэри сообщила, что ее эмоциональные реакции «больше не беспокоят» ее и что ее новые самосознание и самооценка помогли ей также гармонизировать отношения и на работе.

Эффектом данного психотерапевтического сеттинга было то, что с клиентами было легко установить взаимопонимание; каждый из них мог самостоятельно определять, ценящие или обесценивающие поглаживания имеют место в их коммуникации и какие эмоциональные эффекты они вызывают. Это помогло

«локализовать» интрапсихический источник поведенческих трудностей — Обесценивающего Родителя и научиться доверять всю исполнительную власть его противоположности – Ценящему Родителю с его положительным влиянием на коммуникацию и отношения. Такая ясность является необходимой предпосылкой для дальнейших позитивных изменений на пути к желаемой подлинной автономии и полноценным отношениям.

Обсуждение подхода

При реализации этого подхода учитывалось правило трех П (the three P: Permission, Protection and Potency): Разрешению, защите (*Crossman, 1966*) и Силе (*Steiner, 1968*) терапевта как предпосылке позитивных изменений, концептуально согласующейся и с принципом ценности. Чтобы быть достаточно разрешающим и защищающим, специалист должен иметь мощного Ценящего Родителя, который был бы более силен, чем Обесценивающий Родитель клиента, особенно в таких случаях, как необходимость противостоять играм, запретам и связанным с ними тупикам клиента.

Стоит отметить, что клиент нередко пытается «проверить» помогающего специалиста – сможет ли Ценящий Родитель специалиста оказаться более могущественным, чем Обесценивающий Родитель клиента, т. е. способен ли специалист обеспечить достаточную защиту, принятие, уважительное и бережное обращение клиенту. Такая попытка проверки основана на распространенном представлении о том, что мягкая сила Ценящего Родителя менее эффективна, чем (разрушительная) сила

Обесценивающего Родителя. Сознательное и постоянное ценящее отношение практикующего специалиста “в обе стороны” (и к себе и к клиенту) является хорошим средством против таких “проверок” и дает возможность осознать и проанализировать их вместе с клиентом, что играет важную усиливающую роль в терапевтическом альянсе.

Берн утверждал, что задача терапии состоит в освобождении от необходимости повторного переживания ранних сцен, связанных со сценарием, и сделать возможным самостоятельно выбранный образ жизни. Желаемое освобождение и автономия немислимы без психотерапевтического восстановления ощущения окейности, которое является выражением воспринимаемой индивидуальной ценности и достоинства. Модель эго-состояний по принципу ценности может способствовать осознанию структурных, функциональных и поведенческих проявлений эго-состояний и, таким образом, помогать достигать желаемых позитивных изменений.

Подход по принципу ценности отражает дух современной социальной реальности во многих культурах, где есть выраженный общественный запрос на анти-дискриминационную политику, инклюзивность и равенство: ощущать уважение к себе означает ощущать собственную ценность. Подход может хорошо работать в образовательном ТА, особенно в рамках взаимодействия с высокочувствительными личностями (и их родителями), как их определяет Арон (*Aron, 2016*), помогая создавать и поддерживать

среду, свободную от притеснений и травли, исполненную безопасности и сотрудничества, а не силовых игр между детьми и школьным персоналом. Исследование показало, что высокочувствительные мальчики меньше подвергались виктимизации и были менее подавлены или тревожны после школьных интервенций по анти-булlying (*Nocentini, Menesini and Pluess, 2018*).

Подход по принципу ценности также может служить полем для исследований. Интересно было бы изучить эмпирически, как проявляется взаимосвязь между индивидуальной ценностью и способностью применять положительную (неманипулятивную) силу, а также взаимосвязь между их противоположностями — (само-)обесцениванием и склонностью манипулировать. Количественные (на основе опросников со шкалой Ликерта) или качественные исследования могут помочь выяснить, как подход по принципу ценности может быть полезным в психотерапевтическом, консультативном, образовательном и организационном ТА.

Поскольку современное техническое оснащение позволяет нейробиологам изучать эффекты различных видов взаимодействия на мозг человека, полезным может оказаться изучение протекания процессов в миндалевидном теле и всей лимбической системе при переживании ценящих и обесценивающих поглаживаний. Также может быть интересно изучить, как индивидуальная ценность конструируется и воспринимается в рамках культурных сценариев в разных

культурах, и влияет ли и как именно культурный контекст на ценящие и обесценивающие трансакции родителей в разных культурах.

Профессионалам, работающим с парами, семьями и группами, может быть полезно рассмотреть теорию привязанности Боулби как первичной потребности с точки зрения принципа ценности. Представляется, что не привязанность сама по себе, а потребность быть ценным — желаемым объектом привязанности определяет отношения и их качество для тех, кто в них вовлечен. Осознанность в отношении этой потребности и уязвимостей, связанных с ней, может способствовать ее удовлетворению бережно и открыто и без привычных контрпродуктивных защит, таких как эмоциональная недоступность, избегание или агрессия.

Выводы

С начала 20-го века была сделан большой прогресс в психотерапии и в понимании феноменов развития и психологии отношений человека. Теперь у нас есть более четкое представление о причинно-следственных связях между психологической травмой и ее происхождением и эти знания помогают более эффективно осуществлять терапию. Знания, которые мы получили о последствиях травмы обесценивания и о том, как она повышает уязвимость во взрослых отношениях, могут сослужить хорошую службу в воспитании детей а также в отношениях между родителями и их (взрослыми) детьми. Представленные здесь модели эго-состояний являют собой «уточнение» существующих инструментов,

служащих понимаю межличностных феноменов.

Берн (Berne, 1972) говорил, что мы рождаемся принцами и принцессами, а процесс написания сценариев делает нас лягушками. Модель эго-состояний по принципу ценности отражает это проницательное наблюдение: не нечто естественное, а то, что мы усваиваем извне под влиянием других, вынуждает нас ощущать себя менее okayными и способными, чем мы есть на самом деле и менее счастливыми, чем мы могли бы быть. Именно обесценивающие и, следовательно, обессиливающие проявления Родителя заставляют нас действовать против наших собственных естественных потребностей; потребность ощущать себя ценным в глазах того, кто ценен для нас — это наша врожденная потребность. Это тонкое понимание Берном того, как работает наша психика, и сделало ТА в свое время столь революционным и значимым психотерапевтическим методом.

Lena Kornyejeva Ph.D., клинический психолог, работает в одной из реабилитационной клиник Германии и ведет частную практику психологического консультирования и терапии отношений. Разработала и провела эмпирическое исследование негативной жизненной позиции как предпосылки развития авторитарной личности. Несколько ее книг изданы на немецком, украинском и русском языках. dr.kornyejeva@gmail.com

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